## **Measure 3 – Depression Screening**

**Caregiver Measure**

**Data Collection Time Point(s)**

☐ 3 Months Post Birth if Enrolled Prenatally (All EBHV)

☐ 3 Months Post Enrollment (All Non-NFP EBHV)

**\*Caregiver Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\*Family ID: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\*Screening tool used:**

☐ Edinburgh Postnatal Depression Scale (EPDS)

☐ Patient Health Questionnaire-9 (PHQ-9)

☐ Center for Epidemiologic Studies Depression Scale (CES-D)

☐ Brief Symptom Inventory (BSI)

☐ Brief Depression Inventory-II (BDI-II)

☐ Composite International Diagnostic Inventories (CIDI) - Short Form- Major Depression, Generalized Anxiety Disorder, Alcohol Dependence, Drug Dependence

☐ Depression Anxiety Stress Scales (DASS)

☐ Postpartum Depression Screening Scale TM (PDSSTM)

☐ Zung Self-Rating Depression Scale

☐ **DID NOT SCREEN (Skip to 7)**

**\*Date of Screening**: \_ \_ / \_ \_ / \_ \_ \_ \_ (MM/DD/YYYY)

**1. Did the Caregiver enroll in home visiting prenatally?**

☐ Yes (Continue) ☐ No (Skip to 3)

**2. Was a depressions screening completed within 3 months postpartum if enrolled prenatally?**

☐ Yes (Continue to 4)

☐ No

**3. If no to Q1 Was a depression screening completed within 3 months’ post enrollment?**

☐ Yes (Continue to 4)

☐ No

**4. Did the Caregiver screen positive for depressive symptoms?**

☐ Yes (Continue to 5)

☐ No (End)

**5. If yes, is the Caregiver already receiving services for depression?**

☐ Yes (End, no additional screenings required)

☐ No (Continue to 6)

**6. If no, did you (home visitor) refer the Caregiver to services for depression?**

☐ Yes

☐ No

**7. Reason Not Screened**

☐ Home Visitor Unable to Screen (End/Rescreen in 3 months)

 Please Explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

☐ Family Refused (End/Rescreen in 3 months)

☐ Other, please specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ (End/Rescreen in 3 months)