Healthy Start Monitoring and Evaluation Data System (HSMED)- II

**Data Dictionary and XML Schema   
Implementation Guide  
Instructions and Background Form**Version 1.0  
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# Introduction

Beginning in January 2017, the grantees of the Health Resources and Services Administration (HRSA) Healthy Start program are expected to submit client-level data as a condition of their grant awards. On March 3, 2020, the Division of Healthy Start & Perinatal Services (DHSPS) released the new, OMB-approved Healthy Start Data Collection Forms. Data will be submitted monthly through the Healthy Start Monitoring and Evaluation Data System (HSMED) – II module in the Electronic Handbooks (EHBs). The data collection tool is a client-level survey that provides data on the characteristics of Healthy Start Program clients and their children.

To submit data successfully, each grantee must collect data from women that they served during the reporting month and create and upload the Extensible Markup Language (XML) or Comma Separated Values (CSV) files containing client-level data to the HSMED-II Web application. The structure, sequence, values, and format of the data elements in the XML and CSV files must conform to the definitions specified in this document. Once the client-level data XML or CSV file is uploaded, HSMED-II validates the file for conformance to the data schema and business rules outlined in this document.

**NOTE**: This document does not contain instructions on how to upload the client-level data XML files to the HSMED-II application. Instructions on using the HSMED-II will be in the User Guide.

## Purpose

The purpose of this document is to provide reference information on the definition, allowable structure, sequence, values, and format of the Healthy Start client-level data XML and CSV files to grantees, providers and software vendors. This document includes data definitions that describe the meaning of each element in the Healthy Start client-level data. In addition, this document describes the required format of the XML file, provides examples of XML files, and includes references to the XML schema definitions that are used to validate the XML file. Ultimately, the goal of this document is to help grantees reduce any errors that may result when they generate and submit client-level data XML files to the HSMED-II.

## Audience

This document is intended for Healthy Start technical and/or administrative staff that must collect and report Healthy Start client-level data elements in an XML or CSV file format to the HRSA/MCHB. Such staff may include developers, data quality specialists, administrators, or other individuals who are responsible for generating and submitting the monthly report.

## Updates

This document will be revised as variables and value options are updated or when other global changes are made.

# Main Components of the Client-Level XML File

The Healthy Start client-level data XML file consists of three components: 1) the file header, 2) the root element, and 3) the body elements, which consist of complex and simple data elements.

## File Header

The file header is the first line of text in the XML file. It is static text and does not change, and it contains the XML declaration—the version of XML—and encoding being used. A sample file header is shown below:

<?xml version=”1.0” encoding=”UTF-8”?>

## Root Element

The root element consists of static text and does not change. A root element is required for every XML file, and it serves as “the parent” of all the other elements. In the case of the Healthy Start client-level data XML file, the root element is <ROOT xmlns="urn:hsmd">.

## Body: Simple and Complex Elements

The body of the client-level data XML file contains all the elements under the root element. It contains simple and complex elements. Complex elements contain child elements (e.g. lists) and usually allow more than one child elements. Simple elements do not contain any child elements. An example of a complex element that contains two child elements is below:

<OtherLinkedPPList>

<OtherLinkedPP>100String123345</OtherLinkedPP>

<OtherLinkedPP>100String78900</OtherLinkedPP>

</OtherLinkedPPList>

## Healthy Start Client-Level Data XML Data Elements

This section includes definitions for all the data elements (both complex and simple) in the body of the Healthy Start client-level data XML file. The definitions are presented in tables, and each table includes one or more of the following metadata:

**Element Name**: The descriptive and brief name of the variable to provide information about what is being collected. This corresponds to the data element name in the Healthy Start Client-Level Data XML Schema.

**Question Number:** The question number in the Healthy Start Data Collection Forms.

**Section & Sub-section:** Data elements are grouped in sections and sub-sections corresponding to the Data Collection Form. Each section and sub-section is a complex list data element and the section tags are required in the XML files. The sections and sub-sections are required components in the XML files, and elements must be included in the correct section to allow successful uploads.

**Definitions**: A brief description of the variable.

**Required field**: Whether an element is required to submit the XML file. If a required field is missing, the XML file will be rejected.

**Allowed Values**: The type or list of values allowed for the data element. If the acceptable values are codes, the meaning of each code is also provided. Note HSMED-II requires users to submit numeric codes in lists of values (e.g., if the value and description are “1 - Yes,” then 1 should be submitted instead of “Yes”). For Boolean fields, the field accepts only 1 or 0.

**Allow multiple values:** Whether the variable accepts multiple values. It corresponds to “choose-all-that-apply” questions in the Data Collection Tool. Normally only complex elements can accept multiple values. These element names have “List” as a suffix. The XML sample for list elements shows how multiple values are presented in the XML file.

**Occurrence**: The minimum and maximum number of times the element may appear in a single record within the client-level data XML file. For required elements, the minimal occurrence is 1.

**XML example**: Sample XML that indicates the use of the element within the context of the client-level data XML file.

**Data validation type:** Whether the element has a data validation check, if so, the type of data validation. If an element has no data validation check, it will be “none.” There are three types of data validation checks:

* **Errors:** All errors must be resolved before the report can be successfully accepted.
* **Warnings**: Users must review and, if appropriate, resolve their warnings. Users must enter a justification comment in the CSV or XML file, and reupload to the system to submit the report to resolve the warning(s).
* **Alerts:** A report can be submitted with alerts. Users do not need to enter comments to explain the data that caused the alert.

**Data validation rule:** The logic of data validation check and the corresponding error messages.

# Instructions for Preparing CSV Files

The CSV files follow the same data element specifications and are subject to the same validation checks outlined in the Implementation Guide. There are a few special instructions for preparing the CSV files.

## Column Names

The column names in CSV follow the naming convention: form\_section\_sub-section(s)\_data element name. Examples are below:

In the Background Form, the column names look like: HsmedBackground\_CoverPage\_ParticipantType, or HsmedBackground\_ClientInfo\_PersonalWellBeing\_LittleInterestScore

In the Prenatal Form, the column names look like: HsmedPrenatal\_CoverPage\_PPEnrollmentDate, or HsmedPrenatal\_ClientInfo\_PregnancyAndHealth\_NoFirstPrenatal

In the Parent Child Form, the column names look like: HsmedParentChild\_CoverPage\_CompletionDate, or HsmedParentChild\_ClientInfo\_HomeLife\_BreastfeedingPlans

The column names and order must be the same as the template for the file to be accepted. If there is no information for an element, the “cell” should be left empty but the column must remain in the file.

## Multiple Values

If one data element allows multiple values, all of the values should be included in one “cell” and separated by a pipe symbol “|” (found on most keyboards using SHIFT + \ ). Users should not enter spaces between the data values and the pipe symbol. For example, if there are two other linked primary participants reported in the Background Form, it should be listed as “100PP12345|100PP23456” in column “HsmedBackground\_CoverPage\_OtherLinkedPPList\_OtherLinkedPP”.

If a data element does not allow multiple values (e.g. elements that allow a text string), the pipe symbol will not be recognized as a delimiter for different values. For example, value “text string 1 | text string 2” for a single-value element will be read as one text string.

# Data Elements in the Background Form

## **Element name**: ParticipantType

| **Field** | **Description** |
| --- | --- |
| **Question Number** | Cover page 1 |
| **Section & Sub-section** | CoverPage |
| **Definition** | Participant type |
| **Required field** | Yes |
| **Allowed values** | 1 - Enrolled Woman  2 - Enrolled Man  3 - Other Adult |
| **Allow multiple values** | No |
| **Occurrence** | 1 per client |
| **XML example** | <ParticipantType>1</ParticipantType> |
| **Data Validation Type** | None |
| **Data Validation Rule** | None |

## **Element name**: OtherPPSpecification

| **Field** | **Description** |
| --- | --- |
| **Question Number** | Cover page 1 |
| **Section & Sub-section** | CoverPage |
| **Definition** | Specify other adult |
| **Required field** | No |
| **Allowed values** | Text string that allows a maximum of 250 characters |
| **Allow multiple values** | No |
| **Occurrence** | 0-1 per client |
| **XML example** | <OtherPPSpecification>String</OtherPPSpecification> |
| **Data Validation Type** | Alert |
| **Data Validation Rule** | [If "other adult" is selected and “specify other” is empty] Input a short text response for other adult type. |

## **Element name**: PPUID

| **Field** | **Description** |
| --- | --- |
| **Question Number** | Cover page 2 |
| **Section & Sub-section** | CoverPage |
| **Definition** | Primary participant unique id |
| **Required field** | Yes (May not have duplicates of Unique IDs in one file during upload checking) |
| **Allowed values** | Alphanumeric text string that allows a minimum of 9 characters and a maximum of 50 characters. PPUIDs should be in the format: 3 digit grantee org code + PP + a unique ID (at least 4 digits long). |
| **Allow multiple values** | No |
| **Occurrence** | 1 unique value per client |
| **XML example** | <PPUID>100PP12345</PPUID> |
| **Data Validation Type** | None |
| **Data Validation Rule** | None |

## **Element name**: OtherLinkedPP

| **Field** | **Description** |
| --- | --- |
| **Question Number** | Cover page 3 |
| **Section & Sub-section** | CoverPage |
| **Definition** | Other linked primary participants unique id |
| **Required field** | No |
| **Allowed values** | Alphanumeric text string that allows a minimum of 9 character and a maximum of 50 characters. PPUIDs should be in the format: 3 digit grantee org code + PP + a unique ID (at least 4 digits long). |
| **Allow multiple values** | Yes |
| **Occurrence** | 0-2 per client |
| **XML example** | <OtherLinkedPPList>  <OtherLinkedPP>100String123345</OtherLinkedPP>  <OtherLinkedPP>100String78900</OtherLinkedPP>  </OtherLinkedPPList> |
| **Data Validation Type** | Error |
| **Data Validation Rule** | [If “other linked PP ID” and “No other PP” are both empty] Input other linked primary participant(s) ID(s) or indicate no other participants are linked. |

## **Element name**: NoOtherPP

| **Field** | **Description** |
| --- | --- |
| **Question Number** | Cover page 3 |
| **Section & Sub-section** | CoverPage |
| **Definition** | No other pp |
| **Required field** | No |
| **Allowed values** | Boolean with value 1 |
| **Allow multiple values** | No |
| **Occurrence** | 0-1 per client |
| **XML example** | <NoOtherPP>1</NoOtherPP> |
| **Data Validation Type** | Error |
| **Data Validation Rule** | [If “other linked PP ID” and “No other PP” are both empty] Input other linked primary participant(s) ID(s) or indicate no other participants are linked. |

## **Element name**: HasEnrolledChild

| **Field** | **Description** |
| --- | --- |
| **Question Number** | Cover page 4 |
| **Section & Sub-section** | CoverPage |
| **Definition** | Have an enrolled child |
| **Required field** | Yes |
| **Allowed values** | 1 - Yes, currently  2 - No, never  3 - Formerly, but no longer |
| **Allow multiple values** | No |
| **Occurrence** | 1 per client |
| **XML example** | <HasEnrolledChild>1</HasEnrolledChild> |
| **Data Validation Type** | None |
| **Data Validation Rule** | None |

## **Element name**: PPEnrollmentDate

| **Field** | **Description** |
| --- | --- |
| **Question Number** | Cover page 5 |
| **Section & Sub-section** | CoverPage |
| **Definition** | Primary participant date of enrollment in the Healthy Start program |
| **Required field** | No |
| **Allowed values** | Date with a format of mm/dd/yyyy |
| **Allow multiple values** | No |
| **Occurrence** | 0-1 per client |
| **XML example** | <PPEnrollmentDate>9/10/2020</PPEnrollmentDate> |
| **Data Validation Type** | Error  Warning |
| **Data Validation Rule** | [If “Participant type” /= “Other Adult,” and this field is blank] Input an enrollment date for the primary participant.  [If “enrollment date” is different than the previously submitted value in the system] The enrollment date for primary participant is different than the system records. Please confirm the correct enrollment date in this submission or explain the reason for the change. |

## **Element name**: PPEnrollmentPhase

| **Field** | **Description** |
| --- | --- |
| **Question Number** | Cover page 6 |
| **Section & Sub-section** | CoverPage |
| **Definition** | Phase of Healthy Start participation |
| **Required field** | Yes |
| **Allowed values** | 1 - Woman preconception  2 - Man preconception  3 - Currently pregnant  4 - Partner currently pregnant  5 - Has live infant less than 6 months  6 - Partner has live infant less than 6 months  7 - Had pregnancy loss less than 6 months  8 - Partner had pregnancy loss less than 6 months  9 - Has child 6-18 mo enrolled in HS  10 - Partner has child 6-18 mo enrolled in HS  11 - Woman no live children, pregnancy loss more than 6 months  12 - Man no live children, partner pregnancy loss more than 6 months  13 - Unenrolled adult who has primary responsibility for/custody of enrolled child |
| **Allow multiple values** | No |
| **Occurrence** | 1 per client |
| **XML example** | <PPEnrollmentPhaseList>  <PPEnrollmentPhase>1</PPEnrollmentPhase>  <PPEnrollmentPhase>3</PPEnrollmentPhase>  </PPEnrollmentPhaseList> |
| **Data Validation Type** | None |
| **Data Validation Rule** | None |

## **Element name**: CompletionDate

| **Field** | **Description** |
| --- | --- |
| **Question Number** | Cover page 7 |
| **Section & Sub-section** | CoverPage |
| **Definition** | Date of form completion |
| **Required field** | No |
| **Allowed values** | Date with a format of mm/dd/yyyy |
| **Allow multiple values** | No |
| **Occurrence** | 0-1 per client |
| **XML example** | <CompletionDate>9/10/2020</CompletionDate> |
| **Data Validation Type** | Warning |
| **Data Validation Rule** | [if different from previous submission] The CompletionDate is different than previously reported. Please confirm the date of initial completion or explain the reason for the change. |

## **Element name**: UpdateType

| **Field** | **Description** |
| --- | --- |
| **Question Number** | Cover page 8 |
| **Section & Sub-section** | CoverPage |
| **Definition** | Form updates |
| **Required field** | No |
| **Allowed values** | 1 - Enrolled woman enters Prenatal  2 - Enrolled woman ends Prenatal  3 - Enrolled child turns 6 months  4 - Other update |
| **Allow multiple values** | No |
| **Occurrence** | 0-1 per client |
| **XML example** | <UpdateType>1</UpdateType> |
| **Data Validation Type** | Alert |
| **Data Validation Rule** | [If missing] If this upload is an update to the background form, UpdateType should be provided. |

## **Element name**: EntersPrenatalDate

| **Field** | **Description** |
| --- | --- |
| **Question Number** | Cover page 8 |
| **Section & Sub-section** | CoverPage |
| **Definition** | Date updated enter prenatal |
| **Required field** | No |
| **Allowed values** | Date with a format of mm/dd/yyyy |
| **Allow multiple values** | No |
| **Occurrence** | 0-1 per client |
| **XML example** | <EntersPrenatalDate>9/10/2020</EntersPrenatalDate> |
| **Data Validation Type** | None |
| **Data Validation Rule** | None |

## **Element name**: EndsPrenatalDate

| **Field** | **Description** |
| --- | --- |
| **Question Number** | Cover page 8 |
| **Section & Sub-section** | CoverPage |
| **Definition** | Date updated ends prenatal |
| **Required field** | No |
| **Allowed values** | Date with a format of mm/dd/yyyy |
| **Allow multiple values** | No |
| **Occurrence** | 0-1 per client |
| **XML example** | <EndsPrenatalDate>9/10/2020</EndsPrenatalDate> |
| **Data Validation Type** | None |
| **Data Validation Rule** | None |

## **Element name**: ECTurns6MonthsDate

| **Field** | **Description** |
| --- | --- |
| **Question Number** | Cover page 8 |
| **Section & Sub-section** | CoverPage |
| **Definition** | Date updated 6 months |
| **Required field** | No |
| **Allowed values** | Date with a format of mm/dd/yyyy |
| **Allow multiple values** | No |
| **Occurrence** | 0-1 per client |
| **XML example** | <ECTurns6MonthsDate>9/10/2020</ECTurns6MonthsDate> |
| **Data Validation Type** | None |
| **Data Validation Rule** | None |

## **Element name**: OtherUpdateDate

| **Field** | **Description** |
| --- | --- |
| **Question Number** | Cover page 8 |
| **Section & Sub-section** | CoverPage |
| **Definition** | Date updated other |
| **Required field** | No |
| **Allowed values** | Date with a format of mm/dd/yyyy |
| **Allow multiple values** | No |
| **Occurrence** | 0-1 per client |
| **XML example** | <OtherUpdateDate>9/10/2020</OtherUpdateDate> |
| **Data Validation Type** | None |
| **Data Validation Rule** | None |

## **Element name**: OtherUpdateSpecification

| **Field** | **Description** |
| --- | --- |
| **Question Number** | Cover page 8 |
| **Section & Sub-section** | CoverPage |
| **Definition** | Reason for update |
| **Required field** | No |
| **Allowed values** | Text string that allows a maximum of 250 characters |
| **Allow multiple values** | No |
| **Occurrence** | 0-1 per client |
| **XML example** | <OtherUpdateSpecification>String</OtherUpdateSpecification> |
| **Data Validation Type** | None |
| **Data Validation Rule** | None |

## **Element name**: ExitDate

| **Field** | **Description** |
| --- | --- |
| **Question Number** | Cover page 9 |
| **Section & Sub-section** | CoverPage |
| **Definition** | Date of exit |
| **Required field** | No |
| **Allowed values** | Date with a format of mm/dd/yyyy |
| **Allow multiple values** | No |
| **Occurrence** | 0-1 per client |
| **XML example** | <ExitDate>9/10/2020</ExitDate> |
| **Data Validation Type** | None |
| **Data Validation Rule** | None |

## **Element name**: ExitSpecification

| **Field** | **Description** |
| --- | --- |
| **Question Number** | Cover page 9 |
| **Section & Sub-section** | CoverPage |
| **Definition** | Reason for exit |
| **Required field** | No |
| **Allowed values** | Text string that allows a maximum of 250 characters |
| **Allow multiple values** | No |
| **Occurrence** | 0-1 per client |
| **XML example** | <ExitSpecification>String</ExitSpecification> |
| **Data Validation Type** | Warning |
| **Data Validation Rule** | [If “date of exit” has a value, and this item is missing] Please specify the reason for exit and resubmit, or provide an explanation for why it is missing. |

## **Element name**: AgeClassification

| **Field** | **Description** |
| --- | --- |
| **Question Number** | Cover page 10 |
| **Section & Sub-section** | CoverPage |
| **Definition** | Age group |
| **Required field** | Yes |
| **Allowed values** | 1 - 10-14 years  2 - 15-19 years  3 - 20-24 years  4 - 25-34 years  5 - 35-44 years  6 - 45+ years |
| **Allow multiple values** | No |
| **Occurrence** | 1 per client |
| **XML example** | <AgeClassification>1</AgeClassification> |
| **Data Validation Type** | None |
| **Data Validation Rule** | None |

## **Element name**: Sex

| **Field** | **Description** |
| --- | --- |
| **Question Number** | 1 |
| **Section & Sub-section** | ClientInfo  ParticipantGeneralInfo |
| **Definition** | Sex of person being interviewed |
| **Required field** | Yes |
| **Allowed values** | 1 - Female  2 - Male  88 - Declined to answer  99 - Don't know |
| **Allow multiple values** | No |
| **Occurrence** | 1 per client |
| **XML example** | <Sex>1</Sex> |
| **Data Validation Type** | None |
| **Data Validation Rule** | None |

## **Element name**: NonBinaryGender

| **Field** | **Description** |
| --- | --- |
| **Question Number** | 1a |
| **Section & Sub-section** | ClientInfo  ParticipantGeneralInfo |
| **Definition** | Nonbinary gender |
| **Required field** | No |
| **Allowed values** | 0 - No, participant comfortable with binary designaton  1 - Participant prefers not to use binary categorization  99 - Unable to determine |
| **Allow multiple values** | No |
| **Occurrence** | 0-1 per client |
| **XML example** | <NonBinaryGender>1</NonBinaryGender> |
| **Data Validation Type** | None |
| **Data Validation Rule** | None |

## **Element name**: HighestLevelSchool

| **Field** | **Description** |
| --- | --- |
| **Question Number** | 2 |
| **Section & Sub-section** | ClientInfo  ParticipantGeneralInfo |
| **Definition** | Education |
| **Required field** | Yes |
| **Allowed values** | 1 - No formal schooling  2 - 8th grade or less  3 - Some high school  4 - High school diploma  5 - GED  6 - Some college or 2 year degree  7 - Technical or trade school  8 - Bachelor's Degree  9 - Graduate or professional school  88 - Declined to answer  99 - Don't know |
| **Allow multiple values** | No |
| **Occurrence** | 1 per client |
| **XML example** | <HighestLevelSchool>1</HighestLevelSchool> |
| **Data Validation Type** | None |
| **Data Validation Rule** | None |

## **Element name**: HispanicLatino

| **Field** | **Description** |
| --- | --- |
| **Question Number** | 3 |
| **Section & Sub-section** | ClientInfo  ParticipantGeneralInfo |
| **Definition** | Hispanic ethnicity |
| **Required field** | Yes |
| **Allowed values** | 0 - No, not Hispanic or Latino  1 - Yes, Hispanic or Latino  88 - Declined to answer  99 - Don't know |
| **Allow multiple values** | No |
| **Occurrence** | 1 per client |
| **XML example** | <HispanicLatino>1</HispanicLatino> |
| **Data Validation Type** | None |
| **Data Validation Rule** | None |

## **Element name**: RaceMulti

| **Field** | **Description** |
| --- | --- |
| **Question Number** | 4 |
| **Section & Sub-section** | ClientInfo  ParticipantGeneralInfo |
| **Definition** | Race |
| **Required field** | Yes |
| **Allowed values** | 1 - American Indian or Alaska Native  2 - Asian  3 - Black or African American  4 - Native Hawaiian or Other Pacific Islander  5 - White  88 - Declined to answer  99 - Don't know |
| **Allow multiple values** | Yes |
| **Occurrence** | 1-7 per client |
| **XML example** | <RaceMultiList>  <RaceMulti>1</RaceMulti>  <RaceMulti>2</RaceMulti>  </RaceMultiList> |
| **Data Validation Type** | None |
| **Data Validation Rule** | None |

## **Element name**: RaceSingle

| **Field** | **Description** |
| --- | --- |
| **Question Number** | 5 |
| **Section & Sub-section** | ClientInfo  ParticipantGeneralInfo |
| **Definition** | Racial identification |
| **Required field** | Yes |
| **Allowed values** | 1 - American Indian or Alaska Native  2 - Asian  3 - Black or African American  4 - Native Hawaiian or Other Pacific Islander  5 - White  6 - More than one race/biracial/multiracial  7 - Other  88 - Declined to answer  99 - Don't know |
| **Allow multiple values** | No |
| **Occurrence** | 1 per client |
| **XML example** | <RaceSingle>1</RaceSingle> |
| **Data Validation Type** | None |
| **Data Validation Rule** | None |

## **Element name**: OtherRaceSpecification

| **Field** | **Description** |
| --- | --- |
| **Question Number** | 5 |
| **Section & Sub-section** | ClientInfo  ParticipantGeneralInfo |
| **Definition** | Other race |
| **Required field** | No |
| **Allowed values** | Text string that allows a maximum of 250 characters |
| **Allow multiple values** | No |
| **Occurrence** | 0-1 per client |
| **XML example** | <OtherRaceSpecification>String</OtherRaceSpecification> |
| **Data Validation Type** | None |
| **Data Validation Rule** | None |

## **Element name**: HasUsualHealthcareSource

| **Field** | **Description** |
| --- | --- |
| **Question Number** | 6 |
| **Section & Sub-section** | ClientInfo  ParticipantHealthCare |
| **Definition** | Usual source of medical care |
| **Required field** | No |
| **Allowed values** | 0 - No  1 - Yes  88 - Declined to answer  99 - Don't know |
| **Allow multiple values** | No |
| **Occurrence** | 0-1 per client |
| **XML example** | <HasUsualHealthcareSource>1</HasUsualHealthcareSource> |
| **Data Validation Type** | Alert |
| **Data Validation Rule** | [If missing] Element ‘HasUsualHealthcareSource’ is missing. |

## **Element name**: UsualHealthcarePlace

| **Field** | **Description** |
| --- | --- |
| **Question Number** | 7 |
| **Section & Sub-section** | ClientInfo  ParticipantHealthCare |
| **Definition** | Place for usual health care |
| **Required field** | No |
| **Allowed values** | 1 - Doctor's Office  2 - Hospital Emergency Room  3 - Hospital Outpatient Department  4 - Clinic or Health Center  5 - Retail Store Clinic or "Minute Clinic"  6 - School  7 - Other  88 - Declined to answer  99 - Don't know |
| **Allow multiple values** | No |
| **Occurrence** | 0-1 per client |
| **XML example** | <UsualHealthcarePlace>1</UsualHealthcarePlace> |
| **Data Validation Type** | Alert |
| **Data Validation Rule** | [If missing] Element ‘UsualHealthcarePlace’ is missing. |

## **Element name**: OtherHealthcarePlaceSpecification

| **Field** | **Description** |
| --- | --- |
| **Question Number** | 7 |
| **Section & Sub-section** | ClientInfo  ParticipantHealthCare |
| **Definition** | Other place |
| **Required field** | No |
| **Allowed values** | Text string that allows a maximum of 250 characters |
| **Allow multiple values** | No |
| **Occurrence** | 0-1 per client |
| **XML example** | <OtherHealthcarePlaceSpecification>String</OtherHealthcarePlaceSpecification> |
| **Data Validation Type** | None |
| **Data Validation Rule** | None |

## **Element name**: HadHealthcare

| **Field** | **Description** |
| --- | --- |
| **Question Number** | 8 |
| **Section & Sub-section** | ClientInfo  ParticipantHealthCare |
| **Definition** | Any health insurance past year |
| **Required field** | No |
| **Allowed values** | 1 - Yes, covered all 12 months  2 - Yes, but I had a gap in coverage  3 - No  88 - Declined to answer  99 - Don't know |
| **Allow multiple values** | No |
| **Occurrence** | 0-1 per client |
| **XML example** | <HadHealthcare>1</HadHealthcare> |
| **Data Validation Type** | Alert |
| **Data Validation Rule** | [If missing] Element ' HadHealthcare' is missing. |

## **Element name**: InsuranceType

| **Field** | **Description** |
| --- | --- |
| **Question Number** | 9 |
| **Section & Sub-section** | ClientInfo  ParticipantHealthCare |
| **Definition** | Health insurance type |
| **Required field** | No |
| **Allowed values** | 1 - Private health insurance from job  2 - Private health insurance from parents  3 - Private health insurance from the State Health Insurance Marketplace, State website, or HealthCare.gov  4 - Medicaid  5 - CHIP  6 - Subsidized ACA plan  7 - TRICARE  8 - Indian Health Service or tribal  9 - Other health insurance  0 - No health insurance  88 - Declined to answer  99 - Don't know |
| **Allow multiple values** | Yes |
| **Occurrence** | 0-12 per client |
| **XML example** | <InsuranceTypeList>  <InsuranceType>1</InsuranceType>  <InsuranceType>2</InsuranceType>  </InsuranceTypeList> |
| **Data Validation Type** | Alert  Alert  Alert |
| **Data Validation Rule** | [If missing] Element InsuranceType is missing.  [If health insurance type = “Indian Health Service or tribal,” and health insurance type /= “no health insurance”] If "Indian Health Service or tribal" is selected, check "I do not have health insurance now" if the participant does not have other insurance.  [If “health insurance type” = “Medicaid,” then “Medicaid name” should have a value] If the client has Medicaid, the Medicaid option should be checked and the state Medicaid name should be provided.  [If “health insurance type” = “other insurance type,” then “other insurance name” should have a value] If the client has other health insurance, the other health insurance option should be checked and the name of the other health insurance should be provided. |

## **Element name**: MedicaidNameSpecification

| **Field** | **Description** |
| --- | --- |
| **Question Number** | 9 |
| **Section & Sub-section** | ClientInfo  ParticipantHealthCare |
| **Definition** | Medicaid name |
| **Required field** | No |
| **Allowed values** | Text string that allows a maximum of 250 characters |
| **Allow multiple values** | No |
| **Occurrence** | 0-1 per client |
| **XML example** | <MedicaidNameSpecification>String</MedicaidNameSpecification> |
| **Data Validation Type** | Alert |
| **Data Validation Rule** | [If “Medicaid name” has a value, then “health insurance type” should have “Medicaid” selected] If the client has Medicaid, the Medicaid option should be checked and the state Medicaid name should be provided. |

## **Element name**: OtherInsuranceSpecification

| **Field** | **Description** |
| --- | --- |
| **Question Number** | 9 |
| **Section & Sub-section** | ClientInfo  ParticipantHealthCare |
| **Definition** | Other health insurance name |
| **Required field** | No |
| **Allowed values** | Text string that allows a maximum of 250 characters |
| **Allow multiple values** | No |
| **Occurrence** | 0-1 per client |
| **XML example** | <OtherInsuranceSpecification>String</OtherInsuranceSpecification> |
| **Data Validation Type** | Alert |
| **Data Validation Rule** | [If “other health insurance name” has a value, then “health insurance type” should have “other insurance type” selected.] If the client has other health insurance, the “other health insurance” option should be checked and the name of the other health insurance should be provided. |

## **Element name**: HadPreventiveCare

| **Field** | **Description** |
| --- | --- |
| **Question Number** | 10 |
| **Section & Sub-section** | ClientInfo  ParticipantHealthCare |
| **Definition** | Preventive care |
| **Required field** | No |
| **Allowed values** | 0 - No  1 - Yes  88 - Declined to answer  99 - Don't know |
| **Allow multiple values** | No |
| **Occurrence** | 0-1 per client |
| **XML example** | <HadPreventiveCare>1</HadPreventiveCare> |
| **Data Validation Type** | Alert |
| **Data Validation Rule** | [If missing] Element ‘HadPreventiveCare’ is missing. |

## **Element name**: HouseholdIncome

| **Field** | **Description** |
| --- | --- |
| **Question Number** | 11 |
| **Section & Sub-section** | ClientInfo  PersonalWellBeing |
| **Definition** | Household income |
| **Required field** | No |
| **Allowed values** | 1 - $0 to $16,000  2 - $16,001 to $20,000  3 - $20,001 to $24,000  4 - $24,001 to $28,000  5 - $28,001 to $32,000  6 - $32,001 to $40,000  7 - $40,001 to $48,000  8 - $48,001 to $57,000  9 - $57,001 to $60,000  10 - $60,001 to $73,000  11 - $73,001 to $85,000  12 - $85,001 or more  88 - Declined to answer  99 - Don't know |
| **Allow multiple values** | No |
| **Occurrence** | 0-1 per client |
| **XML example** | <HouseholdIncome>1</HouseholdIncome> |
| **Data Validation Type** | None |
| **Data Validation Rule** | None |

## **Element name**: DependentsOnIncomeNumber

| **Field** | **Description** |
| --- | --- |
| **Question Number** | 12 |
| **Section & Sub-section** | ClientInfo  PersonalWellBeing |
| **Definition** | People depending on household income |
| **Required field** | No |
| **Allowed values** | An integer value between 1-99 |
| **Allow multiple values** | No |
| **Occurrence** | 0-1 per client |
| **XML example** | <DependentsOnIncomeNumber>1</DependentsOnIncomeNumber> |
| **Data Validation Type** | None |
| **Data Validation Rule** | None |

## **Element name**: DependentsOnIncomeDD

| **Field** | **Description** |
| --- | --- |
| **Question Number** | 12 |
| **Section & Sub-section** | ClientInfo  PersonalWellBeing |
| **Definition** | Dependents don't know/declined |
| **Required field** | No |
| **Allowed values** | 88 - Declined to answer  99 - Don't know |
| **Allow multiple values** | No |
| **Occurrence** | 0-1 per client |
| **XML example** | <DependentsOnIncomeDD>1</DependentsOnIncomeDD> |
| **Data Validation Type** | None |
| **Data Validation Rule** | None |

## **Element name**: AdultsDependentOnIncomeNumber

| **Field** | **Description** |
| --- | --- |
| **Question Number** | 13 |
| **Section & Sub-section** | ClientInfo  PersonalWellBeing |
| **Definition** | Number of adults depending on income |
| **Required field** | No |
| **Allowed values** | An integer value between 0-99 |
| **Allow multiple values** | No |
| **Occurrence** | 0-1 per client |
| **XML example** | <AdultsDependentOnIncomeNumber>1</AdultsDependentOnIncomeNumber> |
| **Data Validation Type** | Alert |
| **Data Validation Rule** | [If “number of adults depending on income,” “number of children depending on income,” and “number number of children versus adults don't know/declined” are all missing] Input a number of children or adults depending on the income or select don't know/declined to answer. |

## **Element name**: ChildrenDependentOnIncomeNumber

| **Field** | **Description** |
| --- | --- |
| **Question Number** | 13 |
| **Section & Sub-section** | ClientInfo  PersonalWellBeing |
| **Definition** | Number of children depending on income |
| **Required field** | No |
| **Allowed values** | An integer value between 0-99 |
| **Allow multiple values** | No |
| **Occurrence** | 0-1 per client |
| **XML example** | <ChildrenDependentOnIncomeNumber>1</ChildrenDependentOnIncomeNumber> |
| **Data Validation Type** | Alert |
| **Data Validation Rule** | [If “number of adults depending on income,” “number of children depending on income,” and “number number of children versus adults don't know/declined” are all missing] Input a number of children or adults depending on the income or select don't know/declined to answer. |

## **Element name**: AdultChildDependentsOnIncomeDD

| **Field** | **Description** |
| --- | --- |
| **Question Number** | 13 |
| **Section & Sub-section** | ClientInfo  PersonalWellBeing |
| **Definition** | Adult child dependents don't know/declined |
| **Required field** | No |
| **Allowed values** | 88 - Declined to answer  99 - Don't know |
| **Allow multiple values** | No |
| **Occurrence** | 0-1 per client |
| **XML example** | <AdultChildDependentsOnIncomeDD>1</AdultChildDependentsOnIncomeDD> |
| **Data Validation Type** | Alert |
| **Data Validation Rule** | [If “number of adults depending on income,” “number of children depending on income,” and “number number of children versus adults don't know/declined” are all missing] Input a number of children or adults depending on the income or select don't know/declined to answer. |

## **Element name**: CurrentChildrenEnrolled

| **Field** | **Description** |
| --- | --- |
| **Question Number** | 14 |
| **Section & Sub-section** | ClientInfo  PersonalWellBeing |
| **Definition** | Children under 18 months old enrolled in Healthy Start |
| **Required field** | No |
| **Allowed values** | 0 - No  1 - Yes  88 - Declined to answer  99 - Don't know |
| **Allow multiple values** | No |
| **Occurrence** | 0-1 per client |
| **XML example** | <CurrentChildrenEnrolled>1</CurrentChildrenEnrolled> |
| **Data Validation Type** | None |
| **Data Validation Rule** | None |

## **Element name**: ChildrenEnrolledNumber

| **Field** | **Description** |
| --- | --- |
| **Question Number** | 14 |
| **Section & Sub-section** | ClientInfo  PersonalWellBeing |
| **Definition** | Number of enrolled children |
| **Required field** | No |
| **Allowed values** | An integer value between 1-99 |
| **Allow multiple values** | No |
| **Occurrence** | 0-1 per client |
| **XML example** | <ChildrenEnrolledNumber>1</ChildrenEnrolledNumber> |
| **Data Validation Type** | None |
| **Data Validation Rule** | None |

## **Element name**: LittleInterestScore

| **Field** | **Description** |
| --- | --- |
| **Question Number** | 15 |
| **Section & Sub-section** | ClientInfo  PersonalWellBeing |
| **Definition** | Little interest score |
| **Required field** | No |
| **Allowed values** | 0 - Not at all  1 - Several days  2 - More than half the days  3 - Nearly all day  88 - Declined to answer |
| **Allow multiple values** | No |
| **Occurrence** | 0-1 per client |
| **XML example** | <LittleInterestScore>1</LittleInterestScore> |
| **Data Validation Type** | Alert |
| **Data Validation Rule** | [If “little interest score” + “feel down score” /= “depression total” or if any of the three fields is missing] The depression scores are calculated incorrectly or missing. |

## **Element name**: FeelDownScore

| **Field** | **Description** |
| --- | --- |
| **Question Number** | 15 |
| **Section & Sub-section** | ClientInfo  PersonalWellBeing |
| **Definition** | Feel down score |
| **Required field** | No |
| **Allowed values** | 0 - Not at all  1 - Several days  2 - More than half the days  3 - Nearly all day  88 - Declined to answer |
| **Allow multiple values** | No |
| **Occurrence** | 0-1 per client |
| **XML example** | <FeelDownScore>1</FeelDownScore> |
| **Data Validation Type** | Alert |
| **Data Validation Rule** | [If “little interest score” + “feel down score” /= “depression total” or if any of the three fields is missing] The depression scores are calculated incorrectly or missing. |

## **Element name**: DepressionTotal

| **Field** | **Description** |
| --- | --- |
| **Question Number** | 15 |
| **Section & Sub-section** | ClientInfo  PersonalWellBeing |
| **Definition** | Depression total |
| **Required field** | No |
| **Allowed values** | An integer value between 0-6 |
| **Allow multiple values** | No |
| **Occurrence** | 0-1 per client |
| **XML example** | <DepressionTotal>1</DepressionTotal> |
| **Data Validation Type** | Alert |
| **Data Validation Rule** | [If “little interest score” + “feel down score” /= “depression total” or if any of the three fields is missing] The depression scores are calculated incorrectly or missing. |

## **Element name**: ScreenedForDepression

| **Field** | **Description** |
| --- | --- |
| **Question Number** | 16 |
| **Section & Sub-section** | ClientInfo  PersonalWellBeing |
| **Definition** | Participant screened for depression |
| **Required field** | No |
| **Allowed values** | 1 - Yes, both items  2 - Yes, but only one item  3 - No, was not able to administer this |
| **Allow multiple values** | No |
| **Occurrence** | 0-1 per client |
| **XML example** | <ScreenedForDepression>1</ScreenedForDepression> |
| **Data Validation Type** | None |
| **Data Validation Rule** | None |

## **Element name**: ReferredForDepression

| **Field** | **Description** |
| --- | --- |
| **Question Number** | 17 |
| **Section & Sub-section** | ClientInfo  PersonalWellBeing |
| **Definition** | Referred for depression |
| **Required field** | No |
| **Allowed values** | 1 - PP score less than 3, no referral  2 - PP score 3 or more, referral provided  3 - PP score 3 or more, no referral because client already receiving servies  4 - PP score 3 or more, no referral because client declined referral |
| **Allow multiple values** | No |
| **Occurrence** | 0-1 per client |
| **XML example** | <ReferredForDepression>1</ReferredForDepression> |
| **Data Validation Type** | Alert |
| **Data Validation Rule** | [If “depression total” is not blank and “referred for depression” is blank] Element ReferredForDepression is missing. |

## **Element name**: TobaccoUse

| **Field** | **Description** |
| --- | --- |
| **Question Number** | 18 |
| **Section & Sub-section** | ClientInfo  PersonalWellBeing |
| **Definition** | Tobacco use |
| **Required field** | No |
| **Allowed values** | 1 - Daily or almost daily  2 - Weekly  3 - Monthly  4 - Less than monthly  5 - Never  88 - Declined to answer |
| **Allow multiple values** | No |
| **Occurrence** | 0-1 per client |
| **XML example** | <TobaccoUse>1</TobaccoUse> |
| **Data Validation Type** | None |
| **Data Validation Rule** | None |

## **Element name**: AlcoholUse

| **Field** | **Description** |
| --- | --- |
| **Question Number** | 18 |
| **Section & Sub-section** | ClientInfo  PersonalWellBeing |
| **Definition** | Alcohol use |
| **Required field** | No |
| **Allowed values** | 1 - Daily or almost daily  2 - Weekly  3 - Monthly  4 - Less than monthly  5 - Never  88 - Declined to answer |
| **Allow multiple values** | No |
| **Occurrence** | 0-1 per client |
| **XML example** | <AlcoholUse>1</AlcoholUse> |
| **Data Validation Type** | None |
| **Data Validation Rule** | None |

## **Element name**: MarijuanaUse

| **Field** | **Description** |
| --- | --- |
| **Question Number** | 18 |
| **Section & Sub-section** | ClientInfo  PersonalWellBeing |
| **Definition** | Marijuana use |
| **Required field** | No |
| **Allowed values** | 1 - Daily or almost daily  2 - Weekly  3 - Monthly  4 - Less than monthly  5 - Never  88 - Declined to answer |
| **Allow multiple values** | No |
| **Occurrence** | 0-1 per client |
| **XML example** | <MarijuanaUse>1</MarijuanaUse> |
| **Data Validation Type** | None |
| **Data Validation Rule** | None |

## **Element name**: IllicitDrugUse

| **Field** | **Description** |
| --- | --- |
| **Question Number** | 18 |
| **Section & Sub-section** | ClientInfo  PersonalWellBeing |
| **Definition** | Illicit drug use |
| **Required field** | No |
| **Allowed values** | 1 - Daily or almost daily  2 - Weekly  3 - Monthly  4 - Less than monthly  5 - Never  88 - Declined to answer |
| **Allow multiple values** | No |
| **Occurrence** | 0-1 per client |
| **XML example** | <IllicitDrugUse>1</IllicitDrugUse> |
| **Data Validation Type** | None |
| **Data Validation Rule** | None |

## **Element name**: PrescriptionMedsUse

| **Field** | **Description** |
| --- | --- |
| **Question Number** | 18 |
| **Section & Sub-section** | ClientInfo  PersonalWellBeing |
| **Definition** | Prescription meds use |
| **Required field** | No |
| **Allowed values** | 1 - Daily or almost daily  2 - Weekly  3 - Monthly  4 - Less than monthly  5 - Never  88 - Declined to answer |
| **Allow multiple values** | No |
| **Occurrence** | 0-1 per client |
| **XML example** | <PrescriptionMedsUse>1</PrescriptionMedsUse> |
| **Data Validation Type** | None |
| **Data Validation Rule** | None |

## **Element name**: WasThreatened

| **Field** | **Description** |
| --- | --- |
| **Question Number** | 19 |
| **Section & Sub-section** | ClientInfo  PersonalWellBeing |
| **Definition** | Threatened by current or former intimate parterner or other family member |
| **Required field** | No |
| **Allowed values** | 1 - Current/former intimate partner  2 - Other family member  3 - Someone else  4 - No-one  88 - Declined to answer |
| **Allow multiple values** | No |
| **Occurrence** | 0-1 per client |
| **XML example** | <WasThreatened>1</WasThreatened> |
| **Data Validation Type** | None |
| **Data Validation Rule** | None |

## **Element name**: WasFrightened

| **Field** | **Description** |
| --- | --- |
| **Question Number** | 19 |
| **Section & Sub-section** | ClientInfo  PersonalWellBeing |
| **Definition** | Frightened by current or former intimate parterner or other family member |
| **Required field** | No |
| **Allowed values** | 1 - Current/former intimate partner  2 - Other family member  3 - Someone else  4 - No-one  88 - Declined to answer |
| **Allow multiple values** | No |
| **Occurrence** | 0-1 per client |
| **XML example** | <WasFrightened>1</WasFrightened> |
| **Data Validation Type** | None |
| **Data Validation Rule** | None |

## **Element name**: WasControlled

| **Field** | **Description** |
| --- | --- |
| **Question Number** | 19 |
| **Section & Sub-section** | ClientInfo  PersonalWellBeing |
| **Definition** | Controlled by current or former intimate parterner or other family member |
| **Required field** | No |
| **Allowed values** | 1 - Current/former intimate partner  2 - Other family member  3 - Someone else  4 - No-one  88 - Declined to answer |
| **Allow multiple values** | No |
| **Occurrence** | 0-1 per client |
| **XML example** | <WasControlled>1</WasControlled> |
| **Data Validation Type** | None |
| **Data Validation Rule** | None |

## **Element name**: WasPhysicallyHurt

| **Field** | **Description** |
| --- | --- |
| **Question Number** | 19 |
| **Section & Sub-section** | ClientInfo  PersonalWellBeing |
| **Definition** | Physically hurt by current or former intimate parterner or other family member |
| **Required field** | No |
| **Allowed values** | 1 - Current/former intimate partner  2 - Other family member  3 - Someone else  4 - No-one  88 - Declined to answer |
| **Allow multiple values** | No |
| **Occurrence** | 0-1 per client |
| **XML example** | <WasPhysicallyHurt>1</WasPhysicallyHurt> |
| **Data Validation Type** | None |
| **Data Validation Rule** | None |

## **Element name**: WasForced

| **Field** | **Description** |
| --- | --- |
| **Question Number** | 19 |
| **Section & Sub-section** | ClientInfo  PersonalWellBeing |
| **Definition** | Forced by current or former intimate parterner or other family member |
| **Required field** | No |
| **Allowed values** | 1 - Current/former intimate partner  2 - Other family member  3 - Someone else  4 - No-one  88 - Declined to answer |
| **Allow multiple values** | No |
| **Occurrence** | 0-1 per client |
| **XML example** | <WasForced>1</WasForced> |
| **Data Validation Type** | None |
| **Data Validation Rule** | None |

## **Element name**: IPVScreenerAdministered

| **Field** | **Description** |
| --- | --- |
| **Question Number** | 20 |
| **Section & Sub-section** | ClientInfo  PersonalWellBeing |
| **Definition** | Intimate partner violence (IPV) screener administered |
| **Required field** | No |
| **Allowed values** | 1 - Screening completed  2 - Screening not completed due to presence of partner  3 - Screening not completed due to presence of family member/friend  4 - screening not completed because participant declined to answer one or more questions  5 - Other reason screening not completed |
| **Allow multiple values** | No |
| **Occurrence** | 0-1 per client |
| **XML example** | <IPVScreenerAdministered>1</IPVScreenerAdministered> |
| **Data Validation Type** | Alert |
| **Data Validation Rule** | [If IPV screener administered is blank] Element 'IPVScreenerAdministered' is missing. |

## **Element name**: IPVScreenerNotAdministeredSpecification

| **Field** | **Description** |
| --- | --- |
| **Question Number** | 20 |
| **Section & Sub-section** | ClientInfo  PersonalWellBeing |
| **Definition** | Other reason for IPV screener not administered |
| **Required field** | No |
| **Allowed values** | Text string that allows a maximum of 250 characters |
| **Allow multiple values** | No |
| **Occurrence** | 0-1 per client |
| **XML example** | <IPVScreenerNotAdministeredSpecification>String</IPVScreenerNotAdministeredSpecification> |
| **Data Validation Type** | None |
| **Data Validation Rule** | None |

## **Element name**: MoreChildrenDesired

| **Field** | **Description** |
| --- | --- |
| **Question Number** | 21 |
| **Section & Sub-section** | ClientInfo  ReproductiveLifePlanning |
| **Definition** | More children desired |
| **Required field** | No |
| **Allowed values** | 0 - No  1 - Yes  2 - Unable to get pregnant  88 - Declined to answer  99 - Don't know |
| **Allow multiple values** | No |
| **Occurrence** | 0-1 per client |
| **XML example** | <MoreChildrenDesired>1</MoreChildrenDesired> |
| **Data Validation Type** | None |
| **Data Validation Rule** | None |

## **Element name**: TotalChildrenDesired

| **Field** | **Description** |
| --- | --- |
| **Question Number** | 22 |
| **Section & Sub-section** | ClientInfo  ReproductiveLifePlanning |
| **Definition** | Total # children desired |
| **Required field** | No |
| **Allowed values** | An integer value between 1-99 |
| **Allow multiple values** | No |
| **Occurrence** | 0-1 per client |
| **XML example** | <TotalChildrenDesired>1</TotalChildrenDesired> |
| **Data Validation Type** | Alert |
| **Data Validation Rule** | [If MoreChildrenDesired = “yes,” and both TotalChildrenDesired and TotalChildrenDesiredDD are empty] TotalChildrenDesired or TotalChildrenDesiredDD should be provided because the client indicated they want more children. |

## **Element name**: TotalChildrenDesiredDD

| **Field** | **Description** |
| --- | --- |
| **Question Number** | 22 |
| **Section & Sub-section** | ClientInfo  ReproductiveLifePlanning |
| **Definition** | Total children desired don’t know declined |
| **Required field** | No |
| **Allowed values** | 88 - Declined to answer  99 - Don't know |
| **Allow multiple values** | No |
| **Occurrence** | 0-1 per client |
| **XML example** | <TotalChildrenDesiredDD>99</TotalChildrenDesiredDD> |
| **Data Validation Type** | Alert |
| **Data Validation Rule** | [If MoreChildrenDesired = “yes,” and both TotalChildrenDesired and TotalChildrenDesiredDD are empty] TotalChildrenDesired or TotalChildrenDesiredDD should be provided because the client indicated they want more children. |

## **Element name**: PlannedMonthsToNextPregnancy

| **Field** | **Description** |
| --- | --- |
| **Question Number** | 23 |
| **Section & Sub-section** | ClientInfo  ReproductiveLifePlanning |
| **Definition** | When participant would like to become pregnant |
| **Required field** | No |
| **Allowed values** | An integer value between 1-99 |
| **Allow multiple values** | No |
| **Occurrence** | 0-1 per client |
| **XML example** | <PlannedMonthsToNextPregnancy>1</PlannedMonthsToNextPregnancy> |
| **Data Validation Type** | Alert |
| **Data Validation Rule** | [If MoreChildrenDesired = yes, and both PlannedMonthsToNextPregnancy and PlannedMonthsToNextPregnancyDD are empty] PlannedMonthsToNextPregnancy or PlannedMonthsToNextPregnancyDD should be provided because the client indicated they want more children. |

## **Element name**: PlannedMonthsToNextPregnancyDD

| **Field** | **Description** |
| --- | --- |
| **Question Number** | 23 |
| **Section & Sub-section** | ClientInfo  ReproductiveLifePlanning |
| **Definition** | When participant would like to become pregnant don't know declined |
| **Required field** | No |
| **Allowed values** | 88 - Declined to answer  99 - Don't know |
| **Allow multiple values** | No |
| **Occurrence** | 0-1 per client |
| **XML example** | <PlannedMonthsToNextPregnancyDD>99</PlannedMonthsToNextPregnancyDD> |
| **Data Validation Type** | Alert |
| **Data Validation Rule** | [If MoreChildrenDesired = yes, and both PlannedMonthsToNextPregnancy and PlannedMonthsToNextPregnancyDD are empty] PlannedMonthsToNextPregnancy or PlannedMonthsToNextPregnancyDD should be provided because the client indicated they want more children. |

## **Element name**: BirthControlUsed

| **Field** | **Description** |
| --- | --- |
| **Question Number** | 24 |
| **Section & Sub-section** | ClientInfo  ReproductiveLifePlanning |
| **Definition** | Birth control until ready to become pregnant |
| **Required field** | No |
| **Allowed values** | 1 - Tubes tied or blocked  2 - Vasectomy  3 - Birth control pills  4 - Condoms  5 - Shots or injections  6 - Contraceptive patch or vaginal ring  7 - IUD  8 - Contraceptive implant in the arm  9 - Natural family planning  10 - Withdrawal  11 - Not having sex  12 - Other  13 - None  88 - Declined to answer  99 - Don’t know |
| **Allow multiple values** | Yes |
| **Occurrence** | 0-15 per client |
| **XML example** | <BirthControlUsedList>  <BirthControlUsed>1</BirthControlUsed>  <BirthControlUsed>2</BirthControlUsed>  </BirthControlUsedList> |
| **Data Validation Type** | Alert |
| **Data Validation Rule** | [If MoreChildrenDesired = no, and this field is blank] BirthControlUsed should be provided since client indicated they do not want more children. |

## **Element name**: OtherRLPSpecification

| **Field** | **Description** |
| --- | --- |
| **Question Number** | 24 |
| **Section & Sub-section** | ClientInfo  ReproductiveLifePlanning |
| **Definition** | Specify other reproductive life plan / birth control |
| **Required field** | No |
| **Allowed values** | Text string that allows a maximum of 250 characters |
| **Allow multiple values** | No |
| **Occurrence** | 0-1 per client |
| **XML example** | <OtherRLPSpecification>String</OtherRLPSpecification> |
| **Data Validation Type** | None |
| **Data Validation Rule** | None |

## **Element name**: UsingCondom

| **Field** | **Description** |
| --- | --- |
| **Question Number** | 25 |
| **Section & Sub-section** | ClientInfo  ReproductiveLifePlanning |
| **Definition** | Use condom to prevent STDs |
| **Required field** | No |
| **Allowed values** | 0 - No  1 - Yes  77 - N/A, not sexually active  88 - Declined to answer  99 - Don't know |
| **Allow multiple values** | No |
| **Occurrence** | 0-1 per client |
| **XML example** | <UsingCondom>1</UsingCondom> |
| **Data Validation Type** | None |
| **Data Validation Rule** | None |

## **Element name**: HasRLP

| **Field** | **Description** |
| --- | --- |
| **Question Number** | 26 |
| **Section & Sub-section** | ClientInfo  ReproductiveLifePlanning |
| **Definition** | Current reproductive life plan |
| **Required field** | No |
| **Allowed values** | 1 - Yes, completed all items  2 - No, responded to some, but vulnerable to unplanned pregnancies  3 - No, not able to administer |
| **Allow multiple values** | No |
| **Occurrence** | 0-1 per client |
| **XML example** | <HasRLP>1</HasRLP> |
| **Data Validation Type** | None |
| **Data Validation Rule** | None |

## **Element name**: PregnancyStatus

| **Field** | **Description** |
| --- | --- |
| **Question Number** | 27 |
| **Section & Sub-section** | ClientInfo  PregnancyAndChildrenHistory |
| **Definition** | Pregnancy status |
| **Required field** | No |
| **Allowed values** | 0 - No  1 - Yes  88 - Declined to answer  99 - Don't know |
| **Allow multiple values** | No |
| **Occurrence** | 0-1 per client |
| **XML example** | <PregnancyStatus>1</PregnancyStatus> |
| **Data Validation Type** | Alert |
| **Data Validation Rule** | [If “participant type” = “enrolled woman,” and this field is missing] Element PregnancyStatus is missing. |

## **Element name**: PregnancyHistory

| **Field** | **Description** |
| --- | --- |
| **Question Number** | 28 |
| **Section & Sub-section** | ClientInfo  PregnancyAndChildrenHistory |
| **Definition** | Pregnancy history |
| **Required field** | No |
| **Allowed values** | 1 - Live birth  2 - Ectopic or tubal pregnancy without live birth  3 - Miscarriage  4 - Stillbirth or fetal death  5 - Termination of pregnancy  6 - None of the above  88 - Declined to answer  99 - Don’t know |
| **Allow multiple values** | Yes |
| **Occurrence** | 0-8 per client |
| **XML example** | <PregnancyHistoryList>  <PregnancyHistory>1</PregnancyHistory>  <PregnancyHistory>3</PregnancyHistory>  </PregnancyHistoryList> |
| **Data Validation Type** | Alert |
| **Data Validation Rule** | [If “participant type” = “enrolled woman,” and this field is missing] Element PregnancyHistory is missing. |

## **Element name**: LiveBirthNumber

| **Field** | **Description** |
| --- | --- |
| **Question Number** | 28 |
| **Section & Sub-section** | ClientInfo  PregnancyAndChildrenHistory |
| **Definition** | Live birth number |
| **Required field** | No |
| **Allowed values** | An integer value between 1-99 |
| **Allow multiple values** | No |
| **Occurrence** | 0-1 per client |
| **XML example** | <LiveBirthNumber>1</LiveBirthNumber> |
| **Data Validation Type** | None |
| **Data Validation Rule** | None |

## **Element name**: TubalPregnancyNumber

| **Field** | **Description** |
| --- | --- |
| **Question Number** | 28 |
| **Section & Sub-section** | ClientInfo  PregnancyAndChildrenHistory |
| **Definition** | Ectopic or tubal pregnancy number |
| **Required field** | No |
| **Allowed values** | An integer value between 1-99 |
| **Allow multiple values** | No |
| **Occurrence** | 0-1 per client |
| **XML example** | <TubalPregnancyNumber>1</TubalPregnancyNumber> |
| **Data Validation Type** | None |
| **Data Validation Rule** | None |

## **Element name**: MiscarriageNumber

| **Field** | **Description** |
| --- | --- |
| **Question Number** | 28 |
| **Section & Sub-section** | ClientInfo  PregnancyAndChildrenHistory |
| **Definition** | Miscarriage number |
| **Required field** | No |
| **Allowed values** | An integer value between 1-99 |
| **Allow multiple values** | No |
| **Occurrence** | 0-1 per client |
| **XML example** | <MiscarriageNumber>1</MiscarriageNumber> |
| **Data Validation Type** | None |
| **Data Validation Rule** | None |

## **Element name**: StillbirthNumber

| **Field** | **Description** |
| --- | --- |
| **Question Number** | 28 |
| **Section & Sub-section** | ClientInfo  PregnancyAndChildrenHistory |
| **Definition** | Stillbirth number |
| **Required field** | No |
| **Allowed values** | An integer value between 1-99 |
| **Allow multiple values** | No |
| **Occurrence** | 0-1 per client |
| **XML example** | <StillbirthNumber>1</StillbirthNumber> |
| **Data Validation Type** | None |
| **Data Validation Rule** | None |

## **Element name**: TerminationNumber

| **Field** | **Description** |
| --- | --- |
| **Question Number** | 28 |
| **Section & Sub-section** | ClientInfo  PregnancyAndChildrenHistory |
| **Definition** | Termination number |
| **Required field** | No |
| **Allowed values** | An integer value between 1-99 |
| **Allow multiple values** | No |
| **Occurrence** | 0-1 per client |
| **XML example** | <TerminationNumber>1</TerminationNumber> |
| **Data Validation Type** | None |
| **Data Validation Rule** | None |

## **Element name**: HadPreviousPretermBirth

| **Field** | **Description** |
| --- | --- |
| **Question Number** | 29 |
| **Section & Sub-section** | ClientInfo  PreviousBirths |
| **Definition** | Previous preterm birth |
| **Required field** | No |
| **Allowed values** | 0 - No  1 - Yes  88 - Declined to answer  99 - Don't know |
| **Allow multiple values** | No |
| **Occurrence** | 0-1 per client |
| **XML example** | <HadPreviousPretermBirth>1</HadPreviousPretermBirth> |
| **Data Validation Type** | Alert |
| **Data Validation Rule** | [If “participant type” = “enrolled woman,” “pregnancy history” = “live birth,” and this field is missing] Element HadPreviousPretermBirth is missing. |

## **Element name**: PretermDeliveriesNumber

| **Field** | **Description** |
| --- | --- |
| **Question Number** | 29 |
| **Section & Sub-section** | ClientInfo  PreviousBirths |
| **Definition** | Preterm deliveries number |
| **Required field** | No |
| **Allowed values** | An integer value between 1-99 |
| **Allow multiple values** | No |
| **Occurrence** | 0-1 per client |
| **XML example** | <PretermDeliveriesNumber>1</PretermDeliveriesNumber> |
| **Data Validation Type** | None |
| **Data Validation Rule** | None |

## **Element name**: FullTermDeliveriesNumber

| **Field** | **Description** |
| --- | --- |
| **Question Number** | 29 |
| **Section & Sub-section** | ClientInfo  PreviousBirths |
| **Definition** | Full term deliveries number |
| **Required field** | No |
| **Allowed values** | An integer value between 1-99 |
| **Allow multiple values** | No |
| **Occurrence** | 0-1 per client |
| **XML example** | <FullTermDeliveriesNumber>1</FullTermDeliveriesNumber> |
| **Data Validation Type** | None |
| **Data Validation Rule** | None |

## **Element name**: HadLBW

| **Field** | **Description** |
| --- | --- |
| **Question Number** | 30 |
| **Section & Sub-section** | ClientInfo  PreviousBirths |
| **Definition** | Previous low birth weight (LBW) baby |
| **Required field** | No |
| **Allowed values** | 0 - No  1 - Yes  88 - Declined to answer  99 - Don't know |
| **Allow multiple values** | No |
| **Occurrence** | 0-1 per client |
| **XML example** | <HadLBW>1</HadLBW> |
| **Data Validation Type** | Alert |
| **Data Validation Rule** | [If “participant type” = “enrolled woman,” “pregnancy history” = “live birth,” and this field is missing] Element HadLBW is missing. |

## **Element name**: LBWBabiesNumber

| **Field** | **Description** |
| --- | --- |
| **Question Number** | 30 |
| **Section & Sub-section** | ClientInfo  PreviousBirths |
| **Definition** | low birth weight (LBW) babies number |
| **Required field** | No |
| **Allowed values** | An integer value between 1-99 |
| **Allow multiple values** | No |
| **Occurrence** | 0-1 per client |
| **XML example** | <LBWBabiesNumber>1</LBWBabiesNumber> |
| **Data Validation Type** | None |
| **Data Validation Rule** | None |

## **Element name**: HadVeryLBW

| **Field** | **Description** |
| --- | --- |
| **Question Number** | 31 |
| **Section & Sub-section** | ClientInfo  PreviousBirths |
| **Definition** | Previous very low birth weight baby |
| **Required field** | No |
| **Allowed values** | 0 - No  1 - Yes  88 - Declined to answer  99 - Don't know |
| **Allow multiple values** | No |
| **Occurrence** | 0-1 per client |
| **XML example** | <HadVeryLBW>1</HadVeryLBW> |
| **Data Validation Type** | Alert |
| **Data Validation Rule** | [If “previous LBW” is not blank and this field is missing] Element HadVeryLBW is missing. |

## **Element name**: VeryLBWBabiesNumber

| **Field** | **Description** |
| --- | --- |
| **Question Number** | 31 |
| **Section & Sub-section** | ClientInfo  PreviousBirths |
| **Definition** | Very low birth weight babies number |
| **Required field** | No |
| **Allowed values** | An integer value between 1-99 |
| **Allow multiple values** | No |
| **Occurrence** | 0-1 per client |
| **XML example** | <VeryLBWBabiesNumber>1</VeryLBWBabiesNumber> |
| **Data Validation Type** | None |
| **Data Validation Rule** | None |

## **Element name**: HadMacrosomia

| **Field** | **Description** |
| --- | --- |
| **Question Number** | 32 |
| **Section & Sub-section** | ClientInfo  PreviousBirths |
| **Definition** | Macrosomia |
| **Required field** | No |
| **Allowed values** | 0 - No  1 - Yes  88 - Declined to answer  99 - Don't know |
| **Allow multiple values** | No |
| **Occurrence** | 0-1 per client |
| **XML example** | <HadMacrosomia>1</HadMacrosomia> |
| **Data Validation Type** | Alert |
| **Data Validation Rule** | [If “participant type” = “enrolled woman,” “pregnancy history” = “live birth,” and this field is missing] Element HadMacrosomia is missing. |

## **Element name**: FetalMacrosomiaNumber

| **Field** | **Description** |
| --- | --- |
| **Question Number** | 32 |
| **Section & Sub-section** | ClientInfo  PreviousBirths |
| **Definition** | Macrosomia number |
| **Required field** | No |
| **Allowed values** | An integer value between 1-99 |
| **Allow multiple values** | No |
| **Occurrence** | 0-1 per client |
| **XML example** | <FetalMacrosomiaNumber>1</FetalMacrosomiaNumber> |
| **Data Validation Type** | None |
| **Data Validation Rule** | None |

## **Element name**: HadInfantHospitalStay

| **Field** | **Description** |
| --- | --- |
| **Question Number** | 33 |
| **Section & Sub-section** | ClientInfo  PreviousBirths |
| **Definition** | Previous infant hospital stay |
| **Required field** | No |
| **Allowed values** | 0 - No  1 - Yes  88 - Declined to answer  99 - Don't know |
| **Allow multiple values** | No |
| **Occurrence** | 0-1 per client |
| **XML example** | <HadInfantHospitalStay>1</HadInfantHospitalStay> |
| **Data Validation Type** | Alert |
| **Data Validation Rule** | [If “participant type” = “enrolled woman,” “pregnancy history” = “live birth,” and this field is missing] Element HadInfantHospitalStay is missing. |

## **Element name**: InfantHospitalStayNumber

| **Field** | **Description** |
| --- | --- |
| **Question Number** | 33 |
| **Section & Sub-section** | ClientInfo  PreviousBirths |
| **Definition** | Previous infant hospital stay number |
| **Required field** | No |
| **Allowed values** | An integer value between 1-99 |
| **Allow multiple values** | No |
| **Occurrence** | 0-1 per client |
| **XML example** | <InfantHospitalStayNumber>1</InfantHospitalStayNumber> |
| **Data Validation Type** | None |
| **Data Validation Rule** | None |

## **Element name**: InfantHospitalStaySpecification

| **Field** | **Description** |
| --- | --- |
| **Question Number** | 33 |
| **Section & Sub-section** | ClientInfo  PreviousBirths |
| **Definition** | Previous infant hospital stay reason |
| **Required field** | No |
| **Allowed values** | Text string that allows a maximum of 250 characters |
| **Allow multiple values** | No |
| **Occurrence** | 0-1 per client |
| **XML example** | <InfantHospitalStaySpecification>String</InfantHospitalStaySpecification> |
| **Data Validation Type** | None |
| **Data Validation Rule** | None |

## **Element name**: PreviousInfantDeath

| **Field** | **Description** |
| --- | --- |
| **Question Number** | 34 |
| **Section & Sub-section** | ClientInfo  PreviousBirths |
| **Definition** | Previous infant death |
| **Required field** | No |
| **Allowed values** | 0 - No  1 - Yes  88 - Declined to answer  99 - Don't know |
| **Allow multiple values** | No |
| **Occurrence** | 0-1 per client |
| **XML example** | <PreviousInfantDeath>1</PreviousInfantDeath> |
| **Data Validation Type** | Alert |
| **Data Validation Rule** | [If “participant type” = “enrolled woman,” “pregnancy history” = “live birth,” and this field is missing] Element PreviousInfantDeath is missing. |

## **Element name**: PreviousChildDeathNumber

| **Field** | **Description** |
| --- | --- |
| **Question Number** | 35 |
| **Section & Sub-section** | ClientInfo  PreviousBirths |
| **Definition** | Number of previous infant mortalities |
| **Required field** | No |
| **Allowed values** | An integer value between 1-99 |
| **Allow multiple values** | No |
| **Occurrence** | 0-1 per client |
| **XML example** | <PreviousChildDeathNumber>1</PreviousChildDeathNumber> |
| **Data Validation Type** | Alert |
| **Data Validation Rule** | [If “previous infant death” = “Yes,” and this field is missing] Element PreviousChildDeathNumber is missing. |

## **Element name**: PreviousNeonatalDeathNumber

| **Field** | **Description** |
| --- | --- |
| **Question Number** | 36 |
| **Section & Sub-section** | ClientInfo  PreviousBirths |
| **Definition** | Neonatal mortality number |
| **Required field** | No |
| **Allowed values** | An integer value between 1-99 |
| **Allow multiple values** | No |
| **Occurrence** | 0-1 per client |
| **XML example** | <PreviousNeonatalDeathNumber>1</PreviousNeonatalDeathNumber> |
| **Data Validation Type** | Alert |
| **Data Validation Rule** | [If “previous infant death” = “Yes,” and this field is missing] Element PreviousNeonatalDeathNumber is missing. |

## **Element name**: PreviousInfantDeathNumber

| **Field** | **Description** |
| --- | --- |
| **Question Number** | 36 |
| **Section & Sub-section** | ClientInfo  PreviousBirths |
| **Definition** | Infant mortality number |
| **Required field** | No |
| **Allowed values** | An integer value between 1-99 |
| **Allow multiple values** | No |
| **Occurrence** | 0-1 per client |
| **XML example** | <PreviousInfantDeathNumber>1</PreviousInfantDeathNumber> |
| **Data Validation Type** | None |
| **Data Validation Rule** | None |

## **Element name**: PreviousPostInfancyDeathNumber

| **Field** | **Description** |
| --- | --- |
| **Question Number** | 36 |
| **Section & Sub-section** | ClientInfo  PreviousBirths |
| **Definition** | Post-infancy mortality |
| **Required field** | No |
| **Allowed values** | An integer value between 1-99 |
| **Allow multiple values** | No |
| **Occurrence** | 0-1 per client |
| **XML example** | <PreviousPostInfancyDeathNumber>1</PreviousPostInfancyDeathNumber> |
| **Data Validation Type** | None |
| **Data Validation Rule** | None |