

DGIS USER GUIDE WOMEN'S/MATERNAL HEALTH FORMS

Version 3.0 – Updated 09/29/2023

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## WOMEN'S/MATERNAL HEALTH FORMS

On the **Women's/Maternal Health** forms, the grantee must provide details on programs promoting timely prenatal and postpartum care, in addition to programs promoting and/or facilitating well woman visits and depression screening.

## APPLICABLE REPORT TYPES

The report types are as follows:

- New Competing Performance Reports (NCPR)
- Non-Competing Continuation (NCCPR)
- Project Period End Reports (PPER)

**Figure 1: Women's/Maternal Health Forms**

<b>Women's/Maternal Health Forms</b>			
<b>Applicable Forms</b>	<b>Report Types</b>		
	<b>NCPR</b>	<b>NCCPR</b>	<b>PPER</b>
<b>WMH 1 – Women's/Maternal Health</b>	✓	✓	✓
<b>WMH 2 – Women's/Maternal Health</b>	✓	✓	✓
<b>WMH 3 – Women's/Maternal Health</b>	✓	✓	✓
<b>WMH 4 – Women's/Maternal Health</b>	✓	✓	✓

# WOMEN’S/MATERNAL HEALTH FORM 1

## FORM INSTRUCTIONS

### WMH DETAIL SHEET

The following information is under the **Women’s/Maternal Health Form 1 Detail Sheet**. The grantee may expand the accordion menu to view the following details:

1. Women’s/Maternal Health 1 (WMH1) — Prenatal Care
2. Performance Measure
3. Goal
4. Level
5. Domain
6. Definition
7. Benchmark Data Sources
8. Grantee Data Sources
9. Significance

**Figure 2: Women’s/Maternal Health Form 1: Detail Sheet**

**Women's/Maternal Health (WMH 1)**

▶ DG000 Due In: 19 Days | Status: Not Started

▶ Resources [↗](#)

Fields with ★ are required.

▼ **WMH 1 Detail Sheet**

Women's/ Maternal Health 1 (WMH1) - Prenatal Care	The percent of programs promoting and/ or facilitating timely prenatal care.
Performance Measure	The percent of MCHB funded projects addressing prenatal care. The percent of pregnant women participants who receive prenatal care beginning in the ... <a href="#">Show more</a>
Goal	To ensure supportive programming of prenatal care.
Level	Grantee
Domain	Women's/ Maternal Health
Definition	No further definitions.
Benchmark Data Sources	Related to Healthy People 2030 MICH Objective #08: Increase the proportion of pregnant women who receive early and adequate prenatal care. (Baseline: ... <a href="#">Show more</a>
Grantee Data Sources	Title V National Outcome Measure #1.
Significance	Early and continuous prenatal care is essential for identification of maternal disease and risks for complications of pregnancy or birth. This can ... <a href="#">Show more</a>

### TIER 1 (REQUIRED)

In this section, the grantee must respond to the following question(s):

1. *Are you addressing prenatal care in your program?* The grantee must select either Yes or No. If the grantee selects No, they must justify their selection in the *Comments* section.

Note the following requirements and additional information before completing this section:

- For **New Competing Performance Reports (NCPRs)**, the grantee is required to fill out Tier 1. Grantees cannot complete subsequent tiers in the NCPR.
- For **Non-Competing Continuation Reports (NCCPRs)** and **Project Period End Reports (PPERs)**, the grantee is required to fill out Tier 1 and may only proceed to the next tier after providing a response.

**Figure 3: Women's/Maternal Health 1: Tier 1**

The screenshot shows a web-based survey form for Tier 1. At the top, there is a dropdown menu labeled 'Tier 1'. Below it, a question is displayed: '★ Are you addressing prenatal care in your program?'. To the right of the question are two radio buttons: 'Yes' (which is selected) and 'No'. Below the question is a text area labeled 'Comments'. Inside the text area, there is a placeholder text: '(If 'No', then please enter explanation here)'. At the bottom right of the text area, there is a character count: '0/5000 characters'.

### TIER 2 AND 3 (REQUIRED)

In this section, the grantee must respond to the following question(s):

1. *Indicate through what processes/mechanisms are you addressing prenatal care? Select all that apply.*

Note the following requirements and additional information completing this section:

- Tier 2 is required for **Non-Competing Continuation Performance Reports (NCCPRs)** and **Project Period End Reports (PPERs)**.
  - For **New Competing Performance Reports (NCPRs)**, users are only required to fill out Tier 1.
  - For all the checkboxes selected by the grantee in Tier 2, the corresponding options are enabled and required under Tier 3. The corresponding values for the unchecked boxes under Tier 2 will be disabled under Tier 3.
2. *Activity Data Collection Form: How many are reached through those activities?*
    - a. *Participants/Public: Enter an integer from 0–999,999.*
    - b. *Providers/Health Care Professionals: Enter an integer from 0–999,999.*
    - c. *Community/Local Partners: Enter an integer from 0–999,999.*
    - d. *State or National Partners: Enter an integer from 0–999,999.*

Note the following requirements and additional information completing this section:

- Report the number of reached by each activity for each participant type.
- Only report a participant under one participant type.
- Select the best category for the participant.

3. *Comments: The grantee may add comments.*

Note the following requirements and additional information completing this section:

- All fields (except for *Comments*) are required.
- The grantee may proceed to the next tier only after providing responses to each required question.

**Figure 4: Women’s/Maternal Health 1: Tier 2 and 3**

▼ Tier 2 & 3

★ Through what processes/ mechanisms are you addressing prenatal care? (Select all that apply)

- Technical Assistance
- Training
- Product Development
- Research/ Peer-Reviewed Publications
- Outreach/ Information Dissemination/ Education
- Tracking/ Surveillance
- Screening/ Assessment
- Referral/ Care Coordination
- Direct Service
- Quality Improvement Initiatives

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**Activity Data Collection Form**

How many are reached through those activities?

Processes/ Mechanisms	Participants/ Public	Providers/ Health Care Professionals	Community/ Local Partners	State or National Partners	Total
Technical Assistance	5	5	5	5	20

**COMMENTS**

0/5000 characters

### TIER 4 (OPTIONAL)

In this section, the grantee may respond to the following question(s):

1. **Outcome 1:** Percent of pregnant women who received prenatal care beginning in the first trimester.
  - a. *Numerator:* Enter an integer from 0 – 999,999.
  - b. *Denominator:* Enter an integer from 0 – 999,999.
  - c. *Outcome (%):* The text box will be automatically populated using the values provided above.

NOTE: This field is optional, except for *H49 Healthy Start* grantees.

**Figure 5: Women’s/Maternal Health 1: Tier 4 (Optional)**

▼ Tier 4 (Optional)

■ Tier 4 is optional. If you have no outcomes to fill out, please select "Save and Continue" at the bottom of the page.

What are the related outcomes in the reporting year?

**Outcome 1 - Percent of pregnant women who receive prenatal care beginning in the first trimester.**

Numerator	<input style="width: 90%; border: 1px solid #ccc;" type="text" value="5"/> <p style="font-size: 0.8em; margin-top: 5px;">① Number of pregnant program participants who began prenatal care in the first trimester of pregnancy.</p>
Denominator	<input style="width: 90%; border: 1px solid #ccc;" type="text" value="10"/> <p style="font-size: 0.8em; margin-top: 5px;">① Number of pregnant program participants who were enrolled prenatally, prior to their second trimester of pregnancy, during the reporting period.</p>
Outcome (%)	<input style="width: 90%; border: 1px solid #ccc;" type="text" value="50"/>

## FORM-LEVEL RULES AND VALIDATIONS

1. The grantee must only fill out Tier 1 for **New Competing Performance Reports (NCPRs)**.
2. For **Non-Competing Continuation Performance Reports (NCCPRs)** and **Project Period End Reports (PPERs)**, if the grantee selects *Yes* for Tier 1, then they must complete Tier 2 and Tier 3. This is true for **Capacity Building, Women’s/ Maternal Health, Perinatal Infant Health, Child Health, Children and Youth with Special Health Care Needs, Adolescent Health, and Life Course forms**.
3. The *Comments* text box will accept both text and numerical values (maximum of 5,000 characters).

## WOMEN'S/MATERNAL HEALTH FORM 2


### FORM INSTRUCTIONS

#### WMH 2 DETAIL SHEET

The following information is under the **WMH 2 Detail Sheet**. The grantee may expand the accordion menu to view the following details:

1. Women's/Maternal Health 2 (WMH2) –Postpartum Care
2. Performance Measure
3. Goal
4. Level
5. Domain
6. Definition
7. Benchmark Data Sources
8. Grantee Data Sources
9. Significance


**Figure 6: Women's/Maternal Health 2: Detail Sheet**

 **Women's/Maternal Health (WMH 2)**

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▶ DG0000 Due In: 19 Days | Status: Not Started

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▶ Resources 

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Fields with ★ are required.

▼ **WMH 2 Detail Sheet**

Women's/ Maternal Health 2 (WMH2) - Postpartum Care	The percent of programs promoting and/ or facilitating timely postpartum care.
Performance Measure	The percent of MCHB funded projects addressing postpartum care.
Goal	To ensure supportive programming for postpartum care.
Level	Grantee
Domain	Women's/ Maternal Health
Definition	ACOG recommends that the postpartum visit occur between 4-6 weeks after delivery. ACOG suggests a 7-14 day postpartum visit for high-risk women. A ... <a href="#">Show more</a>
Benchmark Data Sources	Related to Healthy People 2030 MICH- D01: Increase the proportion of women giving birth who attend a postpartum care visit with a health ... <a href="#">Show more</a>
Grantee Data Sources	Grantee Data System; Pregnancy Risk Assessment Monitoring System
Significance	Since the period immediately following birth is a time of many physical and emotional adjustments, the postpartum visit is important for educating ... <a href="#">Show more</a>



## TIER 1 (REQUIRED)

In this section, the grantee must respond to the following question(s):

1. *Are you promoting and/or facilitating timely postpartum care in your program?* The grantee must select either Yes or No. If the grantee selects No, they must justify their selection in the *Comments* section.

Note the following requirements and additional information before completing this section:

- For **New Competing Performance Reports (NCPRs)**, the grantee is required to fill out Tier 1. Grantees cannot complete subsequent tiers in the NCPR.
- For **Non-Competing Continuation Reports (NCCPRs)** and **Project Period End Reports (PPERs)**, the grantee is required to fill out Tier 1 and may only proceed to the next tier after providing a response.

**Figure 7: Women’s/Maternal Health 2: Tier 1**

The screenshot shows a survey question titled "Tier 1". The question is: "★ Are you promoting and/or facilitating timely postpartum care in your program?". There are two radio button options: "Yes" (which is selected) and "No". Below the question is a "Comments" section with a text area. A placeholder text inside the text area says "(If 'No', then please enter explanation here)". At the bottom of the text area, it says "0/5000 characters".

## TIER 2 AND 3 (REQUIRED)

In this section, the grantee must respond to the following question(s):

1. *Through what processes/ mechanisms are you promoting and/ or facilitating postpartum care?* Select all that apply.

Note the following requirements and additional information before completing this section:

- For all checkboxes selected by the grantee in Tier 2, the corresponding options are enabled and required under Tier 3.
  - The corresponding values for the unchecked boxes under Tier 2 will be disabled under Tier 3.
  - Tier 2 is required for **Non-Competing Continuation Performance Reports (NCCPRs)** and **Project Period End Reports (PPERs)**.
  - For **New Competing Performance Reports (NCPRs)**, users are only required to fill out Tier 1.
2. *Activity Data Collection Form: How many are reached through those activities?*
    - a. *Participants/Public:* Enter an integer from 0–999,999.
    - b. *Providers/Health Care Professionals:* Enter an integer from 0–999,999.
    - c. *Community/Local Partners:* Enter an integer from 0–999,999.
    - d. *State or National Partners:* Enter an integer from 0–999,999.

Note the following requirements and additional information before completing this section:

- Report the number reached by each activity for each participant type.
- Only report a participant under one participant type, selecting the best category for the participant.
- The grantee may proceed to the next tier only after responding to this question.

**Figure 8: Women’s/Maternal Health 2: Tier 2 and 3**

▼ Tier 2 & 3

Through what processes/ mechanisms are you promoting and/ or facilitating postpartum care?

- Technical Assistance
- Training
- Product Development
- Research/ Peer-Reviewed Publications
- Outreach/ Information Dissemination/ Education
- Tracking/ Surveillance
- Screening/ Assessment
- Referral/ Care Coordination
- Direct Service
- Quality Improvement Initiatives

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**Activity Data Collection Form**

How many are reached through those activities?

Processes/ Mechanisms	Participants/ Public	Providers/ Health Care Professionals	Community/ Local Partners	State or National Partners	Total
Technical Assistance	<input type="text" value="5"/>	<input type="text" value="5"/>	<input type="text" value="5"/>	<input type="text" value="5"/>	<input type="text" value="20"/>
Product Development	<input type="text" value="5"/>	<input type="text" value="5"/>	<input type="text" value="5"/>	<input type="text" value="5"/>	<input type="text" value="20"/>

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**COMMENTS**

0/5000 characters

## TIER 4 (OPTIONAL)

In this section, the grantee may respond to the following question(s):

1. **Outcome 1:** Percent of pregnant women with postpartum visit between 4 to 6 weeks after delivery.
  - a. *Numerator:* Enter an integer from 0 – 999,999.
  - b. *Denominator:* Enter an integer from 0 – 999,999.
  - c. *Outcome (%):* The text box will be automatically populated using the values provided above.

**NOTE:** This field is optional, except for *H49 Healthy Start* grantees.

**Figure 9: Women’s/Maternal Health 2: Tier 4 (Optional)**

▼ Tier 4 (Optional)

■ Tier 4 is optional. If you have no outcomes to fill out, please select 'Save and Continue' at the bottom of the page.

What are the related outcomes in the reporting year?

**Outcome 1 - Percent of women with a postpartum visit between 4 to 6 weeks after delivery.**

Numerator	<input style="width: 90%;" type="text"/> <small>📌 Number of women program participants who enrolled prenatally or within 30 days after delivery and received a postpartum visit within 4-6 weeks after delivery.</small>
Denominator	<input style="width: 90%;" type="text"/> <small>📌 Number of women program participants who enrolled prenatally or within 30 days after delivery during the reporting period.</small>
Outcome (%)	<input style="width: 90%; background-color: #f2f2f2;" type="text"/>

## FORM-LEVEL RULES AND VALIDATIONS

1. The grantee must only fill out Tier 1 for **New Competing Performance Reports (NCPRs)**.
2. For **Non-Competing Continuation Performance Reports (NCCPRs)** and **Project Period End Reports (PPERs)**, if the grantee selects Yes for Tier 1, then they must complete Tier 2 and Tier 3. This is true for **Capacity Building, Women’s/ Maternal Health, Perinatal Infant Health, Child Health, Children and Youth with Special Health Care Needs, Adolescent Health, and Life Course forms**.
3. The *Comments* text box will accept both text and numerical values (maximum of 5,000 characters).

## WOMEN'S/MATERNAL HEALTH FORM 3

### FORM INSTRUCTIONS

#### WMH 3 DETAIL SHEET

The following information is under the **WMH 3 Detail Sheet**. The grantee may expand the accordion menu to view the details:

1. Women's/Maternal Health 3 (WMH3) – Well-Women Visit/Preventative Health
2. Performance Measure
3. Goal
4. Level
5. Domain
6. Definition
7. Benchmark Data Sources
8. Grantee Data Sources
9. Significance

**Figure 10: Women's/Maternal Health 3: Detail Sheet**

Women's/Maternal Health (WMH 3)

▶ DG000 Due In: 18 Days | Status: Not Started

▶ Resources [↗](#)

Fields with ★ are required.

▼ WMH 3 Detail Sheet

Women's/ Maternal Health 3 (WMH3) - Well Woman Visit/ Preventive Health	The percent of programs promoting and/ or facilitating well woman visits/ preventive health care.
Performance Measure	The percent of MCHB funded projects promoting and/ or facilitating well woman visits/ preventive health care and through what processes.
Goal	To ensure supportive programming for well woman visits/ preventive health care.
Level	Grantee
Domain	Women's/ Maternal Health
Definition	A participant is considered to have a well-woman or preventive visit and included in the numerator if she has a documented health assessment visit ... <a href="#">Show more</a>
Benchmark Data Sources	BRFSS (Women 18-44 with a past-year preventive visit: 65.2%, 2013); Vital Statistics (any prenatal care: 98.4%, 2014); PRAMS (postpartum visit: 91% ... <a href="#">Show more</a>
Grantee Data Sources	Grantee Data Systems
Significance	An annual well-woman visit provides a critical opportunity to receive recommended clinical preventive services, including screening, counseling, and ... <a href="#">Show more</a>

## TIER 1 (REQUIRED)

In this section, the grantee must respond to the following question(s):

1. *Are you promoting and/ or facilitating well woman visits/ preventive health care in your program?* The grantee must select either Yes or No. If the grantee chooses No, they must justify their selection in the *Comments* section.

Note the following requirements and additional information before completing this section:

- For **New Competing Performance Reports (NCPRs)**, the grantee is required to fill out Tier 1. Grantees cannot complete subsequent tiers in the NCPR.
- For **Non-Competing Continuation Reports (NCCPRs)** and **Project Period End Reports (PPERs)**, the grantee is required to fill out Tier 1 and may only proceed to the next tier after providing a response.

**Figure 11: Women’s/Maternal Health 3: Tier 1**

The screenshot shows a survey question titled "Tier 1". The question is: "★ Are you promoting and/ or facilitating well woman visits/ preventive health care in your program?". There are two radio button options: "Yes" (which is selected) and "No". Below the question is a "Comments" section with a text input area. A placeholder text in the input area reads "(If 'No', then please enter explanation here)". At the bottom of the input area, it says "0/5000 characters".

## TIER 2 AND 3 (REQUIRED)

In this section, the grantee must respond to the following question(s):

1. *Through what process/mechanism are you promoting and/or facilitating well woman visits/preventive health care?* Select all that apply.

Note the following requirements and additional information before completing this section:

- Tier 2 is required for **Non-Competing Continuation Performance Reports (NCCPRs)** and **Project Period End Reports (PPERs)**.
  - For **New Competing Performance Reports (NCPRs)**, the grantee is only required to fill out Tier 1.
  - For all the checkboxes selected by the grantee in Tier 2, the corresponding options are enabled and required under Tier 3.
  - The corresponding values for the unchecked boxes under Tier 2 will be disabled under Tier 3.
2. *Activity Data Collection Form: How many are reached through those activities?*
    - a. *Participants/Public:* Enter an integer from 0–999,999.
    - b. *Providers/Health Care Professionals:* Enter an integer from 0–999,999.
    - c. *Community/Local Partners:* Enter an integer from 0–999,999.

d. *State or National Partners*: Enter an integer from 0–999,999.

Note the following requirements and additional information before completing this section:

- Report the number reached by each activity for each participant type.
- Only report a participant under one participant type (select the best category for the participant).
- The grantee may proceed to the next tier only after responding to this question.
- *Comments*: The grantee may add comments. (NOTE: This is not required.)

**Figure 12: Women’s/Maternal Health 3: Tier 2 and 3**

▼ Tier 2 & 3

Through what activities are you promoting and/ or facilitating well woman visits/ preventive health care? (Select all that apply)

- Technical Assistance
- Training
- Product Development
- Research/ Peer-Reviewed Publications
- Outreach/ Information Dissemination/ Education
- Tracking/ Surveillance
- Screening/ Assessment
- Referral/ Care Coordination
- Direct Service
- Quality Improvement Initiatives

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**Activity Data Collection Form**

How many are reached through those activities?

Processes/ Mechanisms	Participants/ Public	Providers/ Health Care Professionals	Community/ Local Partners	State or National Partners	Total
Technical Assistance	<input type="text" value="5"/>	<input type="text" value="5"/>	<input type="text" value="5"/>	<input type="text" value="5"/>	<input type="text" value="20"/>
Product Development	<input type="text" value="5"/>	<input type="text" value="5"/>	<input type="text" value="5"/>	<input type="text" value="5"/>	<input type="text" value="20"/>
Training	<input type="text" value="5"/>	<input type="text" value="5"/>	<input type="text" value="5"/>	<input type="text" value="5"/>	<input type="text" value="20"/>

**COMMENTS**

0/5000 characters

## TIER 4 (OPTIONAL)

In this section, the grantee responds to the following question(s):

1. **Outcome 1:** Percent of pregnant women with a well woman/ preventative visit in the past year.
  - a. *Numerator:* Enter an integer from 0–999,999.
  - b. *Denominator:* Enter an integer from 0–999,999.
  - c. *Outcome (%):* The text box will be automatically populated using the values provided above.

NOTE: This field is optional, except for *H49 Healthy Start* grantees.

**Figure 13: Women’s/Maternal Health 3: Tier 4 (Optional)**

▼ Tier 4 (Optional)

■ Tier 4 is optional. If you have no outcomes to fill out, please select 'Save and Continue' at the bottom of the page.

What are the related outcomes in the reporting year?

**Outcome 1 - Percent of women with a well woman/ preventative visit in the past year**

Numerator	<input style="width: 90%;" type="text"/> <small>🔑 Number of women program participants who received a well-woman or preventive visit (including prenatal or postpartum visit) in the past 12 months prior to last assessment within the reporting period.</small>
Denominator	<input style="width: 90%;" type="text"/> <small>🔑 Number of women program participants during the reporting period.</small>
Outcome (%)	<input style="width: 90%; background-color: #f0f0f0;" type="text"/>

## FORM-LEVEL RULES AND VALIDATIONS

1. The grantee must only fill out Tier 1 for **New Competing Performance Reports (NCPRs)**.
2. For **Non-Competing Continuation Performance Reports (NCCPRs)** and **Project Period End Reports (PPERs)**, if the grantee selects *Yes* for Tier 1, then they must complete Tier 2 and Tier 3. This is true for **Capacity Building, Women’s/ Maternal Health, Perinatal Infant Health, Child Health, Children and Youth with Special Health Care Needs, Adolescent Health, and Life Course forms**.
3. The *Comments* text box will accept both text and numerical values (maximum of 5,000 characters).

## WOMEN’S/MATERNAL HEALTH FORM 4


### FORM INSTRUCTIONS

#### WMH 4 DETAIL SHEET

The following information is under the **WMH 4 Detail Sheet**. The grantee may expand the accordion menu to view the details:

1. Women’s/Maternal Health 4 (WMH4) – Depression Screening
2. Performance Measure
3. Goal
4. Level
5. Domain
6. Definition
7. Benchmark Data Sources
8. Grantee Data Sources
9. Significance


**Figure 14: Women’s/Maternal Health 4: Detail Sheet**

 **Women's/Maternal Health (WMH 4)**

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▶ DG000 Due In: 18 Days | Status: Not Started

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▶ Resources 

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Fields with ★ are required.

▼ **WMH 4 Detail Sheet**

Women's/ Maternal Health 4 (WMH4) - Depression Screening	The percent of programs promoting and/ or facilitating depression screening.
Performance Measure	The percent of MCHB funded projects promoting and/ or facilitating depression screening and through what processes.
Goal	To ensure supportive programming for depression screening.
Level	Grantee
Domain	Women's/ Maternal Health
Definition	A participant is considered to have been screened and included in the numerator if a standardized screening tool which is appropriately validated for ... <a href="#" style="font-size: small;">Show more</a>
Benchmark Data Sources	Related to Healthy People 2030 MICH-D01Objective: (Developmental) Increase the proportion of women who are screened for postpartum depression at ... <a href="#" style="font-size: small;">Show more</a>
Grantee Data Sources	Grantee Data Systems
Significance	Postpartum depression (PPD) is common, affecting as many as 1 in 7 mothers. Symptoms may include depressed mood, loss of interest or pleasure in ... <a href="#" style="font-size: small;">Show more</a>



## TIER 1 (REQUIRED)

In this section, the grantee must respond to the following question(s):

1. *Are you promoting and/or facilitating depression screening in your program?* The grantee must select either Yes or No. If the grantee selects No, they must justify their selection in the *Comments* section.

Note the following requirements and additional information before completing this section:

- For **New Competing Performance Reports (NCPRs)**, the grantee is required to fill out Tier 1. Grantees cannot complete subsequent tiers in the NCPR.
- For **Non-Competing Continuation Reports (NCCPRs)** and **Project Period End Reports (PPERs)**, the grantee is required to fill out Tier 1 and may only proceed to the next tier after providing a response.

**Figure 15: Women’s/Maternal Health 4: Tier 1**

The screenshot shows a survey question titled "Tier 1". The question is: "★ Are you promoting and/or facilitating depression screening in your program?". There are two radio buttons: "Yes" (which is selected) and "No". Below the question is a "Comments" section with a text area. A placeholder text in the text area reads "(If 'No', then please enter explanation here)". At the bottom of the text area, it says "0/5000 characters".

## TIER 2 AND 3 (REQUIRED)

In this section, the grantee must respond to the following question(s):

1. *Through what process/mechanism are you promoting and/or facilitating depression screening?* Select all that apply.

Note the following requirements before completing this section:

- The grantee may proceed to the next tier only after providing responses to each required question.
  - Tier 2 is required for **Non-Competing Continuation Performance Reports (NCCPRs)** and **Project Period End Reports (PPERs)**.
  - For **New Competing Performance Reports (NCPRs)**, users are only required to fill out Tier 1.
  - For all the checkboxes selected by the grantee in Tier 2, the corresponding options are enabled and required under Tier 3.
  - The corresponding values for the unchecked boxes under Tier 2 will be disabled under Tier 3.
2. *Activity Data Collection Form: How many are reached through those activities?*
    - a. *Participants/Public:* Enter an integer from 0–999,999.
    - b. *Providers/Health Care Professionals:* Enter an integer from 0–999,999.

- c. *Community/Local Partners*: Enter an integer from 0–999,999.
  - d. *State or National Partners*: Enter an integer from 0–999,999.
3. *Comments*: The grantee may add comments. This is not a required field.

Note the following requirements before completing this section:

- All the above fields (except for *Comments*) are required.
- Report the number reached by each activity for each participant type.
- Only report a participant under one participant type.
- Select the best category for the participant.
- The grantee may proceed to the next tier only after providing responses to each required question.

**Figure 16: Women’s/Maternal Health 4: Tier 2 and 3**

▼ Tier 2 & 3

Through what activities are you promoting and/ or facilitating depression screening? (Select all that apply)

- Technical Assistance
- Training
- Product Development
- Research/ Peer-Reviewed Publications
- Outreach/ Information Dissemination/ Education
- Tracking/ Surveillance
- Screening/ Assessment
- Referral/ Care Coordination
- Direct Service
- Quality Improvement Initiatives

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**Activity Data Collection Form**

How many are reached through those activities?

Processes/ Mechanisms	Participants/ Public	Providers/ Health Care Professionals	Community/ Local Partners	State or National Partners	Total
Technical Assistance	<input type="text"/> <small>Enter an integer: 0 - 999,999.</small>	<input type="text"/> <small>Enter an integer: 0 - 999,999.</small>	<input type="text"/> <small>Enter an integer: 0 - 999,999.</small>	<input type="text"/> <small>Enter an integer: 0 - 999,999.</small>	<input type="text"/>
Training	<input type="text"/> <small>Enter an integer: 0 - 999,999.</small>	<input type="text"/> <small>Enter an integer: 0 - 999,999.</small>	<input type="text"/> <small>Enter an integer: 0 - 999,999.</small>	<input type="text"/> <small>Enter an integer: 0 - 999,999.</small>	<input type="text"/>

**COMMENTS**

0/5000 characters

## TIER 4 (OPTIONAL)

In this section, the grantee responds to the following question(s):

1. **Outcome 1:** Percent of pregnant women screened for depression using a validated tool.
  - a. *Numerator:* Enter an integer from 0–999,999.
  - b. *Denominator:* Enter an integer from 0–999,999.
  - c. *Outcome (%):* The text box will be automatically populated using the values provided above.

**NOTE:** This field is optional, except for *H49 Healthy Start* grantees.

2. **Outcome 2:** Percent of women who screened positive for depression who received a referral for services.
  - a. *Numerator:* Enter an integer from 0–999,999.
  - b. *Denominator:* Enter an integer from 0–999,999.
  - c. *Outcome (%):* The text box will be automatically populated using the values provided above.

**Figure 17: Women’s/Maternal Health 4: Tier 4 (Optional)**

▼ Tier 4 (Optional)

■ Tier 4 is optional. If you have no outcomes to fill out, please select 'Save and Continue' at the bottom of the page.

What are the related outcomes in the reporting year?

**Outcome 1 - Percent of women screened for depression using a validated tool**

Numerator	<input style="width: 90%;" type="text"/> <small>① Number of women program participants who were screened for depression with a validated tool during the reporting period.</small>
Denominator	<input style="width: 90%;" type="text"/> <small>① Number of women program participants in the reporting period.</small>
Outcome (%)	<input style="width: 90%; background-color: #D9D9D9;" type="text"/>

**Outcome 2 - Percent of women who screened positive for depression who received a referral for services**

Numerator	<input style="width: 90%;" type="text"/> <small>① Number of women participants who screened positive for depression during the reporting period and received a subsequent referral for follow-up services.</small>
Denominator	<input style="width: 90%;" type="text"/> <small>① Number of HS women participants who screened positive for depression during the reporting period.</small>
Outcome (%)	<input style="width: 90%; background-color: #D9D9D9;" type="text"/>

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## FORM-LEVEL RULES AND VALIDATIONS

1. The grantee must only fill out Tier 1 for **New Competing Performance Reports (NCPs)**.
2. For **Non-Competing Continuation Performance Reports (NCCPRs)** and **Project Period End Reports (PPERs)**, if the grantee selects *Yes* for Tier 1, then they must complete Tier 2 and Tier 3. This is true for **Capacity Building, Women's/ Maternal Health, Perinatal Infant Health, Child Health, Children and Youth with Special Health Care Needs, Adolescent Health, and Life Course forms**.
3. The *Comments* text box will accept both text and numerical values (maximum of 5,000 characters).