53359

BabyFirst Healthy Child Manitoba

Revised 12/01/03

SCREENING Form

2004 006561

NUMERICAL INFORMATION ONLY
Please do not write any names or addresses on this form. See detailed instructions on reverse.

OTHER:
Age (years): 22
Education: ○ Grade 12 and up ● Less than Grade 12
Screened prenatally? ● Yes ○ No
PHIN: [redacted] MHSC: [redacted]
Residence: R3E 1W9 Postal Code | 10 RHA | 24 Community Area Code

FATHER:
Age (years): 42
Education: ○ Grade 12 and up ○ Less than Grade 12
PHIN: MHSC:

BABY:
Birth Date: Day Month Year 2004
Gender: ○ Male ○ Female
PHIN:
Aboriginal child? ○ Yes ○ No
Aboriginal group: (If Yes above) ○ North American Indian ○ Métis ○ Inuit ○ Other Aboriginal

A. CHILDREN WITH KNOWN DISABILITY

(Fill in 'yes' if risk factor is present, 'no' if it is not. If unknown, leave blank.

1. Congenital anomaly or acquired disability. Include:... ○ Yes ○ No
   Major (probability of permanent disability) e.g., Down's syndrome, cerebral palsy, FAS/FAE
   Moderate (correction may be possible) e.g., cleft palate, loss of limb

B. DEVELOPMENTAL RISK FACTORS

2. Low birth weight (less than 2500 grams at birth)... ○ Yes ○ No
3. High birth weight (greater than 4000 grams at birth)... ○ Yes ○ No
4. Prematurity - an infant born at less than 37 weeks gestation... ○ Yes ○ No

Complications of pregnancy

5. Infections that can be transmitted in utero and may damage the fetus (e.g., rubella)... ○ Yes ○ No
6. Alcohol use by mother during pregnancy. If "yes", complete section D... ○ Yes ○ No
7. Drug use by mother during pregnancy... ○ Yes ○ No

Complications of labour and delivery

8. Labour requiring mid forceps, breech delivery with forceps, or emergency caesarean... ○ Yes ○ No
9. Infant trauma or illness (e.g., convulsions, respiratory distress syndrome)... ○ Yes ○ No
10. Family history of a disability not detectable at birth that could affect development (e.g., deafness, mentally disabled/challenged)... ○ Yes ○ No
11. Multiple births (e.g., twins, triplets)... ○ Yes ○ No
12. Maternal smoking during pregnancy... ○ Yes ○ No

C. FAMILY RISK FACTORS

13. Age of mother less than 18 years... ○ Yes ● No
14. Mother's highest level of education completed is less than grade 12... ● Yes ○ No
15. On social assistance/income support or financial difficulties... ○ Yes ○ No
16. Single parent family... ○ Yes ○ No
17. No prenatal care before sixth month... ○ Yes ● No

Mental illness or disability in mother and/or father:

18. Depression (including postpartum) ... Mother... ○ Yes ○ No
19. Biological father of babe... ○ Yes ○ No
20. Anxiety Disorder ... Mother... ○ Yes ○ No
21. Biological father of babe... ○ Yes ○ No
22. Schizophrenia or bipolar affective disorder ... Mother... ○ Yes ○ No
23. Biological father of babe... ○ Yes ○ No
24. Mentally disabled/challenged parent ... Mother... ○ Yes ○ No
25. Biological father of babe... ○ Yes ○ No
26. Antisocial behaviour... Mother... ○ Yes ○ No
27. Biological father of babe... ○ Yes ○ No
28. Current substance abuse by mother or father... Mother... ○ Yes ○ No
29. Biological father of babe... ○ Yes ○ No
30. Prolonged postpartum maternal separation (5 days or more with little or no contact)... ○ Yes ○ No
31. Assessed lack of bonding (e.g., minimal eye contact, touching)... ○ Yes ○ No
32. Social isolation (lack of social support and/or isolation related to culture, language or geography)... ○ Yes ○ No
33. Relationship distress... ○ Yes ○ No
34. Current or history of violence between parenting partners... ○ Yes ● No
35. Harsh and/or inappropriate discipline practices (including other children)... ○ Yes ● No
36. Existing file with local child protective services... ● Yes ○ No
37. Mother's own history of child abuse/neglect... ● Yes ○ No
38. Father/parenting partner's own history of child abuse/neglect... ○ Yes ○ No
39. Current or history of involvement in criminal activity by mother or parenting partner... ○ Yes ● No

D. ALCOHOL USE DURING PREGNANCY *(complete if answered "yes" to item B6)*

	1st TRIMESTER		2nd & 3rd TRIMESTER	
	Frequency	Usual Amt	Frequency	Usual Amt
Alcohol - Any use at all				
	Frequency	Max Amt	Frequency	Max Amt
Alcohol - (binge > 5 drinks at a time)				

Frequency Scores Score 0 to 4:
0 - never
1 - <once/month
2 - 1 to 4 days a month
3 - 2 to 4 days/week
4 - > 4 days/week

Usual Amount Score 0 to 3:
0 - N/A- Never drank during this period
1 - 1 or 2 drinks
2 - 3 or 4 drinks
3 - 5 or more drinks

See reverse for detailed Instructions

[signature] 10777 06 08 2004 036808