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 logo
  
Health Resources and Services Administration

Maternal and Child Health Bureau

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**Document Version History**

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Contents

[**Element name**: ParticipantType 1](#_Toc49860504)

[**Element name**: OtherPPSpecification 1](#_Toc49860505)

[**Element name**: PPUID 2](#_Toc49860506)

[**Element name**: ChildUID 2](#_Toc49860507)

[**Element name**: OtherLinkedPP 3](#_Toc49860508)

[**Element name**: NoOtherPP 3](#_Toc49860509)

[**Element name**: PPEnrollmentDate 4](#_Toc49860510)

[**Element name**: ChildEnrollmentDate 4](#_Toc49860511)

[**Element name**: CompletionDate 5](#_Toc49860512)

[**Element name**: UpdateType 5](#_Toc49860513)

[**Element name**: 6MonthDate 5](#_Toc49860514)

[**Element name**: OtherUpdateDate 6](#_Toc49860515)

[**Element name**: OtherUpdateSpecification 6](#_Toc49860516)

[**Element name**: ChildExitDate 6](#_Toc49860517)

[**Element name**: ExitSpecification 7](#_Toc49860518)

[**Element name**: ChildGender 7](#_Toc49860519)

[**Element name**: ChildAgeRange 8](#_Toc49860520)

[**Element name**: ChildMortality 8](#_Toc49860521)

[**Element name**: ChildEnrolledWhen 9](#_Toc49860522)

[**Element name**: AgeAtEnrollment 9](#_Toc49860523)

[**Element name**: ChildEthnicity 10](#_Toc49860524)

[**Element name**: ChildRace 10](#_Toc49860525)

[**Element name**: ChildRaceSingle 11](#_Toc49860526)

[**Element name**: OtherRaceSpecification 11](#_Toc49860527)

[**Element name**: WeeksGestation 12](#_Toc49860528)

[**Element name**: GestationDD 12](#_Toc49860529)

[**Element name**: PretermBirth 13](#_Toc49860530)

[**Element name**: BirthWeightLb 13](#_Toc49860531)

[**Element name**: BirthWeightOz 14](#_Toc49860532)

[**Element name**: BirthWeightGrams 14](#_Toc49860533)

[**Element name**: BirthWeightDD 15](#_Toc49860534)

[**Element name**: LBW 15](#_Toc49860535)

[**Element name**: Singleton 16](#_Toc49860536)

[**Element name**: ChildHasUsualHealthcareSource 16](#_Toc49860537)

[**Element name**: ChildUsualHealthcarePlace 17](#_Toc49860538)

[**Element name**: ChildOtherHealthcarePlaceSpecification 17](#_Toc49860539)

[**Element name**: ChildHadHealthcare 18](#_Toc49860540)

[**Element name**: ChildInsuranceType 19](#_Toc49860541)

[**Element name**: ChildMedicaidNameSpecification 20](#_Toc49860542)

[**Element name**: ChildOtherInsuranceSpecification 20](#_Toc49860543)

[**Element name**: AgeWellVisit 21](#_Toc49860544)

[**Element name**: HadRecommendedWellVisit 21](#_Toc49860545)

[**Element name**: BreastfedEver 22](#_Toc49860546)

[**Element name**: BreastfedCurrently 22](#_Toc49860547)

[**Element name**: HowLongBreastfed 23](#_Toc49860548)

[**Element name**: BreastfedMonths 23](#_Toc49860549)

[**Element name**: BreastfedFor6Months 24](#_Toc49860550)

[**Element name**: BabySleepPosition 24](#_Toc49860551)

[**Element name**: BabySleepsAlone 25](#_Toc49860552)

[**Element name**: SafeSleepBedding 25](#_Toc49860553)

[**Element name**: ReadWithChild 26](#_Toc49860554)

[**Element name**: FatherInvolvementWithChild 26](#_Toc49860555)

[**Element name**: ReceivedPostpartumCare 27](#_Toc49860556)

[**Element name**: ScheduledPostpartumCareDate 27](#_Toc49860557)

[**Element name**: NoPostpartumCareSpecification 28](#_Toc49860558)

[**Element name**: Last3MonthsCigarettesPerDay 28](#_Toc49860559)

[**Element name**: Last3MonthsECigaretteFrequency 29](#_Toc49860560)

[**Element name**: Last3MonthsHookahFrequency 29](#_Toc49860561)

[**Element name**: Last3MonthsChewingTobaccoFrequency 30](#_Toc49860562)

[**Element name**: Last3MonthsCigarFrequency 30](#_Toc49860563)

## **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** | 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 - Female  2 - Male  88 - Declined to answer  99 - 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 old  2 - 6 through 12 months old  3 - 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** | ClientInfo  GeneralInformation |
| **Definition** | Child enrollment relative to pregnancy |
| **Required field** | Yes |
| **Allowed values** | 1 - Receiving HS services before birth  2 - 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** | ClientInfo  GeneralInformation |
| **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** | ClientInfo  GeneralInformation |
| **Definition** | Child 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** | <ChildEthnicity>1</ChildEthnicity> |
| **Data Validation Type** | None |
| **Data Validation Rule** | None |

## **Element name**: ChildRace

| **Field** | **Description** |
| --- | --- |
| **Question Number** | 3 |
| **Section & Sub-section** | ClientInfo  GeneralInformation |
| **Definition** | Child 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** | <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** | ClientInfo  GeneralInformation |
| **Definition** | Child single racial classification |
| **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** | <ChildRaceSingle>1</ChildRaceSingle> |
| **Data Validation Type** | None |
| **Data Validation Rule** | None |

## **Element name**: OtherRaceSpecification

| **Field** | **Description** |
| --- | --- |
| **Question Number** | 4 |
| **Section & Sub-section** | ClientInfo  GeneralInformation |
| **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** | ClientInfo  InfantHealth |
| **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** | ClientInfo  InfantHealth |
| **Definition** | Gestation 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** | <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** | ClientInfo  InfantHealth |
| **Definition** | Preterm birth |
| **Required field** | Yes |
| **Allowed values** | 0 - No  1 - Yes  99 - 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** | ClientInfo  InfantHealth |
| **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** | ClientInfo  InfantHealth |
| **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** | ClientInfo  InfantHealth |
| **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** | ClientInfo  InfantHealth |
| **Definition** | Birth weight 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** | <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** | ClientInfo  InfantHealth |
| **Definition** | Low birth weight (LBW) |
| **Required field** | Yes |
| **Allowed values** | 1 - Very low birthweight  2 - Low birthweight  3 - Normal weight range  4 - High birthweight  99 - Don’t know  88 - 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** | ClientInfo  InfantHealth |
| **Definition** | Singleton or multiple |
| **Required field** | Yes |
| **Allowed values** | 1 - Singleton (from a pregnancy involving just one baby)  2 - Twins  3 - Triplets or more  99 - Don’t know  88 - 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** | ClientInfo  InfantHealthCare |
| **Definition** | Child 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** | <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** | ClientInfo  InfantHealthCare |
| **Definition** | Child usual source of 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** | <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** | ClientInfo  InfantHealthCare |
| **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** | ClientInfo  InfantHealthCare |
| **Definition** | Child health insurance coverage past year |
| **Required field** | No |
| **Allowed values** | 0 - No  1 - Yes, covered all 12 months  2 - Yes, but I had a gap in coverage  88 - Declined to answer  99 - 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** | ClientInfo  InfantHealthCare |
| **Definition** | Child 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  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** | <ChildInsuranceTypeList>  <ChildInsuranceType>1</ChildInsuranceType>  <ChildInsuranceType>3</ChildInsuranceType>  </ChildInsuranceTypeList> |
| **Data Validation Type** | Alert  Alert  Alert  Alert |
| **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** | ClientInfo  InfantHealthCare |
| **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** | ClientInfo  InfantHealthCare |
| **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** | ClientInfo  InfantHealthCare |
| **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** | ClientInfo  InfantHealthCare |
| **Definition** | Child most recent age appropriate recommended well visit |
| **Required field** | No |
| **Allowed values** | 0 - No  1 - Yes  99 - 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** | ClientInfo  InfantFeeding |
| **Definition** | Child ever breastfed |
| **Required field** | No |
| **Allowed values** | 0 - No  1 - Yes  88 - Declined to answer  99 - 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** | ClientInfo  InfantFeeding |
| **Definition** | Breastfeed currently |
| **Required field** | No |
| **Allowed values** | 1 - No  1 - Yes  88 - Declined to answer  99 - 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** | ClientInfo  InfantFeeding |
| **Definition** | How long was the child breastfed |
| **Required field** | No |
| **Allowed values** | 1 - Not at all  2 - Less than 1 month  3 - More than 1 month  88 - Declined to answer  99 - 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** | ClientInfo  InfantFeeding |
| **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** | ClientInfo  InfantFeeding |
| **Definition** | Breastfed at 6 months |
| **Required field** | No |
| **Allowed values** | 1 - Yes  2 - Not yet  3 - No  99 - Unable to determine  99 - 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** | ClientInfo  InfantSleep |
| **Definition** | Infant sleep position |
| **Required field** | No |
| **Allowed values** | 1 - On side  2 - On back  3 - On stomach  77 - 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** | ClientInfo  InfantSleep |
| **Definition** | Sleep in bed by self |
| **Required field** | No |
| **Allowed values** | 1 - Always  2 - Often  3 - Sometimes  4 - Rarely  5 - Never  77 - 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** | ClientInfo  InfantSleep |
| **Definition** | Safe sleep bedding |
| **Required field** | No |
| **Allowed values** | 0 - No  1 - Yes  77 - Not applicable  88 - Declined to answer  99 - 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** | ClientInfo  HomeLife |
| **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 week  3 - 3 days in the past week  4 - 4-7 days in the past week  88 - Declined to answer  99 - 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** | ClientInfo  HomeLife |
| **Definition** | Father involvement with child |
| **Required field** | No |
| **Allowed values** | 1 - Involved and supportive of me and the child  2 - Involved with the child but not supportive of me  3 - Involved and supportive of me but not the child  4 - Not involved with the child, but supportive of me and the child  5 - 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** | ClientInfo  WomanPregnancyHealth |
| **Definition** | When was postpartum visits during first 12 weeks |
| **Required field** | No |
| **Allowed values** | 1 - Yes, within first 3 weeks  2 - Yes, between 4-6 weeks  3 - Yes, between 7-8 weeks  4 - Yes, between 9-12 weeks  5 - Not yet, but scheduled  6 - Not yet  7 - No, did not have postpartum visit  88 - Declined to answer  99 - 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** | ClientInfo  WomanPregnancyHealth |
| **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** | ClientInfo  WomanPregnancyHealth |
| **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** | ClientInfo  WomanPregnancyHealth |
| **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 then  88 - Declined to answer  99 - 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** | ClientInfo  WomanPregnancyHealth |
| **Definition** | Ecigarette frequency |
| **Required field** | No |
| **Allowed values** | 1 - More than once a day  2 - Once a day  3 - 2-6 days a week  4 - 1 day a week or less  5 - Not at all  88 - Declined to answer  99 - 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** | ClientInfo  WomanPregnancyHealth |
| **Definition** | Hookah frequency |
| **Required field** | No |
| **Allowed values** | 1 - More than once a day  2 - Once a day  3 - 2-6 days a week  4 - 1 day a week or less  5 - Not at all  88 - Declined to answer  99 - 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** | ClientInfo  WomanPregnancyHealth |
| **Definition** | Chewing frequency |
| **Required field** | No |
| **Allowed values** | 1 - More than once a day  2 - Once a day  3 - 2-6 days a week  4 - 1 day a week or less  5 - Not at all  88 - Declined to answer  99 - 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** | ClientInfo  WomanPregnancyHealth |
| **Definition** | Cigar frequency |
| **Required field** | No |
| **Allowed values** | 1 - More than once a day  2 - Once a day  3 - 2-6 days a week  4 - 1 day a week or less  5 - Not at all  88 - Declined to answer  99 - 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 |