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

**Data Dictionary and XML Schema   
Implementation Guide  
 Prenatal 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**

| **Version** | **Author(s)** | **Revision Date** | **Reason** |
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## **Element name**: PPUID

| **Field** | **Description** |
| --- | --- |
| **Question Number** | Cover page 1 |
| **Section & Sub-section** | CoverPage |
| **Definition** | Primary participant (PP) 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 2 |
| **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 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** | Yes |
| **Occurrence** | 0-2 per client |
| **XML example** | <OtherLinkedPPList>  <OtherLinkedPP>100String123345</OtherLinkedPP>  <OtherLinkedPP>100String78900</OtherLinkedPP>  </OtherLinkedPPList> |
| **Data Validation Type** | Alert |
| **Data Validation Rule** | [If both otherLinkedPP ID #1 and NoOtherPP 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 2 |
| **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** | Alert |
| **Data Validation Rule** | [If If both otherLinkedPP ID #1 and NoOtherPP 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 3 |
| **Section & Sub-section** | CoverPage |
| **Definition** | PP 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>09/10/2020</PPEnrollmentDate> |
| **Data Validation Type** | Alert |
| **Data Validation Rule** | [If PPEnrollmentDate 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**: CompletionDate

| **Field** | **Description** |
| --- | --- |
| **Question Number** | Cover page 4 |
| **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>09/10/2020</CompletionDate> |
| **Data Validation Type** | Warning |
| **Data Validation Rule** | [if different from previous submission] 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 5 |
| **Section & Sub-section** | CoverPage |
| **Definition** | Prenatal form update |
| **Required field** | No |
| **Allowed values** | 1 - Pregnancy Ends  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 the background form, UpdateType should be provided. |

## **Element name**: PregnancyEndsDate

| **Field** | **Description** |
| --- | --- |
| **Question Number** | Cover page 5 |
| **Section & Sub-section** | CoverPage |
| **Definition** | Date of post-pregnancy follow-up |
| **Required field** | No |
| **Allowed values** | Date with a format of mm/dd/yyyy |
| **Allow multiple values** | No |
| **Occurrence** | 0-1 per client |
| **XML example** | <PregnancyEndsDate>09/10/2020</PregnancyEndsDate> |
| **Data Validation Type** | Warning |
| **Data Validation Rule** | [If PregnancyEndsDate date is within one month of the previously submitted PregnancyEndsDate] There was a post-pregnancy follow-up less than one month ago. If this is an error, please correct and resubmit; otherwise please provide an explanation. |

## **Element name**: OtherUpdateDate

| **Field** | **Description** |
| --- | --- |
| **Question Number** | Cover page 5 |
| **Section & Sub-section** | CoverPage |
| **Definition** | Date updated |
| **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>09/10/2020</OtherUpdateDate> |
| **Data Validation Type** | None |
| **Data Validation Rule** | None |

## **Element name**: OtherUpdateSpecification

| **Field** | **Description** |
| --- | --- |
| **Question Number** | Cover page 5 |
| **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**: DueDate

| **Field** | **Description** |
| --- | --- |
| **Question Number** | 1 |
| **Section & Sub-section** | ClientInfo  PregnancyAndHealth |
| **Definition** | Due 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** | <DueDate>09/10/2020</DueDate> |
| **Data Validation Type** | Error |
| **Data Validation Rule** | [If both DueDate and DueDateDD are empty] A value is required in DueDateDD or DueDateDD. |

## **Element name**: DueDateDD

| **Field** | **Description** |
| --- | --- |
| **Question Number** | 1 |
| **Section & Sub-section** | ClientInfo  PregnancyAndHealth |
| **Definition** | Due date don't know decline |
| **Required field** | No |
| **Allowed values** | 88 - Declined to answer  99 - Don't know |
| **Allow multiple values** | No |
| **Occurrence** | 0-1 per client |
| **XML example** | <DueDateDD>88</DueDateDD> |
| **Data Validation Type** | Error |
| **Data Validation Rule** | [If both DueDate and DueDateDD are empty] A value is required in DueDateDD or DueDateDD. |

## **Element name**: WeeksPregnantNumber

| **Field** | **Description** |
| --- | --- |
| **Question Number** | 2 |
| **Section & Sub-section** | ClientInfo  PregnancyAndHealth |
| **Definition** | Weeks pregnant |
| **Required field** | No |
| **Allowed values** | An integer value between 1-99 |
| **Allow multiple values** | No |
| **Occurrence** | 0-1 per client |
| **XML example** | <WeeksPregnantNumber>1</WeeksPregnantNumber> |
| **Data Validation Type** | Error |
| **Data Validation Rule** | [If WeeksPregnantNumber and WeeksPregnantUnableToDetermine are empty] A value is required in WeeksPregnantNumber or WeeksPregnantUnableToDetermine. |

## **Element name**: WeeksPregnantUnableToDetermine

| **Field** | **Description** |
| --- | --- |
| **Question Number** | 2 |
| **Section & Sub-section** | ClientInfo  PregnancyAndHealth |
| **Definition** | Unable to determine weeks of pregnancy |
| **Required field** | No |
| **Allowed values** | 1 - True |
| **Allow multiple values** | No |
| **Occurrence** | 0-1 per client |
| **XML example** | <WeeksPregnantUnableToDetermine>1</WeeksPregnantUnableToDetermine> |
| **Data Validation Type** | Error |
| **Data Validation Rule** | [If WeeksPregnantNumber and WeeksPregnantUnableToDetermine are empty] A value is required in WeeksPregnantNumber or WeeksPregnantUnableToDetermine. |

## **Element name**: WeeksPregnantUnableToDetermineSpecification

| **Field** | **Description** |
| --- | --- |
| **Question Number** | 2 |
| **Section & Sub-section** | ClientInfo  PregnancyAndHealth |
| **Definition** | Specify reason for being unable to determin weeks of pregnancy |
| **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** | <WeeksPregnantUnableToDetermineSpecification>String</WeeksPregnantUnableToDetermineSpecification> |
| **Data Validation Type** | None |
| **Data Validation Rule** | None |

## **Element name**: CurrentPregnancyTrimester

| **Field** | **Description** |
| --- | --- |
| **Question Number** | 3 |
| **Section & Sub-section** | ClientInfo  PregnancyAndHealth |
| **Definition** | Current trimester of the pregnancy |
| **Required field** | No |
| **Allowed values** | 1 - First trimester  2 - Second trimester  3 - Third trimester  99 - Unable to determine |
| **Allow multiple values** | No |
| **Occurrence** | 0-1 per client |
| **XML example** | <CurrentPregnancyTrimester>1</CurrentPregnancyTrimester> |
| **Data Validation Type** | None |
| **Data Validation Rule** | None |

## **Element name**: EnrolledPregnancyTrimester

| **Field** | **Description** |
| --- | --- |
| **Question Number** | 4 |
| **Section & Sub-section** | ClientInfo  PregnancyAndHealth |
| **Definition** | Enrolled trimester |
| **Required field** | No |
| **Allowed values** | 1 - Prior to this pregnancy  2 - During first trimester of this pregnancy  3 - During second trimester of this pregnancy  4 - During third trimester of this pregnancy  99 - Unable to determine |
| **Allow multiple values** | No |
| **Occurrence** | 0-1 per client |
| **XML example** | <EnrolledPregnancyTrimester>1</EnrolledPregnancyTrimester> |
| **Data Validation Type** | Alert |
| **Data Validation Rule** | [If missing] Element EnrolledPregnancyTrimester is missing. |

## **Element name**: FirstPrenatalMonthsNumber

| **Field** | **Description** |
| --- | --- |
| **Question Number** | 5 |
| **Section & Sub-section** | ClientInfo  PregnancyAndHealth |
| **Definition** | 1st visit for prenatal care month |
| **Required field** | No |
| **Allowed values** | An integer value between 1-99 |
| **Allow multiple values** | No |
| **Occurrence** | 0-1 per client |
| **XML example** | <FirstPrenatalMonthsNumber>1</FirstPrenatalMonthsNumber> |
| **Data Validation Type** | Error |
| **Data Validation Rule** | [If both FirstPrenatalMonthsNumber and NoFirstPrenatal are empty] A value is required in FirstPrenatalMonthsNumber or NoFirstPrenatal. |

## **Element name**: NoFirstPrenatal

| **Field** | **Description** |
| --- | --- |
| **Question Number** | 5 |
| **Section & Sub-section** | ClientInfo  PregnancyAndHealth |
| **Definition** | Other prenatal care options |
| **Required field** | No |
| **Allowed values** | 1 - I haven't gone for prenatal care yet  88 - Declined to answer  99 - Don't know |
| **Allow multiple values** | No |
| **Occurrence** | 0-1 per client |
| **XML example** | <NoFirstPrenatal>1</NoFirstPrenatal> |
| **Data Validation Type** | Error |
| **Data Validation Rule** | [If both FirstPrenatalMonthsNumber and NoFirstPrenatal are empty] A value is required in FirstPrenatalMonthsNumber or NoFirstPrenatal. |

## **Element name**: FirstPrenatalAppointmentScheduled

| **Field** | **Description** |
| --- | --- |
| **Question Number** | 5a |
| **Section & Sub-section** | ClientInfo  PregnancyAndHealth |
| **Definition** | Prenatal appointment scheduled |
| **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** | <FirstPrenatalAppointmentScheduled>1</FirstPrenatalAppointmentScheduled> |
| **Data Validation Type** | None |
| **Data Validation Rule** | None |

## **Element name**: FirstPrenatalAppointmentDate

| **Field** | **Description** |
| --- | --- |
| **Question Number** | 5a |
| **Section & Sub-section** | ClientInfo  PregnancyAndHealth |
| **Definition** | Prenatal appointment 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** | <FirstPrenatalAppointmentDate>09/10/2020</FirstPrenatalAppointmentDate> |
| **Data Validation Type** | None |
| **Data Validation Rule** | None |

## **Element name**: FirstPrenatalTrimester

| **Field** | **Description** |
| --- | --- |
| **Question Number** | 6 |
| **Section & Sub-section** | ClientInfo  PregnancyAndHealth |
| **Definition** | Prenatal care trimester |
| **Required field** | No |
| **Allowed values** | 1 - First trimester  2 - Second trimester  3 - Third trimester  4 - No prenatal care visits yet  99 - Unable to determine |
| **Allow multiple values** | No |
| **Occurrence** | 0-1 per client |
| **XML example** | <FirstPrenatalTrimester>1</FirstPrenatalTrimester> |
| **Data Validation Type** | Alert |
| **Data Validation Rule** | [If missing] Element FirstPrenatalTrimester is missing. |

## **Element name**: PregnantWithMultiples

| **Field** | **Description** |
| --- | --- |
| **Question Number** | 6a |
| **Section & Sub-section** | ClientInfo  PregnancyAndHealth |
| **Definition** | Pregnant with multiples |
| **Required field** | No |
| **Allowed values** | 0 - Not pregnant with multiples  1 - Yes pregnant with multiples  88 - Declined to answer  99 - Don't know |
| **Allow multiple values** | No |
| **Occurrence** | 0-1 per client |
| **XML example** | <PregnantWithMultiples>1</PregnantWithMultiples> |
| **Data Validation Type** | Alert |
| **Data Validation Rule** | [If missing] Element PregnantWithMultiples is missing. |

## **Element name**: FetusesNumber

| **Field** | **Description** |
| --- | --- |
| **Question Number** | 6a |
| **Section & Sub-section** | ClientInfo  PregnancyAndHealth |
| **Definition** | Number of fetuses |
| **Required field** | No |
| **Allowed values** | An integer value between 1-99 |
| **Allow multiple values** | No |
| **Occurrence** | 0-1 per client |
| **XML example** | <FetusesNumber>1</FetusesNumber> |
| **Data Validation Type** | None |
| **Data Validation Rule** | None |

## **Element name**: HadDiabetes

| **Field** | **Description** |
| --- | --- |
| **Question Number** | 7 |
| **Section & Sub-section** | ClientInfo  PregnancyAndHealth |
| **Definition** | Diabetes |
| **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** | <HadDiabetes>1</HadDiabetes> |
| **Data Validation Type** | None |
| **Data Validation Rule** | None |

## **Element name**: HadHighBloodPressure

| **Field** | **Description** |
| --- | --- |
| **Question Number** | 7 |
| **Section & Sub-section** | ClientInfo  PregnancyAndHealth |
| **Definition** | High blood pressure |
| **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** | <HadHighBloodPressure>1</HadHighBloodPressure> |
| **Data Validation Type** | None |
| **Data Validation Rule** | None |

## **Element name**: HadDepression

| **Field** | **Description** |
| --- | --- |
| **Question Number** | 7 |
| **Section & Sub-section** | ClientInfo  PregnancyAndHealth |
| **Definition** | Depression |
| **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** | <HadDepression>1</HadDepression> |
| **Data Validation Type** | None |
| **Data Validation Rule** | None |

## **Element name**: OtherChronicConditionsSpecification

| **Field** | **Description** |
| --- | --- |
| **Question Number** | 7 |
| **Section & Sub-section** | ClientInfo  PregnancyAndHealth |
| **Definition** | Other chronic conditions |
| **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** | <OtherChronicConditionsSpecification>String</OtherChronicConditionsSpecification> |
| **Data Validation Type** | None |
| **Data Validation Rule** | None |

## **Element name**: InterconceptionInterval

| **Field** | **Description** |
| --- | --- |
| **Question Number** | 8 |
| **Section & Sub-section** | ClientInfo  PregnancyAndHealth |
| **Definition** | Interconception interval |
| **Required field** | No |
| **Allowed values** | 1 - 0-12 months  2 - 13-18 months  3 - 19-24 months  4 - More than 2 years  5 - This is my first pregnancy  88 - Declined to answer  99 - Don't know |
| **Allow multiple values** | No |
| **Occurrence** | 0-1 per client |
| **XML example** | <InterconceptionInterval>1</InterconceptionInterval> |
| **Data Validation Type** | Alert |
| **Data Validation Rule** | [If missing] Element InterconceptionInterval is missing. |

## **Element name**: BreastfeedingPlans

| **Field** | **Description** |
| --- | --- |
| **Question Number** | 9 |
| **Section & Sub-section** | ClientInfo  HomeLife |
| **Definition** | Plans for breastfeeding |
| **Required field** | No |
| **Allowed values** | 1 - Breastfeed only  2 - Formula only  3 - Both breast feed and formula  88 - Declined to answer  99 - Don't know |
| **Allow multiple values** | No |
| **Occurrence** | 0-1 per client |
| **XML example** | <BreastfeedingPlans>1</BreastfeedingPlans> |
| **Data Validation Type** | Alert |
| **Data Validation Rule** | [If missing] Element BreastfeedingPlans is missing. |

## **Element name**: FatherInvolvement

| **Field** | **Description** |
| --- | --- |
| **Question Number** | 10 |
| **Section & Sub-section** | ClientInfo  HomeLife |
| **Definition** | Father involvement during pregnancy |
| **Required field** | No |
| **Allowed values** | 1 - Involved in my pregnancy and supportive of me and the child I’m carrying  2 - Involved with the child I’m carrying but not supportive of me  3 - Involved and supportive of me but not the child I’m carrying  4 - Not involved in my pregnancy but supportive of me and the child I’m carrying  5 - Not involved/supportive of either me or the child I’m carrying  6 - Not aware I am pregnant  88 - Declined to answer |
| **Allow multiple values** | No |
| **Occurrence** | 0-1 per client |
| **XML example** | <FatherInvolvement>1</FatherInvolvement> |
| **Data Validation Type** | Alert |
| **Data Validation Rule** | [If missing] Element FatherInvolvement is missing. |

## **Element name**: CurrentCigarettesPerDay

| **Field** | **Description** |
| --- | --- |
| **Question Number** | 11 |
| **Section & Sub-section** | ClientInfo  TobaccoAndAlcohol |
| **Definition** | Cigarette use during 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 don’t smoke  88 - Declined to answer  99 - Don’t know |
| **Allow multiple values** | No |
| **Occurrence** | 0-1 per client |
| **XML example** | <CurrentCigarettesPerDay>1</CurrentCigarettesPerDay> |
| **Data Validation Type** | Alert |
| **Data Validation Rule** | [If missing] Element CurrentCigarettesPerDay is missing. |

## **Element name**: CurrentECigaretteFrequency

| **Field** | **Description** |
| --- | --- |
| **Question Number** | 12 |
| **Section & Sub-section** | ClientInfo  TobaccoAndAlcohol |
| **Definition** | Ecigarrette 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** | <CurrentECigaretteFrequency>1</CurrentECigaretteFrequency> |
| **Data Validation Type** | None |
| **Data Validation Rule** | None |

## **Element name**: CurrentHookahFrequency

| **Field** | **Description** |
| --- | --- |
| **Question Number** | 12 |
| **Section & Sub-section** | ClientInfo  TobaccoAndAlcohol |
| **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** | <CurrentHookahFrequency>1</CurrentHookahFrequency> |
| **Data Validation Type** | None |
| **Data Validation Rule** | None |

## **Element name**: CurrentChewingTobaccoFrequency

| **Field** | **Description** |
| --- | --- |
| **Question Number** | 12 |
| **Section & Sub-section** | ClientInfo  TobaccoAndAlcohol |
| **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** | <CurrentChewingTobaccoFrequency>1</CurrentChewingTobaccoFrequency> |
| **Data Validation Type** | None |
| **Data Validation Rule** | None |

## **Element name**: CurrentCigarFrequency

| **Field** | **Description** |
| --- | --- |
| **Question Number** | 12 |
| **Section & Sub-section** | ClientInfo  TobaccoAndAlcohol |
| **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** | <CurrentCigarFrequency>1</CurrentCigarFrequency> |
| **Data Validation Type** | None |
| **Data Validation Rule** | None |

## **Element name**: CurrentAlcoholFrequency

| **Field** | **Description** |
| --- | --- |
| **Question Number** | 13 |
| **Section & Sub-section** | ClientInfo  TobaccoAndAlcohol |
| **Definition** | Alcohol frequency |
| **Required field** | No |
| **Allowed values** | 1 - Nearly every day  2 - Several times a week  3 - Several times a month  4 - Less than once a month  5 - Never  88 - Declined to answer  99 - Don't know |
| **Allow multiple values** | No |
| **Occurrence** | 0-1 per client |
| **XML example** | <CurrentAlcoholFrequency>1</CurrentAlcoholFrequency> |
| **Data Validation Type** | Alert |
| **Data Validation Rule** | [If missing] Element 'alcohol frequency' is missing. |

## **Element name**: PostPregnancyFUDate

| **Field** | **Description** |
| --- | --- |
| **Question Number** | follow-up after pregnancy ends 1 |
| **Section & Sub-section** | ClientInfo  FollowUp |
| **Definition** | Post pregnancy follow up 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** | <PostPregnancyFUDate>09/10/2020</PostPregnancyFUDate> |
| **Data Validation Type** | Alert |
| **Data Validation Rule** | [If missing] Element PostPregnancyFUDate is missing. |

## **Element name**: PPUIDConfirmation

| **Field** | **Description** |
| --- | --- |
| **Question Number** | follow-up after pregnancy ends 1 |
| **Section & Sub-section** | ClientInfo  FollowUp |
| **Definition** | Primary Participant's Unique ID |
| **Required field** | No |
| **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** | 0-1 per client |
| **XML example** | <PPUIDConfirmation>100PP12345</PPUIDConfirmation> |
| **Data Validation Type** | Alert |
| **Data Validation Rule** | [If not blank and the PPIUD /= PPUIDConfirmation] The woman’s UID in the post-pregnancy follow-up is different than the primary participant ID. |

## **Element name**: InitialOutcomes

| **Field** | **Description** |
| --- | --- |
| **Question Number** | follow-up after pregnancy ends 1 |
| **Section & Sub-section** | ClientInfo  FollowUp |
| **Definition** | Initial pregnancy outcome |
| **Required field** | No |
| **Allowed values** | 1 - Live birth  2 - Ectopic or tubal pregnancy  3 - Miscarriage  4 - Stillbirth or fetal death  5 - Termination of pregnancy  6 - Outcome unknown |
| **Allow multiple values** | Yes |
| **Occurrence** | 0-6 per client |
| **XML example** | <InitialOutcomesList>  <InitialOutcomes>3</InitialOutcomes>  <InitialOutcomes>5</InitialOutcomes>  </InitialOutcomesList> |
| **Data Validation Type** | Error |
| **Data Validation Rule** | [If PostPregnancyFUDate is filled and InitialOutcomes is missing] Update includes post pregnancy follow up date (PostPregnancyFUDate) but InitialOutcomes is missing. |

## **Element name**: LiveBirthNumber

| **Field** | **Description** |
| --- | --- |
| **Question Number** | follow-up after pregnancy ends 1 |
| **Section & Sub-section** | ClientInfo  FollowUp |
| **Definition** | Number of live birth |
| **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**: FetalDeathsNumber

| **Field** | **Description** |
| --- | --- |
| **Question Number** | follow-up after pregnancy ends 1 |
| **Section & Sub-section** | ClientInfo  FollowUp |
| **Definition** | Number of fetal deaths |
| **Required field** | No |
| **Allowed values** | An integer value between 1-99 |
| **Allow multiple values** | No |
| **Occurrence** | 0-1 per client |
| **XML example** | <FetalDeathsNumber>1</FetalDeathsNumber> |
| **Data Validation Type** | None |
| **Data Validation Rule** | None |

## **Element name**: TrackOutcomeMethodSpecification

| **Field** | **Description** |
| --- | --- |
| **Question Number** | follow-up after pregnancy ends 1 |
| **Section & Sub-section** | ClientInfo  FollowUp |
| **Definition** | Method to track outcome |
| **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** | <TrackOutcomeMethodSpecification>String</TrackOutcomeMethodSpecification> |
| **Data Validation Type** | None |
| **Data Validation Rule** | None |

## **Element name**: EnrolledChildID

| **Field** | **Description** |
| --- | --- |
| **Question Number** | follow-up after pregnancy ends 2 |
| **Section & Sub-section** | ClientInfo  FollowUp |
| **Definition** | Enrolled Child UID |
| **Required field** | No |
| **Allowed values** | Alphanumeric text string that allows a minimum of 9 characters and a maximum of 50 characters. EnrolledChildIDs should be in the format: 3 digit grantee org code + EC + a unique ID (at least 4 digits long). |
| **Allow multiple values** | Yes |
| **Occurrence** | 0-4 per client |
| **XML example** | <EnrolledChildIDList>  <EnrolledChildID>100EC123345</EnrolledChildID>  <EnrolledChildID>100EC78900</EnrolledChildID>  </EnrolledChildIDList> |
| **Data Validation Type** | Warning |
| **Data Validation Rule** | [If “InitialOucome” = “live birth”, and this field is missing] Update includes "live birth" but EnrolledChildID is missing. Please add EnrolledChildID and resubmit, or provide an explanation for not having enrolled child(ren). |

## **Element name**: NeonatalDeath

| **Field** | **Description** |
| --- | --- |
| **Question Number** | follow-up after pregnancy ends 3 |
| **Section & Sub-section** | ClientInfo  FollowUp |
| **Definition** | Neonatal death outcome |
| **Required field** | No |
| **Allowed values** | 0 - No  1 - Yes  99 - Unable to determine |
| **Allow multiple values** | No |
| **Occurrence** | 0-1 per client |
| **XML example** | <NeonatalDeath>1</NeonatalDeath> |
| **Data Validation Type** | Alert |
| **Data Validation Rule** | [If “InitialOucome” = “live birth”, and this field is missing] Update includes "live birth" but NeonatalDeath is missing. |

## **Element name**: NeonetalDeathNumber

| **Field** | **Description** |
| --- | --- |
| **Question Number** | follow-up after pregnancy ends 3 |
| **Section & Sub-section** | ClientInfo  FollowUp |
| **Definition** | Number of neonetal death |
| **Required field** | No |
| **Allowed values** | An integer value between 1-99 |
| **Allow multiple values** | No |
| **Occurrence** | 0-1 per client |
| **XML example** | <NeonetalDeathNumber>1</NeonetalDeathNumber> |
| **Data Validation Type** | None |
| **Data Validation Rule** | None |

## **Element name**: NeonatalDeathMethodSpecification

| **Field** | **Description** |
| --- | --- |
| **Question Number** | follow-up after pregnancy ends 3 |
| **Section & Sub-section** | ClientInfo  FollowUp |
| **Definition** | Method to track neonatal death |
| **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** | <NeonatalDeathMethodSpecification>String</NeonatalDeathMethodSpecification> |
| **Data Validation Type** | None |
| **Data Validation Rule** | None |

## **Element name**: MaternalDeath

| **Field** | **Description** |
| --- | --- |
| **Question Number** | follow-up after pregnancy ends 4 |
| **Section & Sub-section** | ClientInfo  FollowUp |
| **Definition** | Maternal mortality |
| **Required field** | No |
| **Allowed values** | 0 - No  1 - Yes  2 - Outcome unknown |
| **Allow multiple values** | No |
| **Occurrence** | 0-1 per client |
| **XML example** | <MaternalDeath>1</MaternalDeath> |
| **Data Validation Type** | Error |
| **Data Validation Rule** | [If post pregnancy follow up date is filled and this field is missing] Update includes post pregnancy follow up date (PostPregnancyFUDate) but maternal mortality outcome (MaternalDeath) is missing. |

## **Element name**: MaternalDeathMethodSpecification

| **Field** | **Description** |
| --- | --- |
| **Question Number** | follow-up after pregnancy ends 4 |
| **Section & Sub-section** | ClientInfo  FollowUp |
| **Definition** | Method to track maternal mortality |
| **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** | <MaternalDeathMethodSpecification>String</MaternalDeathMethodSpecification> |
| **Data Validation Type** | Alert |
| **Data Validation Rule** | [If MaternalDeath = “Yes” and MaternalDeathMethodSpecification is empty] Indicate the method to track maternal mortality. |

## **Element name**: PregnancyOutcomesSources

| **Field** | **Description** |
| --- | --- |
| **Question Number** | follow-up after pregnancy ends 5 |
| **Section & Sub-section** | ClientInfo  FollowUp |
| **Definition** | Sources for recorded pregnancy outcomes |
| **Required field** | No |
| **Allowed values** | 1 - Hostpital records  2 - Vital records  3 - Primary participant  4 - Other family member  5 - Other source |
| **Allow multiple values** | Yes |
| **Occurrence** | 0-5 per client |
| **XML example** | <PregnancyOutcomesSourcesList>  <PregnancyOutcomesSources>4</PregnancyOutcomesSources>  <PregnancyOutcomesSources>5</PregnancyOutcomesSources>  </PregnancyOutcomesSourcesList> |
| **Data Validation Type** | None |
| **Data Validation Rule** | None |

## **Element name**: PregnancyOutcomesOtherSourceSpecification

| **Field** | **Description** |
| --- | --- |
| **Question Number** | follow-up after pregnancy ends 5 |
| **Section & Sub-section** | ClientInfo  FollowUp |
| **Definition** | Other source for recorded pregnancy outcomes |
| **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** | <PregnancyOutcomesOtherSourceSpecification>String</PregnancyOutcomesOtherSourceSpecification> |
| **Data Validation Type** | None |
| **Data Validation Rule** | None |