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

**Data Dictionary and XML Schema
Implementation Guide
 Parent/Child Form**Version 1.0
Version Date: September 1, 2020


Health Resources and Services Administration

Maternal and Child Health Bureau

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**Document Version History**

| **Version** | **Author(s)** | **Revision Date** | **Reason** |
| --- | --- | --- | --- |
| 1.0 | REI | 09/01/2020 | Final |

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## **Element name**: ParticipantType

| **Field**  | **Description**  |
| --- | --- |
| **Question Number** | Cover Page 1 |
| **Section & Sub-section** | CoverPage |
| **Definition** | Participant type |
| **Required field** | Yes |
| **Allowed values**  | 1 - Enrolled Woman2 - Enrolled Man3 - 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** | Other adult specification |
| **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 with primary custody…" 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 |
| **Allowed values**  | Alphanumeric text string that allows a minimum of 9 character and a maximum of 50 characters |
| **Allow multiple values**  | No |
| **Occurrence** | 1 per client |
| **XML example** | <PPUID>100PP12345</PPUID> |
| **Data Validation Type** | None |
| **Data Validation Rule** | None |

## **Element name**: ChildUID

| **Field**  | **Description**  |
| --- | --- |
| **Question Number** | Cover Page 3 |
| **Section & Sub-section** | CoverPage |
| **Definition** | Enrolled child unique id |
| **Required field** | Yes (May not have duplicates of EC Unique IDs in one file (during upload checking). |
| **Allowed values**  | Alphanumeric text string that allows a minimum of 9 character and a maximum of 50 characters |
| **Allow multiple values**  | No |
| **Occurrence** | 1 per client |
| **XML example** | <ChildUID>100EC12345</ChildUID> |
| **Data Validation Type** | None |
| **Data Validation Rule** | None |

## **Element name**: OtherLinkedPP

| **Field**  | **Description**  |
| --- | --- |
| **Question Number** | Cover Page 4 |
| **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 |
| **Allow multiple values**  | No |
| **Occurrence** | 0-3 per client |
| **XML example** | <OtherLinkedPPList> <OtherLinkedPP>100String123345</OtherLinkedPP> <OtherLinkedPP>100String78900</OtherLinkedPP> </OtherLinkedPPList> |
| **Data Validation Type** | Alert |
| **Data Validation Rule** | [If both “other linked PP ID” and “No other PP” are 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 4 |
| **Section & Sub-section** | CoverPage |
| **Definition** | No other linked 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** | Alert |
| **Data Validation Rule** | [If both “other linked PP ID” and “No other PP” are empty] Input other linked primary participant(s) ID(s) or indicate no other participants are linked. |

## **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** | Alert |
| **Data Validation Rule** | [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. |

## **Element name**: ChildEnrollmentDate

| **Field**  | **Description**  |
| --- | --- |
| **Question Number** | Cover Page 5 |
| **Section & Sub-section** | CoverPage |
| **Definition** | Child enrollment date |
| **Required field** | Yes |
| **Allowed values**  | Date with a format of mm/dd/yyyy |
| **Allow multiple values**  | No |
| **Occurrence** | 1 per client |
| **XML example** | <ChildEnrollmentDate>9/10/2020</ChildEnrollmentDate> |
| **Data Validation Type** | Warning |
| **Data Validation Rule** | [if different from previous submission] The ChildEnrollmentDate is different than previously reported. Please confirm the child's enrollment date or explain the reason for the change. |

## **Element name**: CompletionDate

| **Field**  | **Description**  |
| --- | --- |
| **Question Number** | Cover Page 6 |
| **Section & Sub-section** | CoverPage |
| **Definition** | Date of initial 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 7 |
| **Section & Sub-section** | CoverPage |
| **Definition** | Form updates |
| **Required field** | No |
| **Allowed values**  | 1 -Enrolled infant turns 6 months 2 -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 parent/child form, UpdateType should be provided. |

## **Element name**: 6MonthDate

| **Field**  | **Description**  |
| --- | --- |
| **Question Number** | Cover Page 7 |
| **Section & Sub-section** | CoverPage |
| **Definition** | Date updated if 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** | <6MonthDate>9/10/2020</6MonthDate> |
| **Data Validation Type** | None |
| **Data Validation Rule** | None |

## **Element name**: OtherUpdateDate

| **Field**  | **Description**  |
| --- | --- |
| **Question Number** | Cover Page 7 |
| **Section & Sub-section** | CoverPage |
| **Definition** | Date updated for 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 7 |
| **Section & Sub-section** | CoverPage |
| **Definition** | Reason for other 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**: ChildExitDate

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

## **Element name**: ExitSpecification

| **Field**  | **Description**  |
| --- | --- |
| **Question Number** |  |
| **Section & Sub-section** | CoverPage |
| **Definition** | Child 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** | None |
| **Data Validation Rule** | None |

## **Element name**: ChildGender

| **Field**  | **Description**  |
| --- | --- |
| **Question Number** | Cover Page 9 |
| **Section & Sub-section** | CoverPage |
| **Definition** | Child gender |
| **Required field** | Yes |
| **Allowed values**  | 1 - Female2 - Male88 - Declined to answer99 - Don't know |
| **Allow multiple values**  | No |
| **Occurrence** | 1 per client |
| **XML example** | <ChildGender>1</ChildGender> |
| **Data Validation Type** | None |
| **Data Validation Rule** | None |

## **Element name**: ChildAgeRange

| **Field**  | **Description**  |
| --- | --- |
| **Question Number** | Cover Page 10 |
| **Section & Sub-section** | CoverPage |
| **Definition** | Child age range |
| **Required field** | Yes |
| **Allowed values**  | 1 - Less than 6 months old2 - 6 through 12 months old3 - 13-18 months old |
| **Allow multiple values**  | No |
| **Occurrence** | 1 per client |
| **XML example** | <ChildAgeRange>1</ChildAgeRange> |
| **Data Validation Type** | None |
| **Data Validation Rule** | None |

## **Element name**: ChildMortality

| **Field**  | **Description**  |
| --- | --- |
| **Question Number** | Cover Page 11 |
| **Section & Sub-section** | CoverPage |
| **Definition** | Child mortality |
| **Required field** | Yes |
| **Allowed values**  | 1 - Within 0 to 27 days of life (neonatal) 2 - 28 to 364 days after birth (infant)3 - 12 months or older (post-infancy) 77 - Not applicable |
| **Allow multiple values**  | No |
| **Occurrence** | 1 per client |
| **XML example** | <ChildMortality>1</ChildMortality> |
| **Data Validation Type** | None |
| **Data Validation Rule** | None |

## **Element name**: ChildEnrolledWhen

| **Field**  | **Description**  |
| --- | --- |
| **Question Number** | 1 |
| **Section & Sub-section** | ClientInfoGeneralInformation |
| **Definition** | Child enrollment relative to pregnancy |
| **Required field** | Yes |
| **Allowed values**  | 1 - Receiving HS services before birth2 - Part of a family enrolled for services within 30 days following child’s birth 3 - Part of a family enrolled for services more than 30 days following child’s birth |
| **Allow multiple values**  | No |
| **Occurrence** | 1 per client |
| **XML example** | <ChildEnrolledWhen>1</ChildEnrolledWhen> |
| **Data Validation Type** | None |
| **Data Validation Rule** | None |

## **Element name**: AgeAtEnrollment

| **Field**  | **Description**  |
| --- | --- |
| **Question Number** | 1 |
| **Section & Sub-section** | ClientInfoGeneralInformation |
| **Definition** | Child age at enrollment |
| **Required field** | No |
| **Allowed values**  | An integer value between 1-99 |
| **Allow multiple values**  | No |
| **Occurrence** | 0-1 per client |
| **XML example** | <AgeAtEnrollment>1</AgeAtEnrollment> |
| **Data Validation Type** | None |
| **Data Validation Rule** | None |

## **Element name**: ChildEthnicity

| **Field**  | **Description**  |
| --- | --- |
| **Question Number** | 2 |
| **Section & Sub-section** | ClientInfoGeneralInformation |
| **Definition** | Child ethnicity |
| **Required field** | Yes |
| **Allowed values**  | 0 - No, not Hispanic or Latino1 - Yes, Hispanic or Latino88 - Declined to answer99 - Don't know |
| **Allow multiple values**  | No |
| **Occurrence** | 1 per client |
| **XML example** | <ChildEthnicity>1</ChildEthnicity> |
| **Data Validation Type** | None |
| **Data Validation Rule** | None |

## **Element name**: ChildRace

| **Field**  | **Description**  |
| --- | --- |
| **Question Number** | 3 |
| **Section & Sub-section** | ClientInfoGeneralInformation |
| **Definition** | Child race |
| **Required field** | Yes |
| **Allowed values**  | 1 - American Indian or Alaska Native2 - Asian3 - Black or African American4 - Native Hawaiian or Other Pacific Islander5 - White88 - Declined to answer99 - Don't know |
| **Allow multiple values**  | Yes |
| **Occurrence** | 1-7 per client |
| **XML example** | <ChildRaceList> <ChildRace>1</ChildRace> <ChildRace>2</ChildRace> </ChildRaceList> |
| **Data Validation Type** | None |
| **Data Validation Rule** | None |

## **Element name**: ChildRaceSingle

| **Field**  | **Description**  |
| --- | --- |
| **Question Number** | 4 |
| **Section & Sub-section** | ClientInfoGeneralInformation |
| **Definition** | Child single racial classification |
| **Required field** | Yes |
| **Allowed values**  | 1 - American Indian or Alaska Native2 - Asian3 - Black or African American4 - Native Hawaiian or Other Pacific Islander5 - White6 - More than one race/biracial/multiracial7 - Other88 - Declined to answer99 - Don't know |
| **Allow multiple values**  | No |
| **Occurrence** | 1 per client |
| **XML example** | <ChildRaceSingle>1</ChildRaceSingle> |
| **Data Validation Type** | None |
| **Data Validation Rule** | None |

## **Element name**: OtherRaceSpecification

| **Field**  | **Description**  |
| --- | --- |
| **Question Number** | 4 |
| **Section & Sub-section** | ClientInfoGeneralInformation |
| **Definition** | Other child race classification |
| **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**: WeeksGestation

| **Field**  | **Description**  |
| --- | --- |
| **Question Number** | 5 |
| **Section & Sub-section** | ClientInfoInfantHealth |
| **Definition** | Weeks gestation |
| **Required field** | No |
| **Allowed values**  | An integer value between 1-99 |
| **Allow multiple values**  | No |
| **Occurrence** | 0-1 per client |
| **XML example** | <WeeksGestation>1</WeeksGestation> |
| **Data Validation Type** | Error |
| **Data Validation Rule** | [If both WeeksGestation and GestationDD are empty] A value is required in WeeksGestation or GestationDD. |

## **Element name**: GestationDD

| **Field**  | **Description**  |
| --- | --- |
| **Question Number** | 5 |
| **Section & Sub-section** | ClientInfoInfantHealth |
| **Definition** | Gestation don't know declined |
| **Required field** | No |
| **Allowed values**  | 88 - Declined to answer99 - Don't know |
| **Allow multiple values**  | No |
| **Occurrence** | 0-1 per client |
| **XML example** | <GestationDD>1</GestationDD> |
| **Data Validation Type** | Error |
| **Data Validation Rule** | [If both WeeksGestation and GestationDD are empty] A value is required in WeeksGestation or GestationDD. |

## **Element name**: PretermBirth

| **Field**  | **Description**  |
| --- | --- |
| **Question Number** | 6 |
| **Section & Sub-section** | ClientInfoInfantHealth |
| **Definition** | Preterm birth |
| **Required field** | Yes |
| **Allowed values**  | 0 - No1 - Yes99 - Unable to determine |
| **Allow multiple values**  | No |
| **Occurrence** | 1 per client |
| **XML example** | <PretermBirth>1</PretermBirth> |
| **Data Validation Type** | None |
| **Data Validation Rule** | None |

## **Element name**: BirthWeightLb

| **Field**  | **Description**  |
| --- | --- |
| **Question Number** | 7 |
| **Section & Sub-section** | ClientInfoInfantHealth |
| **Definition** | Birth weight lb |
| **Required field** | No |
| **Allowed values**  | An integer value between 1-99 |
| **Allow multiple values**  | No |
| **Occurrence** | 0-1 per client |
| **XML example** | <BirthWeightLb>1</BirthWeightLb> |
| **Data Validation Type** | Error |
| **Data Validation Rule** | [If “birth weight lb,” “birth weight oz,” “birth weight grams,” and “birth weight dont know declined” are empty] A value is required in BirthWeightLb, BirthWeightOz, BirthWeightGrams, or BirthWeightDD. |

## **Element name**: BirthWeightOz

| **Field**  | **Description**  |
| --- | --- |
| **Question Number** | 7 |
| **Section & Sub-section** | ClientInfoInfantHealth |
| **Definition** | Birth weight oz |
| **Required field** | No |
| **Allowed values**  | An integer value between 1-99 |
| **Allow multiple values**  | No |
| **Occurrence** | 0-1 per client |
| **XML example** | <BirthWeightOz>1</BirthWeightOz> |
| **Data Validation Type** | Error |
| **Data Validation Rule** | [If “birth weight lb,” “birth weight oz,” “birth weight grams,” and “birth weight dont know declined” are empty] A value is required in BirthWeightLb, BirthWeightOz, BirthWeightGrams, or BirthWeightDD. |

## **Element name**: BirthWeightGrams

| **Field**  | **Description**  |
| --- | --- |
| **Question Number** | 7 |
| **Section & Sub-section** | ClientInfoInfantHealth |
| **Definition** | Birth weight grams |
| **Required field** | No |
| **Allowed values**  | A decimal between 0 - 9999.99 |
| **Allow multiple values**  | No |
| **Occurrence** | 0-1 per client |
| **XML example** | <BirthWeightGrams>30.5</BirthWeightGrams> |
| **Data Validation Type** | Error |
| **Data Validation Rule** | [If “birth weight lb,” “birth weight oz,” “birth weight grams,” and “birth weight dont know declined” are empty] A value is required in BirthWeightLb, BirthWeightOz, BirthWeightGrams, or BirthWeightDD. |

## **Element name**: BirthWeightDD

| **Field**  | **Description**  |
| --- | --- |
| **Question Number** | 7 |
| **Section & Sub-section** | ClientInfoInfantHealth |
| **Definition** | Birth weight don't know declined |
| **Required field** | No |
| **Allowed values**  | 88 - Declined to answer99 - Don't know |
| **Allow multiple values**  | No |
| **Occurrence** | 0-1 per client |
| **XML example** | <BirthWeightDD>1</BirthWeightDD> |
| **Data Validation Type** | Error |
| **Data Validation Rule** | [If “birth weight lb,” “birth weight oz,” “birth weight grams,” and “birth weight dont know declined” are empty] A value is required in BirthWeightLb, BirthWeightOz, BirthWeightGrams, or BirthWeightDD. |

## **Element name**: LBW

| **Field**  | **Description**  |
| --- | --- |
| **Question Number** | 8 |
| **Section & Sub-section** | ClientInfoInfantHealth |
| **Definition** | Low birth weight (LBW) |
| **Required field** | Yes |
| **Allowed values**  | 1 - Very low birthweight2 - Low birthweight 3 - Normal weight range4 - High birthweight99 - Don’t know88 - Declined to answer |
| **Allow multiple values**  | No |
| **Occurrence** | 1 per client |
| **XML example** | <LBW>1</LBW> |
| **Data Validation Type** | None |
| **Data Validation Rule** | None |

## **Element name**: Singleton

| **Field**  | **Description**  |
| --- | --- |
| **Question Number** | 9 |
| **Section & Sub-section** | ClientInfoInfantHealth |
| **Definition** | Singleton or multiple |
| **Required field** | Yes |
| **Allowed values**  | 1 - Singleton (from a pregnancy involving just one baby)2 - Twins3 - Triplets or more99 - Don’t know88 - Declined to answer |
| **Allow multiple values**  | No |
| **Occurrence** | 1 per client |
| **XML example** | <Singleton>1</Singleton> |
| **Data Validation Type** | None |
| **Data Validation Rule** | None |

## **Element name**: ChildHasUsualHealthcareSource

| **Field**  | **Description**  |
| --- | --- |
| **Question Number** | 10 |
| **Section & Sub-section** | ClientInfoInfantHealthCare |
| **Definition** | Child usual source of medical care |
| **Required field** | No |
| **Allowed values**  | 0 - No1 - Yes88 - Declined to answer99 - Don't know |
| **Allow multiple values**  | No |
| **Occurrence** | 0-1 per client |
| **XML example** | <ChildHasUsualHealthcareSource>1</ChildHasUsualHealthcareSource> |
| **Data Validation Type** | Alert |
| **Data Validation Rule** | [If missing] Element ChildHasUsualHealthcareSource is missing. |

## **Element name**: ChildUsualHealthcarePlace

| **Field**  | **Description**  |
| --- | --- |
| **Question Number** | 11 |
| **Section & Sub-section** | ClientInfoInfantHealthCare |
| **Definition** | Child usual source of care |
| **Required field** | No |
| **Allowed values**  | 1 - Doctor's Office2 - Hospital Emergency Room3 - Hospital Outpatient Department4 - Clinic or Health Center5 - Retail Store Clinic or "Minute Clinic"6 - School7 - Other88 - Declined to answer99 - Don't know |
| **Allow multiple values**  | No |
| **Occurrence** | 0-1 per client |
| **XML example** | <ChildUsualHealthcarePlace>1</ChildUsualHealthcarePlace> |
| **Data Validation Type** | Alert |
| **Data Validation Rule** | [If missing] Element ChildUsualHealthcarePlace is missing. |

## **Element name**: ChildOtherHealthcarePlaceSpecification

| **Field**  | **Description**  |
| --- | --- |
| **Question Number** | 11 |
| **Section & Sub-section** | ClientInfoInfantHealthCare |
| **Definition** | Other place for child care |
| **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** | <ChildOtherHealthcarePlaceSpecification>String</ChildOtherHealthcarePlaceSpecification> |
| **Data Validation Type** | None |
| **Data Validation Rule** | None |

## **Element name**: ChildHadHealthcare

| **Field**  | **Description**  |
| --- | --- |
| **Question Number** | 12 |
| **Section & Sub-section** | ClientInfoInfantHealthCare |
| **Definition** | Child health insurance coverage past year |
| **Required field** | No |
| **Allowed values**  | 0 - No1 - Yes, covered all 12 months2 - Yes, but I had a gap in coverage88 - Declined to answer99 - Don't know |
| **Allow multiple values**  | No |
| **Occurrence** | 0-1 per client |
| **XML example** | <ChildHadHealthcare>1</ChildHadHealthcare> |
| **Data Validation Type** | Alert |
| **Data Validation Rule** | [If missing] Element ChildHadHealthcare is missing. |

## **Element name**: ChildInsuranceType

| **Field**  | **Description**  |
| --- | --- |
| **Question Number** | 13 |
| **Section & Sub-section** | ClientInfoInfantHealthCare |
| **Definition** | Child health insurance type |
| **Required field** | No |
| **Allowed values**  | 1 - Private health insurance from job2 - Private health insurance from parents3 - Private health insurance from the State Health Insurance Marketplace, State website, or HealthCare.gov4 - Medicaid5 - CHIP6 - Subsidized ACA plan7 - TRICARE8 - Indian9 - Other health insurance0 - No health insurance88 - Declined to answer99 - Don't know |
| **Allow multiple values**  | Yes |
| **Occurrence** | 0-12 per client |
| **XML example** | <ChildInsuranceTypeList> <ChildInsuranceType>1</ChildInsuranceType> <ChildInsuranceType>3</ChildInsuranceType> </ChildInsuranceTypeList> |
| **Data Validation Type** | AlertAlertAlertAlert |
| **Data Validation Rule** | [If missing] Element ChildInsuranceType is missing. [If “Indian Health Service or tribal” is selected, and “no health insurance” is not selected] If "Indian Health Service or tribal" is selected, check "I do not have health insurance for this child now."[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 insurance should be provided. |

## **Element name**: ChildMedicaidNameSpecification

| **Field**  | **Description**  |
| --- | --- |
| **Question Number** | 13 |
| **Section & Sub-section** | ClientInfoInfantHealthCare |
| **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** | <ChildMedicaidNameSpecification>String</ChildMedicaidNameSpecification> |
| **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**: ChildOtherInsuranceSpecification

| **Field**  | **Description**  |
| --- | --- |
| **Question Number** | 13 |
| **Section & Sub-section** | ClientInfoInfantHealthCare |
| **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** | <ChildOtherInsuranceSpecification>String</ChildOtherInsuranceSpecification> |
| **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**: AgeWellVisit

| **Field**  | **Description**  |
| --- | --- |
| **Question Number** | 14 |
| **Section & Sub-section** | ClientInfoInfantHealthCare |
| **Definition** | Child age at last well visit |
| **Required field** | No |
| **Allowed values**  | An integer value between 1-99 |
| **Allow multiple values**  | No |
| **Occurrence** | 0-1 per client |
| **XML example** | <AgeWellVisit>1</AgeWellVisit> |
| **Data Validation Type** | Alert |
| **Data Validation Rule** | [If missing] Element AgeWellVisit is missing. |

## **Element name**: HadRecommendedWellVisit

| **Field**  | **Description**  |
| --- | --- |
| **Question Number** | 14a |
| **Section & Sub-section** | ClientInfoInfantHealthCare |
| **Definition** | Child most recent age appropriate recommended well visit |
| **Required field** | No |
| **Allowed values**  | 0 - No1 - Yes99 - Unable to determine |
| **Allow multiple values**  |  |
| **Occurrence** | 0-1 per client |
| **XML example** | <HadRecommendedWellVisit>1</HadRecommendedWellVisit> |
| **Data Validation Type** | Alert |
| **Data Validation Rule** | [If missing] Element HadRecommendedWellVisit is missing. |

## **Element name**: BreastfedEver

| **Field**  | **Description**  |
| --- | --- |
| **Question Number** | 15 |
| **Section & Sub-section** | ClientInfoInfantFeeding |
| **Definition** | Child ever breastfed |
| **Required field** | No |
| **Allowed values**  | 0 - No1 - Yes88 - Declined to answer99 - Don't know |
| **Allow multiple values**  |  |
| **Occurrence** | 0-1 per client |
| **XML example** | <BreastfedEver>1</BreastfedEver> |
| **Data Validation Type** | Alert |
| **Data Validation Rule** | [If missing] Element BreastfedEver is missing. |

## **Element name**: BreastfedCurrently

| **Field**  | **Description**  |
| --- | --- |
| **Question Number** | 16 |
| **Section & Sub-section** | ClientInfoInfantFeeding |
| **Definition** | Breastfeed currently |
| **Required field** | No |
| **Allowed values**  | 1 - No1 - Yes88 - Declined to answer99 - Don't know |
| **Allow multiple values**  |  |
| **Occurrence** | 0-1 per client |
| **XML example** | <BreastfedCurrently>1</BreastfedCurrently> |
| **Data Validation Type** | Alert |
| **Data Validation Rule** | [If missing] Element BreastfedCurrently is missing. |

## **Element name**: HowLongBreastfed

| **Field**  | **Description**  |
| --- | --- |
| **Question Number** | 17 |
| **Section & Sub-section** | ClientInfoInfantFeeding |
| **Definition** | How long was the child breastfed |
| **Required field** | No |
| **Allowed values**  | 1 - Not at all2 - Less than 1 month3 - More than 1 month88 - Declined to answer99 - Don't know |
| **Allow multiple values**  |  |
| **Occurrence** | 0-1 per client |
| **XML example** | <HowLongBreastfed>1</HowLongBreastfed> |
| **Data Validation Type** | Alert |
| **Data Validation Rule** | [If missing] Element HowLongBreastfed is missing. |

## **Element name**: BreastfedMonths

| **Field**  | **Description**  |
| --- | --- |
| **Question Number** | 17 |
| **Section & Sub-section** | ClientInfoInfantFeeding |
| **Definition** | Breastfed months |
| **Required field** | No |
| **Allowed values**  | A decimal between 0 - 99.9 |
| **Allow multiple values**  | No |
| **Occurrence** | 1 per client |
| **XML example** | <BreastfedMonths>15.5</BreastfedMonths> |
| **Data Validation Type** | None |
| **Data Validation Rule** | None |

## **Element name**: BreastfedFor6Months

| **Field**  | **Description**  |
| --- | --- |
| **Question Number** | 18 |
| **Section & Sub-section** | ClientInfoInfantFeeding |
| **Definition** | Breastfed at 6 months |
| **Required field** | No |
| **Allowed values**  | 1 - Yes2 - Not yet3 - No99 - Unable to determine99 - Don't know |
| **Allow multiple values**  | No |
| **Occurrence** | 0-1 per client |
| **XML example** | <BreastfedFor6Months>1</BreastfedFor6Months> |
| **Data Validation Type** | Alert |
| **Data Validation Rule** | [If missing] Element BreastfedFor6Months is missing. |

## **Element name**: BabySleepPosition

| **Field**  | **Description**  |
| --- | --- |
| **Question Number** | 19 |
| **Section & Sub-section** | ClientInfoInfantSleep |
| **Definition** | Infant sleep position |
| **Required field** | No |
| **Allowed values**  | 1 - On side2 - On back3 - On stomach77 - Not applicable |
| **Allow multiple values**  | No |
| **Occurrence** | 0-1 per client |
| **XML example** | <BabySleepPosition>1</BabySleepPosition> |
| **Data Validation Type** | Alert |
| **Data Validation Rule** | [If missing] Element BabySleepPosition is missing. |

## **Element name**: BabySleepsAlone

| **Field**  | **Description**  |
| --- | --- |
| **Question Number** | 20 |
| **Section & Sub-section** | ClientInfoInfantSleep |
| **Definition** | Sleep in bed by self |
| **Required field** | No |
| **Allowed values**  | 1 - Always2 - Often3 - Sometimes4 - Rarely5 - Never77 - Not applicable |
| **Allow multiple values**  | No |
| **Occurrence** | 0-1 per client |
| **XML example** | <BabySleepsAlone>1</BabySleepsAlone> |
| **Data Validation Type** | Alert |
| **Data Validation Rule** | [If missing] Element BabySleepsAlone is missing. |

## **Element name**: SafeSleepBedding

| **Field**  | **Description**  |
| --- | --- |
| **Question Number** | 20a |
| **Section & Sub-section** | ClientInfoInfantSleep |
| **Definition** | Safe sleep bedding |
| **Required field** | No |
| **Allowed values**  | 0 - No1 - Yes77 - Not applicable88 - Declined to answer99 - Don’t know |
| **Allow multiple values**  | No |
| **Occurrence** | 0-1 per client |
| **XML example** | <SafeSleepBedding>1</SafeSleepBedding> |
| **Data Validation Type** | Alert |
| **Data Validation Rule** | [If missing] Element SafeSleepBedding is missing. |

## **Element name**: ReadWithChild

| **Field**  | **Description**  |
| --- | --- |
| **Question Number** | 21 |
| **Section & Sub-section** | ClientInfoHomeLife |
| **Definition** | Reading to child |
| **Required field** | No |
| **Allowed values**  | 1 - Did not read to the baby in the past week 2 - 1-2 days in the past week3 - 3 days in the past week4 - 4-7 days in the past week88 - Declined to answer99 - Don’t know |
| **Allow multiple values**  | No |
| **Occurrence** | 0-1 per client |
| **XML example** | <ReadWithChild>1</ReadWithChild> |
| **Data Validation Type** | Alert |
| **Data Validation Rule** | [If missing] Element ReadWithChild is missing. |

## **Element name**: FatherInvolvementWithChild

| **Field**  | **Description**  |
| --- | --- |
| **Question Number** | 22 |
| **Section & Sub-section** | ClientInfoHomeLife |
| **Definition** | Father involvement with child |
| **Required field** | No |
| **Allowed values**  | 1 - Involved and supportive of me and the child2 - Involved with the child but not supportive of me 3 - Involved and supportive of me but not the child4 - Not involved with the child, but supportive of me and the child5 - Not regularly involved/suppor |
| **Allow multiple values**  | No |
| **Occurrence** | 0-1 per client |
| **XML example** | <FatherInvolvementWithChild>1</FatherInvolvementWithChild> |
| **Data Validation Type** | Alert |
| **Data Validation Rule** | [If missing] Element FatherInvolvementWithChild is missing. |

## **Element name**: ReceivedPostpartumCare

| **Field**  | **Description**  |
| --- | --- |
| **Question Number** | 23 |
| **Section & Sub-section** | ClientInfoWomanPregnancyHealth |
| **Definition** | When was postpartum visits during first 12 weeks |
| **Required field** | No |
| **Allowed values**  | 1 - Yes, within first 3 weeks2 - Yes, between 4-6 weeks3 - Yes, between 7-8 weeks4 - Yes, between 9-12 weeks5 - Not yet, but scheduled6 - Not yet7 - No, did not have postpartum visit88 - Declined to answer99 - Don't know |
| **Allow multiple values**  | Yes |
| **Occurrence** | 1-9 per client |
| **XML example** | <ReceivedPostpartumCareList> <ReceivedPostpartumCare>1</ReceivedPostpartumCare> <ReceivedPostpartumCare>3</ReceivedPostpartumCare> </ReceivedPostpartumCareList> |
| **Data Validation Type** | Alert |
| **Data Validation Rule** | [If missing] Element ReceivedPostpartumCare is missing. |

## **Element name**: ScheduledPostpartumCareDate

| **Field**  | **Description**  |
| --- | --- |
| **Question Number** | 23 |
| **Section & Sub-section** | ClientInfoWomanPregnancyHealth |
| **Definition** | Scheduled postpartum visit date |
| **Required field** | No |
| **Allowed values**  | Date with a format of mm/dd/yyyy |
| **Allow multiple values**  | No |
| **Occurrence** | 0-1 per client |
| **XML example** | <ScheduledPostpartumCareDate>9/10/2020</ScheduledPostpartumCareDate> |
| **Data Validation Type** | None |
| **Data Validation Rule** | None |

## **Element name**: NoPostpartumCareSpecification

| **Field**  | **Description**  |
| --- | --- |
| **Question Number** | 23 |
| **Section & Sub-section** | ClientInfoWomanPregnancyHealth |
| **Definition** | Reason no postpartum visit scheduled |
| **Required field** | No |
| **Allowed values**  | Text string that allows a maximum of 250 characters |
| **Allow multiple values**  | No |
| **Occurrence** | 1 per client |
| **XML example** | <NoPostpartumCareSpecification>String</NoPostpartumCareSpecification> |
| **Data Validation Type** | None |
| **Data Validation Rule** | None |

## **Element name**: Last3MonthsCigarettesPerDay

| **Field**  | **Description**  |
| --- | --- |
| **Question Number** | 24 |
| **Section & Sub-section** | ClientInfoWomanPregnancyHealth |
| **Definition** | Use of cigarettes in last 3 months of pregnancy |
| **Required field** | No |
| **Allowed values**  | 1 - 41 cigarettes or more 2 - 21 to 40 cigarettes 3 - 11 to 20 cigarettes 4 - 6 to 10 cigarettes 5 - 1 to 5 cigarettes 6 - Less than 1 cigarette 7 - I didn’t smoke then88 - Declined to answer99 - Don’t know |
| **Allow multiple values**  | No |
| **Occurrence** | 0-1 per client |
| **XML example** | <Last3MonthsCigarettesPerDay>1</Last3MonthsCigarettesPerDay> |
| **Data Validation Type** | Alert |
| **Data Validation Rule** | [If missing] Element Last3MonthsCigarettesPerDay is missing. |

## **Element name**: Last3MonthsECigaretteFrequency

| **Field**  | **Description**  |
| --- | --- |
| **Question Number** | 25 |
| **Section & Sub-section** | ClientInfoWomanPregnancyHealth |
| **Definition** | Ecigarette frequency |
| **Required field** | No |
| **Allowed values**  | 1 - More than once a day2 - Once a day3 - 2-6 days a week4 - 1 day a week or less5 - Not at all88 - Declined to answer99 - Don't know |
| **Allow multiple values**  | No |
| **Occurrence** | 0-1 per client |
| **XML example** | <Last3MonthsECigaretteFrequency>1</Last3MonthsECigaretteFrequency> |
| **Data Validation Type** | Alert |
| **Data Validation Rule** | [If missing] Element Last3MonthsECigaretteFrequency is missing. |

## **Element name**: Last3MonthsHookahFrequency

| **Field**  | **Description**  |
| --- | --- |
| **Question Number** | 25 |
| **Section & Sub-section** | ClientInfoWomanPregnancyHealth |
| **Definition** | Hookah frequency |
| **Required field** | No |
| **Allowed values**  | 1 - More than once a day2 - Once a day3 - 2-6 days a week4 - 1 day a week or less5 - Not at all88 - Declined to answer99 - Don't know |
| **Allow multiple values**  | No |
| **Occurrence** | 0-1 per client |
| **XML example** | <Last3MonthsHookahFrequency>1</Last3MonthsHookahFrequency> |
| **Data Validation Type** | None |
| **Data Validation Rule** | None |

## **Element name**: Last3MonthsChewingTobaccoFrequency

| **Field**  | **Description**  |
| --- | --- |
| **Question Number** | 25 |
| **Section & Sub-section** | ClientInfoWomanPregnancyHealth |
| **Definition** | Chewing frequency |
| **Required field** | No |
| **Allowed values**  | 1 - More than once a day2 - Once a day3 - 2-6 days a week4 - 1 day a week or less5 - Not at all88 - Declined to answer99 - Don't know |
| **Allow multiple values**  | No |
| **Occurrence** | 0-1 per client |
| **XML example** | <Last3MonthsChewingTobaccoFrequency>1</Last3MonthsChewingTobaccoFrequency> |
| **Data Validation Type** | None |
| **Data Validation Rule** | None |

## **Element name**: Last3MonthsCigarFrequency

| **Field**  | **Description**  |
| --- | --- |
| **Question Number** | 25 |
| **Section & Sub-section** | ClientInfoWomanPregnancyHealth |
| **Definition** | Cigar frequency |
| **Required field** | No |
| **Allowed values**  | 1 - More than once a day2 - Once a day3 - 2-6 days a week4 - 1 day a week or less5 - Not at all88 - Declined to answer99 - Don't know |
| **Allow multiple values**  | No |
| **Occurrence** | 0-1 per client |
| **XML example** | <Last3MonthsCigarFrequency>1</Last3MonthsCigarFrequency> |
| **Data Validation Type** | None |
| **Data Validation Rule** | None |