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

**Data Dictionary and XML Schema
Implementation Guide
 Parent/Child Form**
January 4, 2021


Health Resources and Services Administration

Maternal and Child Health Bureau

5600 Fishers Lane

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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 ‘OtherPPSpecification’. |

## **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. PPUIDs should be in the format: 3 digit grantee org code + PP + a unique ID (at least 4 digits long).NOTE: With the exception of the initial ‘PP’ format requirement, PPUIDs are **NOT** case-sensitive (for example, 123PPUID0001 and 123PPuid0001 would be considered the same client). |
| **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. ChildUIDs should be in the format: 3 digit grantee org code + EC + a unique ID (at least 4 digits long).NOTE: With the exception of the initial ‘EC’ format requirement, ChildUIDs are **NOT** case-sensitive (for example, 123ECUID0001 and 123ECuid0001 would be considered the same client). |
| **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. PPUIDs should be in the format: 3 digit grantee org code + PP + a unique ID (at least 4 digits long).NOTE: PPUIDs are **NOT** case-sensitive (for example, 123PPUID0001 and 123ppuid0001 would be considered the same client). |
| **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 ‘OtherLinkedPP’ or ‘NoOtherPP’. |

## **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 ‘OtherLinkedPP’ or ‘NoOtherPP’. |

## **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 ‘PPEnrollmentDate’ 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** | Cover Page 8 |
| **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 - Male |
| **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**: CompletionDateWarningComment

| **Field**  | **Description**  |
| --- | --- |
| **Question Number** | NA |
| **Section & Sub-section** | CoverPage |
| **Definition** | Warning justification if CompletionDate value is different than previously reported |
| **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** | < CompletionDateWarningComment>String</ CompletionDate WarningComment> |
| **Data Validation Type** | Warning |
| **Data Validation Rule** | See element CompletionDate |

## **Element name**: ChildEnrollmentDateWarningComment

| **Field**  | **Description**  |
| --- | --- |
| **Question Number** | NA |
| **Section & Sub-section** | CoverPage |
| **Definition** | Warning justification if ChildEnrollmentDate is different than previously reported |
| **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** | < ChildEnrollmentDateWarningComment>String</ ChildEnrollmentDateWarningComment> |
| **Data Validation Type** | Warning |
| **Data Validation Rule** | See element ChildEnrollmentDate |

## **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 while no other insurance type is checked] 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**  | No |
| **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**  | No |
| **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**  | 0 - No1 - Yes88 - Declined to answer99 - Don't know |
| **Allow multiple values**  | No |
| **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**  | No |
| **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 determine/Don’t know (**Note:** Unable to determine and don’t know should both be coded the same) |
| **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/supportive in either mine or the child’s life6 - There is no second parent88 - Declined to answer99 - Don’t know  |
| **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 |