

DGIS USER GUIDE WOMEN'S/MATERNAL HEALTH FORMS

Version 2.0 – Updated 04/28/2023

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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

| Women’s/Maternal Health Forms | | | |
|--|---------------------|--------------|-------------|
| Applicable Forms | Report Types | | |
| | NCPR | NCCPR | PPER |
| WMH 1 – Women’s/Maternal Health | ✓ | ✓ | ✓ |
| WMH 2 – Women’s/Maternal Health | ✓ | ✓ | ✓ |
| WMH 3 – Women’s/Maternal Health | ✓ | ✓ | ✓ |
| WMH 4 – Women’s/Maternal Health | ✓ | ✓ | ✓ |

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 ... Show more |
| 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: ... Show more |
| 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 ... Show more |

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)**, only Tier 1 is applicable.
- The grantee may proceed to the next tier only after providing a response to this question.

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

▼ Tier 1

★ Are you addressing prenatal care in your program? Yes No

Comments

(If 'No', then please enter explanation here)

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

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: 0.7em; margin-top: 2px;"> ⓘ 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: 0.7em; margin-top: 2px;"> ⓘ 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) | |
|---|--|
| ▶ DG0000 | Due In: 19 Days Status: Not Started |
| ▶ Resources ↗ | |
| 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 ... Show more |
| 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 ... Show more |
| 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 ... Show more |

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:

- The grantee may proceed to the next tier only after responding to the required questions.
- For **New Competing Performance Reports (NCPRs)**, only Tier 1 is applicable.

Figure 7: Women's/Maternal Health 2: Tier 1

The screenshot shows a survey question interface for Tier 1. At the top, there is a dropdown menu labeled 'Tier 1'. Below it, the question is: '★ Are you promoting and/ or facilitating timely postpartum care in your program?' with radio buttons for 'Yes' (selected) and 'No'. Below the question is a 'Comments' section with a text area containing the placeholder '(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

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"/> |

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 ... Show more |
| 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% ... Show more |
| 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 ... Show more |

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:

- The grantee may proceed to the next tier only after providing responses to each required question.
- For **New Competing Performance Reports (NCPRs)**, only Tier 1 is applicable.

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

▼ Tier 1

★ Are you promoting and/ or facilitating well woman visits/ preventive health care in your program? Yes No

Comments

(If 'No', then please enter explanation here)

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

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)**

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

▶ Resources 

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 ... Show more |
| Benchmark Data Sources | Related to Healthy People 2030 MICH-D01Objective: (Developmental) Increase the proportion of women who are screened for postpartum depression at ... Show more |
| 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 ... Show more |

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.*

Figure 15: Women's/Maternal Health 4: Tier 1

▼ Tier 1

★ Are you promoting and/or facilitating depression screening in your program? Yes No

Comments

(If 'No', then please enter explanation here)

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

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> | ☰ |
| 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> | ☰ |

COMMENTS

0/5000 characters

Continue to the Next Tier

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>❗ 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>❗ 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>❗ 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>❗ 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"/> |

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).