**Measure 17 – Completed Depression Referrals**

**Caregiver Measure**

**Data Collection Time Point(s)**

**☐ Six Months Postpartum if screened positive and enrolled during pregnancy (ALL EBHV)**

**☐ Six Months Post Enrollment if screened positive (ALL EBHV)**

**If no services are received screen every three months until the Caregiver no longer screens positive and/or is referred and enters services.**

**☐ 9 Months Postpartum ☐ 12 Months Postpartum ☐ 15 Months Postpartum**

**☐ 18 Months Postpartum ☐ 21 Months Postpartum ☐ 24 Months Postpartum**

**☐ 27 Months Postpartum ☐ 30 Months Postpartum ☐ 33 Months Postpartum**

**☐ 36 Months Postpartum ☐ 39 Months Postpartum ☐ 42 Months Postpartum**

**☐ 45 Months Postpartum ☐ 48 Months Postpartum ☐ 51 Months Postpartum**

**☐ 54 Months Postpartum ☐ 57 Months Postpartum ☐ 60 Months Postpartum**

**☐ 63 Months Postpartum ☐ 66 Months Postpartum ☐ 69 Months Postpartum**

**☐ 72 Months Postpartum**

**☐ 9 Months Post Enrollment ☐ 12 Months Post Enrollment ☐ 15 Months Post Enrollment**

**☐ 18 Months Post Enrollment ☐ 21 Months Post Enrollment ☐ 24 Months Post Enrollment**

**☐ 27 Months Post Enrollment ☐ 30 Months Post Enrollment ☐ 33 Months Post Enrollment**

**☐ 36 Months Post Enrollment ☐ 39 Months Post Enrollment ☐ 42 Months Post Enrollment**

**☐ 45 Months Post Enrollment ☐ 48 Months Post Enrollment ☐ 51 Months Post Enrollment**

**☐ 54 Months Post Enrollment ☐ 57 Months Post Enrollment ☐ 60 Months Post Enrollment**

**☐ 63 Months Post Enrollment ☐ 66 Months Post Enrollment ☐ 69 Months Post Enrollment**

**☐ 72 Months Post Enrollment**

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

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

**1. Did you (home visitor) refer the Caregiver to services for depression?**

☐ Yes (Continue) ☐ No (Skip to 4)

**2. If yes, did you (Caregiver) receive recommended services for depression?**

☐ Yes (End) ☐ No (Continue to 3)

**3. If no, why?**

☐ Caregiver refused (End/Rescreen in 3 months)

☐ Caregiver on waiting list (End/Rescreen in 3 months)

☐ Caregiver already receiving services

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

**4. Did you rescreen the Caregiver?**

☐ Yes (Skip to 6) ☐ No (Continue to 5)

**5. If no, why?**

☐ Caregiver refused (End/Rescreen in 3 months) ☐ Caregiver on waiting list (End/Rescreen in 3 months)

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

**6. Did the Caregiver screen positive for depression?**

☐ Yes (Rescreen in 3 months / Continue to 7) ☐ No (Continue to 7 and End collection of this measure)

**7. Screening Tool Used**

☐ Edinburgh Postnatal Depression Scale (EPDS)

☐ Patient Health Questionnaire-9 (PHQ-9)

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

☐ Center for Epidemiologic Studies Depression Scale Revised (CESD-R)

☐ Patient Health Questionnaire-2 (PHQ-2)

☐ Brief Symptom Inventory (BSI)

☐ Brief Depression Inventory-II (BDI-II)