**CPSP Mental Health Screening Questionnaires**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Clinic: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date Training Completed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Post-Test**

*Please circle the correct answer(s).*

1. Ignoring mental health can contribute to chronic physical illnesses and a lower quality of life.
   1. True
   2. False
2. The PHQ-9primarily assesses symptoms of:
   1. Depression
   2. Anxiety
   3. Mania
   4. Postpartum psychosis
3. Approximately 1 in 5 women experience a mental health condition during or after pregnancy:
   1. True
   2. False
4. When left untreated, mental health conditions can affect bonding, infant development, and even birth outcomes
   1. True
   2. False
5. All the following statements are true aboutscreening questionnaires, *except*:
   1. They are brief
   2. Can diagnose
   3. Can be self-administered
   4. Focus on one or a few conditions
6. When using the PHQ-9, you must alert a provider if the score is above:
   1. 10
   2. 5
   3. 15
   4. 20
7. According to CPSP guidelines, the PHQ-9 should be completed
   1. At every visit
   2. Once each trimester
   3. Whenever the patient requests it
   4. Never
8. The GAD-7is designed to assess symptoms of:
   1. Depression
   2. Anxiety
   3. Mania
   4. Postpartum psychosis
9. The PHQ-9 and GAD-7 both evaluate symptoms experienced over the past 2 weeks
   1. True
   2. False
10. Screening questionnaires are used for all the following *except*:
    1. Making referrals
    2. Diagnosing conditions
    3. Identifying concerns that need further assessment
    4. Notifying the provider

**Please submit your completed test to LA County CPSP: Email: cpsp@ph.lacounty.gov**

**THIS SECTION TO BE COMPLETED BY LA COUNTY CPSP STAFF**

Score: \_\_\_/ 10 = \_\_\_\_\_\_\_\_%\_\_

Passing: 🞎YES 🞎NO

Follow-up call completed: 🞎YES