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

**Data Dictionary and XML Schema   
Implementation Guide  
Instructions and Background Form**  
February 10, 2022

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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# Introduction

Grantees of the Health Resources and Services Administration’s (HRSA) Healthy Start program are required to collect and report client-level data as a condition of their 2019-2024 grant awards. On May 15, 2020, grantees were provided three OMB-approved Healthy Start Data Collection Forms to begin generating client-level data. The Healthy Start Data Collection Forms are client-level surveys that gather information on the characteristics of primary participants (enrolled women and enrolled men), enrolled children, and other adults with primary custody of enrolled children. The latest versions of the Healthy Start Data Collection Forms can be accessed on the Healthy Start EPIC website at <https://www.healthystartepic.org/healthy-start-implementation/data_collection_forms/>.

On November 19, 2020, grantees began reporting their collected client-level data to HRSA through the Healthy Start Monitoring and Evaluation Data System (HSMED-II). The HSMED-II is integrated with HRSA’s Electronic Handbooks (EHBs) and is accessible using the EHBs’ login portal. The first submission of client-level data was due on December 15, 2020 and continues monthly. Healthy Start grantees are required to submit client-level data files by the 15th of each month.

To successfully complete monthly submissions, each grantee must create and upload Extensible Markup Language (XML) or Comma Separated Values (CSV) files containing client-level data collected during the month prior to submission (“reporting month”). The structure, sequence, values, and format of the data elements in the client-level data files must conform to the definitions specified in the XML/CSV reference materials. When client-level data files are uploaded to the system, the HSMED-II will validate the files to ensure they conform to the data schema and business rules outlined in the XML/CSV reference materials before grantees can finalize their submissions. The latest versions of the **XML/CSV reference materials** can be accessed on the Healthy Start EPIC website at <https://www.healthystartepic.org/healthy-start-implementation/monitoring-data-and-evaluation/>. An **HSMED-II User Manual** and **HSMED-II Common Issues Guide** can also be found at the same link to assist grantees in navigating the HSMED, identifying and troubleshooting schema/data validation messages, and completing monthly data submissions.

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

## Purpose

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

## Audience

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

## Updates

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

|  |  |  |
| --- | --- | --- |
| Version | Date | Comments |
| V1.0 | November 19,2020 | First version of Implementation guide for the HSMED-II system |
| V1.1 | January 28, 2021 | Updates and corrections for a few data elements |
| V2.0 | February 10, 2022 | Upgrades and revisions to the data validation types and messages for the Background, Prenatal and Parent/Child forms. |

## Summary of Changes: February 10, 2022

All the date fields on the Background, Prenatal and Parent/ Child forms have been revised to only accept date values provided in the acceptable date range.

**Background Form:**

The following data elements have been **upgraded to flag Errors**: OtherPPSpecification, EntersPrenatalDate, EndsPrenatalDate, ECTurns6MonthsDate, OtherUpdateDate, ExitDate, InsuranceType, AdultsDependentOnIncomeNumber, ChildrenDependentOnIncomeNumber, AdultChildDependentsOnIncomeDD, ChildrenEnrolledNumber, ReferredForDepression, IPVScreenerNotAdministeredSpecification, TotalChildrenDesired, TotalChildrenDesiredDD, PlannedMonthsToNextPregnancy, PlannedMonthsToNextPregnancyDD, BirthControlUsed, PregnancyStatus, PregnancyHistory, HadPreviousPretermBirth, HadLBW, HadVeryLBW, HadMacrosomia, HadInfantHospitalStay, and PreviousInfantDeath.

The following data elements have been **upgraded to flag Warnings**. For each of these fields, a warning comment field is also introduced to enable grantees to provide a justification comment in cases where the warnings cannot be resolved: PPEnrollmentDate, PPEnrollmentPhase, UpdateType, OtherHealthcarePlaceSpecification, MedicaidNameSpecification, OtherInsuranceSpecification, BirthControlUsed, OtherRPLSpecification, and PreviousNeonatalDeathNumber.

The following data elements have been **upgraded to be Required fields**: HasUsualHealthcareSource, UsualHealthcarePlace, HadHealthcare, InsuranceType, HadPreventiveCare, HouseholdIncome, CurrentChildrenEnrolled, ScreenedForDepression, IPVScreenerAdministered, MoreChildrenDesired, and UsingCondom.

**Prenatal Form:**

The following data elements have been **upgraded to flag Errors**: OtherLinkedPP, NoOtherPP, PPEnrollmentDate, CompletionDate, PregnancyEndsDate, OtherUpdateDate, PostPregnancyFUDate, PPUIDConfirmation, InitialOutcomes, LiveBirthNumber, and NeonatalDeath.

The following data elements have been **upgraded to flag Warnings**. For each of these fields, a warning comment field is also introduced to enable grantees to provide a justification comment in cases where the warnings cannot be resolved: UpdateType, DueDate, FirstPrenatalAppointmentDate, FatherInvolvement, PostPregnancyFUDate, FetalDeathsNumber, NeonetalDeathNumber, and MaternalDeathMethodSpecification.

The following data elements have been **upgraded to be Required fields**: EnrolledPregnancyTrimester, FirstPrenatalTrimester, PregnantWithMultiples, and InterconceptionInterval.

**Parent/ Child Form:**

The following data elements have been **upgraded to flag Errors**: OtherPPSpecification, OtherLinkedPP, NoOtherPP, PPEnrollmentDate, CompletionDate, 6MonthDate, OtherUpdateDate, ChildExitDate, ChildInsuranceType, BreastfedMonths, ReadWithChild, ReceivedPostpartumCare, Last3MonthsCigarettesPerDay, Last3MonthsECigaretteFrequency, Last3MonthsChewingTobaccoFrequency, and Last3MonthsCigarFrequency

The following data elements have been **upgraded to flag Warnings**. For each of these fields, a warning comment field is also introduced to enable grantees to provide a justification comment in cases where the warnings cannot be resolved: ChildEnrollmentDate, UpdateType, ChildOtherHealthcarePlaceSpecification, ChildMedicaidNameSpecification, ChildOtherInsuranceSpecification, AgeWellVisit, BabySleepPosition, BabySleepsAlone, SafeSleepBedding, ScheduledPostpartumCareDate, and NoPostpartumCareSpecification.

The following data elements have been **upgraded to be Required fields**: ChildHasUsualHealthcareSource, ChildUsualHealthcarePlace, ChildHadHealthcare, ChildInsuranceType, HadRecommendedWellVisit, BreastfedEver, and FatherInvolvementWithChild.

# Main Components of the Client-Level XML File

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

## File Header

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

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

## Root Element

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

## Body: Simple and Complex Elements

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

<OtherLinkedPPList>

<OtherLinkedPP>100String123345</OtherLinkedPP>

<OtherLinkedPP>100String78900</OtherLinkedPP>

</OtherLinkedPPList>

## Healthy Start Client-Level Data XML Data Elements

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

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

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

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

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

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

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

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

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

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

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

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

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

# Instructions for Preparing CSV Files

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

## Column Names

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

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

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

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

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

## Multiple Values

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

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

# Data Elements in the Background Form

## **Element name**: ParticipantType

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

## **Element name**: OtherPPSpecification

| **Field** | **Description** |
| --- | --- |
| **Question Number** | Cover page 1 |
| **Section & Sub-section** | CoverPage |
| **Definition** | Specify other adult |
| **Required field** | No |
| **Allowed values** | Text string that allows a maximum of 250 characters |
| **Allow multiple values** | No |
| **Occurrence** | 0-1 per client |
| **XML example** | <OtherPPSpecification>String</OtherPPSpecification> |
| **Data Validation Type** | Error |
| **Data Validation Rule** | [If “other adult” 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 (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).  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 unique value per client |
| **XML example** | <PPUID>100PP12345</PPUID> |
| **Data Validation Type** | None |
| **Data Validation Rule** | None |

## **Element name**: OtherLinkedPP

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

## **Element name**: NoOtherPP

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

## **Element name**: HasEnrolledChild

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

## **Element name**: PPEnrollmentDate

| **Field** | **Description** |
| --- | --- |
| **Question Number** | Cover page 5 |
| **Section & Sub-section** | CoverPage |
| **Definition** | Primary participant date of enrollment in the Healthy Start program |
| **Required field** | No |
| **Allowed values** | Date with a format of mm/dd/yyyy  The dates can only be entered between 01/01/2000 and the latest date of upload into the HSMED system. |
| **Allow multiple values** | No |
| **Occurrence** | 0-1 per client |
| **XML example** | <PPEnrollmentDate>9/10/2020</PPEnrollmentDate> |
| **Data Validation Type** | Error  Warning  Warning |
| **Data Validation Rule** | [If “Participant type” /= “Other Adult,” and this field is blank] Input ‘PPEnrollmentDate’ for the primary participant.  [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 or explain the reason for the change.  [If date falls outside of valid range, “PPEnrollmentDate” is not in a valid range] The ‘PPEnrollmentDate’ is not in the valid range. Please refer to the HS Implementation Guide. |

## **Element name**: PPEnrollmentPhase

| **Field** | **Description** |
| --- | --- |
| **Question Number** | Cover page 6 |
| **Section & Sub-section** | CoverPage |
| **Definition** | Phase of Healthy Start participation |
| **Required field** | Yes |
| **Allowed values** | 1 – Woman preconception  2 – Man preconception  3 – Currently pregnant  4 – Partner currently pregnant  5 – Has live infant less than 6 months  6 – Partner has live infant less than 6 months  7 – Had pregnancy loss less than 6 months  8 – Partner had pregnancy loss less than 6 months  9 – Has child 6-18 mo enrolled in HS  10 – Has children, but they are not enrolled in or are not eligible for HS services  11 – Woman no live children, pregnancy loss more than 6 months  12 – Man no live children, partner pregnancy loss more than 6 months  13 – Unenrolled adult who has primary responsibility for/custody of enrolled child |
| **Allow multiple values** | Yes |
| **Occurrence** | 1-13 per client |
| **XML example** | <PPEnrollmentPhaseList>  <PPEnrollmentPhase>1</PPEnrollmentPhase>  <PPEnrollmentPhase>3</PPEnrollmentPhase>  </PPEnrollmentPhaseList> |
| **Data Validation Type** | Warning |
| **Data Validation Rule** | [If different from initial submission] The ‘phase of HS participation’ is different than previously reported. Please confirm the phase of HS participation or explain the reason for the change. |

## **Element name**: CompletionDate

| **Field** | **Description** |
| --- | --- |
| **Question Number** | Cover page 7 |
| **Section & Sub-section** | CoverPage |
| **Definition** | Date of form completion |
| **Required field** | Yes |
| **Allowed values** | Date with a format of mm/dd/yyyy  The dates can only be entered between 05/01/2020 and the latest date of upload into the HSMED system. |
| **Allow multiple values** | No |
| **Occurrence** | 0-1 per client |
| **XML example** | <CompletionDate>9/10/2020</CompletionDate> |
| **Data Validation Type** | Warning  Error |
| **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.  [If date falls outside of valid range, “CompletionDate” is not in a valid range] – The ‘CompletionDate’ is not in the valid range. Please refer to the HS Implementation Guide. |

## **Element name**: UpdateType

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

## **Element name**: EntersPrenatalDate

| **Field** | **Description** |
| --- | --- |
| **Question Number** | Cover page 8 |
| **Section & Sub-section** | CoverPage |
| **Definition** | Date updated enter prenatal |
| **Required field** | No |
| **Allowed values** | Date with a format of mm/dd/yyyy  The dates can only be entered between 05/01/2020 and the latest date of upload into the HSMED system. |
| **Allow multiple values** | No |
| **Occurrence** | 0-1 per client |
| **XML example** | <EntersPrenatalDate>9/10/2020</EntersPrenatalDate> |
| **Data Validation Type** | Error  Error |
| **Data Validation Rule** | [If date falls outside of valid range, “EntersPrenatalDate” is not in a valid range] – The ‘EntersPrenatalDate’ is not in the valid range. Please refer to the HS Implementation Guide.  [If Enrolled woman enters prenatal (1) is selected in UpdateType but EntersPrenatalDate is blank] Element ‘EntersPrenatalDate’ is required when Enrolled woman enters prenatal is selected as the Update Type. |

## **Element name**: EndsPrenatalDate

| **Field** | **Description** |
| --- | --- |
| **Question Number** | Cover page 8 |
| **Section & Sub-section** | CoverPage |
| **Definition** | Date updated ends prenatal |
| **Required field** | No |
| **Allowed values** | Date with a format of mm/dd/yyyy  The dates can only be entered between 05/01/2020 and the latest date of upload into the HSMED system. |
| **Allow multiple values** | No |
| **Occurrence** | 0-1 per client |
| **XML example** | <EndsPrenatalDate>9/10/2020</EndsPrenatalDate> |
| **Data Validation Type** | Error  Error |
| **Data Validation Rule** | [If date falls outside of valid range, “EndsPrenatalDate” is not in a valid range] – The ‘EndsPrenatalDate’ is not in the valid range. Please refer to the HS Implementation Guide.  [If Enrolled woman ends prenatal (2) is selected in UpdateType but EndsPrenatalDate is blank] Element 'EndsPrenatalDate' is required when Enrolled woman ends prenatal is selected as the Update Type. |

## **Element name**: ECTurns6MonthsDate

| **Field** | **Description** |
| --- | --- |
| **Question Number** | Cover page 8 |
| **Section & Sub-section** | CoverPage |
| **Definition** | Date updated 6 months |
| **Required field** | No |
| **Allowed values** | Date with a format of mm/dd/yyyy  The dates can only be entered between 05/01/2020 and the latest date of upload into the HSMED system. |
| **Allow multiple values** | No |
| **Occurrence** | 0-1 per client |
| **XML example** | <ECTurns6MonthsDate>9/10/2020</ECTurns6MonthsDate> |
| **Data Validation Type** | Error  Error |
| **Data Validation Rule** | [If date falls outside of valid range, “ECTurns6MonthsDate” is not in a valid range] – The 'ECTurns6MonthsDate' is not in the valid range. Please refer to the HS Implementation Guide.  [If Enrolled child turns 6 months (3) is selected in UpdateType but ECTurns6MonthsDate is blank] Element 'ECTurns6MonthsDate' is required when Enrolled child turns 6 months is selected as the Update Type. |

## **Element name**: OtherUpdateDate

| **Field** | **Description** |
| --- | --- |
| **Question Number** | Cover page 8 |
| **Section & Sub-section** | CoverPage |
| **Definition** | Date updated other |
| **Required field** | No |
| **Allowed values** | Date with a format of mm/dd/yyyy  The dates can only be entered between 05/01/2020 and the latest date of upload into the HSMED system. |
| **Allow multiple values** | No |
| **Occurrence** | 0-1 per client |
| **XML example** | <OtherUpdateDate>9/10/2020</OtherUpdateDate> |
| **Data Validation Type** | Error  Error |
| **Data Validation Rule** | [If date falls outside of valid range, “OtherUpdateDate" is not in a valid range] – The 'OtherUpdateDate' is not in the valid range. Please refer to the HS Implementation Guide.  [If Other Update (4) is selected in UpdateType but OtherUpdateDate is blank] Element 'OtherUpdateDate' is required when Other Update is selected as the Update Type. |

## **Element name**: OtherUpdateSpecification

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

## **Element name**: ExitDate

| **Field** | **Description** |
| --- | --- |
| **Question Number** | Cover page 9 |
| **Section & Sub-section** | CoverPage |
| **Definition** | Date of exit |
| **Required field** | No |
| **Allowed values** | Date with a format of mm/dd/yyyy  The dates can only be entered between 05/01/2020 and the latest date of upload into the HSMED system. |
| **Allow multiple values** | No |
| **Occurrence** | 0-1 per client |
| **XML example** | <ExitDate>9/10/2020</ExitDate> |
| **Data Validation Type** | Error |
| **Data Validation Rule** | [If date falls outside of valid range, “ExitDate" is not in a valid range] – The 'ExitDate' is not in the valid range. Please refer to the HS Implementation Guide. |

## **Element name**: ExitSpecification

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

## **Element name**: AgeClassification

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

## **Element name**: 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**: PpenrollmentDateWarningComment

| **Field** | **Description** |
| --- | --- |
| **Question Number** | NA |
| **Section & Sub-section** | CoverPage |
| **Definition** | Warning justification if PPenrollmentDate 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** | < PpenrollmentWarningComment>String</ PpenrollmentWarningComment> |
| **Data Validation Type** | Warning |
| **Data Validation Rule** | See element PPenrollmentDate |

## **Element name**: PpenrollmentDateRangeWarningComment

| **Field** | **Description** |
| --- | --- |
| **Question Number** | NA |
| **Section & Sub-section** | CoverPage |
| **Definition** | Warning justification if PPenrollmentDate is not in the valid date range |
| **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** | <PpenrollmentDateRangeWarningComment >String</ PpenrollmentDateRangeWarningComment > |
| **Data Validation Type** | Warning |
| **Data Validation Rule** | See element PPenrollmentDate |

## **Element name**: ExitSpecificationWarningComment

| **Field** | **Description** |
| --- | --- |
| **Question Number** | NA |
| **Section & Sub-section** | CoverPage |
| **Definition** | Warning justification if ExitSpecification cannot be provided |
| **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** | <ExitSpecificationWarningComment>String</ExitSpecification WarningComment> |
| **Data Validation Type** | Warning |
| **Data Validation Rule** | See element ExitSpecification |

## **Element name**: PpenrollmentPhaseWarningComment

| **Field** | **Description** |
| --- | --- |
| **Question Number** | NA |
| **Section & Sub-section** | CoverPage |
| **Definition** | Warning justification if the phase of HS participation 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** | < PpenrollmentPhaseWarningComment>String</ PpenrollmentPhaseWarningComment> |
| **Data Validation Type** | Warning |
| **Data Validation Rule** | See element PPenrollmentPhase |

## **Element name**: UpdateTypeWarningComment

| **Field** | **Description** |
| --- | --- |
| **Question Number** | NA |
| **Section & Sub-section** | CoverPage |
| **Definition** | Warning justification if initial form is uploaded and UpdateType is missing |
| **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** | < UpdateTypeWarningComment >String</ UpdateTypeWarningComment > |
| **Data Validation Type** | Warning |
| **Data Validation Rule** | See element UpdateType |

## **Element name**: Sex

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

## **Element name**: NonBinaryGender

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

## **Element name**: HighestLevelSchool

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

## **Element name**: HispanicLatino

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

## **Element name**: RaceMulti

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

## **Element name**: RaceSingle

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

## **Element name**: OtherRaceSpecification

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

## **Element name**: HasUsualHealthcareSource

| **Field** | **Description** |
| --- | --- |
| **Question Number** | 6 |
| **Section & Sub-section** | ClientInfo  ParticipantHealthCare |
| **Definition** | Usual source of medical care |
| **Required field** | Yes |
| **Allowed values** | 0 - No  1 - Yes  88 - Declined to answer  99 - Don't know |
| **Allow multiple values** | No |
| **Occurrence** | 0-1 per client |
| **XML example** | <HasUsualHealthcareSource>1</HasUsualHealthcareSource> |
| **Data Validation Type** | None |
| **Data Validation Rule** | None |

## **Element name**: UsualHealthcarePlace

| **Field** | **Description** |
| --- | --- |
| **Question Number** | 7 |
| **Section & Sub-section** | ClientInfo  ParticipantHealthCare |
| **Definition** | Place for usual health care |
| **Required field** | Yes |
| **Allowed values** | 1 - Doctor's Office  2 - Hospital Emergency Room  3 - Hospital Outpatient Department  4 - Clinic or Health Center  5 - Retail Store Clinic or "Minute Clinic"  6 - School  7 - Other  88 - Declined to answer  99 - Don't know |
| **Allow multiple values** | No |
| **Occurrence** | 0-1 per client |
| **XML example** | <UsualHealthcarePlace>1</UsualHealthcarePlace> |
| **Data Validation Type** | None |
| **Data Validation Rule** | None |

## **Element name**: OtherHealthcarePlaceSpecification

| **Field** | **Description** |
| --- | --- |
| **Question Number** | 7 |
| **Section & Sub-section** | ClientInfo  ParticipantHealthCare |
| **Definition** | Other place |
| **Required field** | No |
| **Allowed values** | Text string that allows a maximum of 250 characters |
| **Allow multiple values** | No |
| **Occurrence** | 0-1 per client |
| **XML example** | <OtherHealthcarePlaceSpecification>String</OtherHealthcarePlaceSpecification> |
| **Data Validation Type** | Warning |
| **Data Validation Rule** | [If place for usual health care has a value selected as Other, and this item is missing] Please specify the OtherHealthcarePlaceSpecification and resubmit, or provide an explanation for why it is missing. |

## **Element name**: HadHealthcare

| **Field** | **Description** |
| --- | --- |
| **Question Number** | 8 |
| **Section & Sub-section** | ClientInfo  ParticipantHealthCare |
| **Definition** | Any health insurance past year |
| **Required field** | Yes |
| **Allowed values** | 1 - Yes, covered all 12 months  2 - Yes, but I had a gap in coverage  3 - No  88 - Declined to answer  99 - Don't know |
| **Allow multiple values** | No |
| **Occurrence** | 0-1 per client |
| **XML example** | <HadHealthcare>1</HadHealthcare> |
| **Data Validation Type** | None |
| **Data Validation Rule** | None |

## **Element name**: InsuranceType

| **Field** | **Description** |
| --- | --- |
| **Question Number** | 9 |
| **Section & Sub-section** | ClientInfo  ParticipantHealthCare |
| **Definition** | Health insurance type |
| **Required field** | Yes |
| **Allowed values** | 1 - Private health insurance from job  2 - Private health insurance from parents  3 - Private health insurance from the State Health Insurance Marketplace, State website, or HealthCare.gov  4 - Medicaid  5 - CHIP  6 - Subsidized ACA plan  7 - TRICARE  8 - Indian Health Service or tribal  9 - Other health insurance  0 - No health insurance  88 - Declined to answer  99 - Don't know |
| **Allow multiple values** | Yes |
| **Occurrence** | 0-12 per client |
| **XML example** | <InsuranceTypeList>  <InsuranceType>1</InsuranceType>  <InsuranceType>2</InsuranceType>  </InsuranceTypeList> |
| **Data Validation Type** | Error  Error |
| **Data Validation Rule** | [If "Indian Health Service or tribal" is checked, and "I do not have health insurance now" is not checked, and no other insurance is checked] If ‘Indian Health Service or tribal’ is selected, check ‘I do not have health insurance now’ if the participant does not have other insurance.  [If "I do not have health insurance now" or "Don't know" or "Declined to answer" is checked but can select "Indian Health Service" ONLY when "I do not have health insurance now" is checked] If ‘I do not have health insurance now’ or ‘Don't know’ or ‘Declined to answer’ is selected, de-select any other health insurance types selected. |

## **Element name**: MedicaidNameSpecification

| **Field** | **Description** |
| --- | --- |
| **Question Number** | 9 |
| **Section & Sub-section** | ClientInfo  ParticipantHealthCare |
| **Definition** | Medicaid name |
| **Required field** | No |
| **Allowed values** | Text string that allows a maximum of 250 characters |
| **Allow multiple values** | No |
| **Occurrence** | 0-1 per client |
| **XML example** | <MedicaidNameSpecification>String</MedicaidNameSpecification> |
| **Data Validation Type** | Warning |
| **Data Validation Rule** | [If health insurance type = medicaid or medicaid name has a value, then both fields should have a value] If the client has medicaid, the medicaid option should be checked and the state medicaid name should be provided or provide an explanation for why it is missing. |

## **Element name**: OtherInsuranceSpecification

| **Field** | **Description** |
| --- | --- |
| **Question Number** | 9 |
| **Section & Sub-section** | ClientInfo  ParticipantHealthCare |
| **Definition** | Other health insurance name |
| **Required field** | No |
| **Allowed values** | Text string that allows a maximum of 250 characters |
| **Allow multiple values** | No |
| **Occurrence** | 0-1 per client |
| **XML example** | <OtherInsuranceSpecification>String</OtherInsuranceSpecification> |
| **Data Validation Type** | Warning |
| **Data Validation Rule** | [If “other health insurance name” has a value and Other insurance specification" is blank] If the client has other health insurance, provide the Other Insurance Specification or provide an explanation for why it is missing. |

## **Element name**: HadPreventiveCare

| **Field** | **Description** |
| --- | --- |
| **Question Number** | 10 |
| **Section & Sub-section** | ClientInfo  ParticipantHealthCare |
| **Definition** | Any preventive care received in the last 12 months |
| **Required field** | Yes |
| **Allowed values** | 0 - No  1 - Yes  88 - Declined to answer  99 - Don't know |
| **Allow multiple values** | No |
| **Occurrence** | 0-1 per client |
| **XML example** | <HadPreventiveCare>1</HadPreventiveCare> |
| **Data Validation Type** | None |
| **Data Validation Rule** | None |

## **Element name**: HouseholdIncome

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

## **Element name**: DependentsOnIncomeNumber

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

## **Element name**: DependentsOnIncomeDD

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

## **Element name**: AdultsDependentOnIncomeNumber

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

## **Element name**: ChildrenDependentOnIncomeNumber

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

## **Element name**: AdultChildDependentsOnIncomeDD

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

## **Element name**: CurrentChildrenEnrolled

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

## **Element name**: ChildrenEnrolledNumber

| **Field** | **Description** |
| --- | --- |
| **Question Number** | 14 |
| **Section & Sub-section** | ClientInfo  PersonalWellBeing |
| **Definition** | Number of enrolled children |
| **Required field** | No |
| **Allowed values** | An integer value between 1-99 |
| **Allow multiple values** | No |
| **Occurrence** | 0-1 per client |
| **XML example** | <ChildrenEnrolledNumber>1</ChildrenEnrolledNumber> |
| **Data Validation Type** | Error  Error |
| **Data Validation Rule** | [If “CurrentChildrenEnrolled = Yes” and "ChildrenEnrolledNumber" is blank] Element 'ChildrenEnrolledNumber' is required when CurrentChildrenEnrolled is checked.  [If “CurrentChildrenEnrolled = "No", "Don't know” or "Declined" and "ChildrenEnrolledNumber" >0] Element 'ChildrenEnrolledNumber' cannot have a value since the client indicated no children currently enrolled. |

## **Element name**: LittleInterestScore

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

## **Element name**: FeelDownScore

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

## **Element name**: DepressionTotal

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

## **Element name**: ScreenedForDepression

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

## **Element name**: ReferredForDepression

| **Field** | **Description** |
| --- | --- |
| **Question Number** | 17 |
| **Section & Sub-section** | ClientInfo  PersonalWellBeing |
| **Definition** | Referred for depression |
| **Required field** | No |
| **Allowed values** | 1 - PP score less than 3, no referral  2 - PP score 3 or more, referral provided  3 - PP score 3 or more, no referral because client already receiving servies  4 - PP score 3 or more, no referral because client declined referral |
| **Allow multiple values** | No |
| **Occurrence** | 0-1 per client |
| **XML example** | <ReferredForDepression>1</ReferredForDepression> |
| **Data Validation Type** | Error  Error |
| **Data Validation Rule** | [If ScreenedForDepression is "Yes, both items" and ReferredForDepression is blank] Element 'ReferredForDepression' is required when "Yes, both items" is selected for ScreenedForDepression.  [If ScreenedforDepression is "Yes, but only one item" AND LittleInterestScore or FeelDownScore is 3 and ReferredForDepression is blank] Element 'referred for depression' is required when "Yes, but only one item" is selected for ScreenedForDepression andLittleInterestScore or FeelDownScore is 3. |

## **Element name**: TobaccoUse

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

## **Element name**: AlcoholUse

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

## **Element name**: MarijuanaUse

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

## **Element name**: IllicitDrugUse

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

## **Element name**: PrescriptionMedsUse

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

## **Element name**: WasThreatened

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

## **Element name**: WasFrightened

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

## **Element name**: WasControlled

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

## **Element name**: WasPhysicallyHurt

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

## **Element name**: WasForced

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

## **Element name**: IPVScreenerAdministered

| **Field** | **Description** |
| --- | --- |
| **Question Number** | 20 |
| **Section & Sub-section** | ClientInfo  PersonalWellBeing |
| **Definition** | Intimate partner violence (IPV) screener administered |
| **Required field** | Yes |
| **Allowed values** | 1 - Screening completed  2 - Screening not completed due to presence of partner  3 - Screening not completed due to presence of family member/friend  4 - screening not completed because participant declined to answer one or more questions  5 - Other reason screening not completed |
| **Allow multiple values** | No |
| **Occurrence** | 0-1 per client |
| **XML example** | <IPVScreenerAdministered>1</IPVScreenerAdministered> |
| **Data Validation Type** | None |
| **Data Validation Rule** | None |

## **Element name**: IPVScreenerNotAdministeredSpecification

| **Field** | **Description** |
| --- | --- |
| **Question Number** | 20 |
| **Section & Sub-section** | ClientInfo  PersonalWellBeing |
| **Definition** | Other reason for IPV screener not administered |
| **Required field** | No |
| **Allowed values** | Text string that allows a maximum of 250 characters |
| **Allow multiple values** | No |
| **Occurrence** | 0-1 per client |
| **XML example** | <IPVScreenerNotAdministeredSpecification>String</IPVScreenerNotAdministeredSpecification> |
| **Data Validation Type** | Error |
| **Data Validation Rule** | [If "other reason, please specify" is selected and IPVScreenerNotAdministeredSpecification is blank] Element 'IPVScreenerNotAdministeredSpecification' is missing. |

## **Element name**: MoreChildrenDesired

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

## **Element name**: TotalChildrenDesired

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

## **Element name**: TotalChildrenDesiredDD

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

## **Element name**: PlannedMonthsToNextPregnancy

| **Field** | **Description** |
| --- | --- |
| **Question Number** | 23 |
| **Section & Sub-section** | ClientInfo  ReproductiveLifePlanning |
| **Definition** | When participant would like to become pregnant |
| **Required field** | No |
| **Allowed values** | An integer value between 1-240 |
| **Allow multiple values** | No |
| **Occurrence** | 0-1 per client |
| **XML example** | <PlannedMonthsToNextPregnancy>1</PlannedMonthsToNextPregnancy> |
| **Data Validation Type** | Error |
| **Data Validation Rule** | [If MoreChildrenDesired = yes, and both PlannedMonthsToNextPregnancy and PlannedMonthsToNextPregnancyDD are empty] ‘PlannedMonthsToNextPregnancy’ or ‘PlannedMonthsToNextPregnancyDD’ should be provided because the client indicated they want more children. |

## **Element name**: PlannedMonthsToNextPregnancyDD

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

## **Element name**: BirthControlUsed

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

## **Element name**: OtherRPLSpecification

| **Field** | **Description** |
| --- | --- |
| **Question Number** | 24 |
| **Section & Sub-section** | ClientInfo  ReproductiveLifePlanning |
| **Definition** | Specify other reproductive life plan / birth control |
| **Required field** | No |
| **Allowed values** | Text string that allows a maximum of 250 characters |
| **Allow multiple values** | No |
| **Occurrence** | 0-1 per client |
| **XML example** | <OtherRPLSpecification>String</OtherRPLSpecification> |
| **Data Validation Type** | Warning |
| **Data Validation Rule** | [If “BirthControlUsed” is Other, then “OtherRPLSpecification” should have a value.] If the client selected Other for BirthControlUsed, the OtherRPLSpecification should be provided or provide an explanation for why it is missing. |

## **Element name**: UsingCondom

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

## **Element name**: HasRLP

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

## **Element name**: PregnancyStatus

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

## **Element name**: PregnancyHistory

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

## **Element name**: LiveBirthNumber

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

## **Element name**: TubalPregnancyNumber

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

## **Element name**: MiscarriageNumber

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

## **Element name**: StillbirthNumber

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

## **Element name**: TerminationNumber

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

## **Element name**: HadPreviousPretermBirth

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

## **Element name**: PretermDeliveriesNumber

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

## **Element name**: FullTermDeliveriesNumber

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

## **Element name**: HadLBW

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

## **Element name**: LBWBabiesNumber

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

## **Element name**: HadVeryLBW

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

## **Element name**: VeryLBWBabiesNumber

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

## **Element name**: HadMacrosomia

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

## **Element name**: FetalMacrosomiaNumber

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

## **Element name**: HadInfantHospitalStay

| **Field** | **Description** |
| --- | --- |
| **Question Number** | 33 |
| **Section & Sub-section** | ClientInfo  PreviousBirths |
| **Definition** | Previous infant hospital stay |
| **Required field** | No |
| **Allowed values** | 0 - No  1 - Yes  88 - Declined to answer |
| **Allow multiple values** | No |
| **Occurrence** | 0-1 per client |
| **XML example** | <HadInfantHospitalStay>1</HadInfantHospitalStay> |
| **Data Validation Type** | Error |
| **Data Validation Rule** | [If “participant type” = “enrolled woman,” “pregnancy history” = “live birth,” and this field is missing] Element ‘HadInfantHospitalStay’ is missing. |

## **Element name**: InfantHospitalStayNumber

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

## **Element name**: InfantHospitalStaySpecification

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

## **Element name**: PreviousInfantDeath

| **Field** | **Description** |
| --- | --- |
| **Question Number** | 34 |
| **Section & Sub-section** | ClientInfo  PreviousBirths |
| **Definition** | Previous infant death |
| **Required field** | No |
| **Allowed values** | 0 - No  1 - Yes  88 - Declined to answer |
| **Allow multiple values** | No |
| **Occurrence** | 0-1 per client |
| **XML example** | <PreviousInfantDeath>1</PreviousInfantDeath> |
| **Data Validation Type** | Error |
| **Data Validation Rule** | [If “participant type” = “enrolled woman,” “pregnancy history” = “live birth,” and this field is missing] Element ‘PreviousInfantDeath’ is missing. |

## **Element name**: PreviousChildDeathNumber

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

## **Element name**: PreviousNeonatalDeathNumber

| **Field** | **Description** |
| --- | --- |
| **Question Number** | 36 |
| **Section & Sub-section** | ClientInfo  PreviousBirths |
| **Definition** | Neonatal mortality number |
| **Required field** | No |
| **Allowed values** | An integer value between 1-99 |
| **Allow multiple values** | No |
| **Occurrence** | 0-1 per client |
| **XML example** | <PreviousNeonatalDeathNumber>1</PreviousNeonatalDeathNumber> |
| **Data Validation Type** | Alert  Warning |
| **Data Validation Rule** | [If “previous infant death” = “Yes,” and this field is missing] Element ‘PreviousNeonatalDeathNumber’ is missing.  [If calculated total in Q36 is NOT equal to entered total in Q35] The total for PreviousNeonatalDeathNumber does not match the total for PreviousChildDeathNumber, PreviousInfantDeathNumber and PreviousPostInfancyDeathNumber. Please update the values to match to or provide an explanation why they do not match. |

## **Element name**: PreviousInfantDeathNumber

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

## **Element name**: PreviousPostInfancyDeathNumber

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

## **Element name**: OtherHealthcarePlaceSpecificationWarningComment

| **Field** | **Description** |
| --- | --- |
| **Question Number** | NA |
| **Section & Sub-section** | ClientInfo  ParticipantHealthCare |
| **Definition** | Warning justification if OtherHealthcarePlaceSpecification cannot be provided |
| **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** | < OtherHealthcarePlaceSpecificationWarningComment>String</ OtherHealthcarePlaceSpecificationWarningComment> |
| **Data Validation Type** | Warning |
| **Data Validation Rule** | See element OtherHealthcarePlaceSpecification |

## **Element name**: MedicaidNameSpecificationWarningComment

| **Field** | **Description** |
| --- | --- |
| **Question Number** | NA |
| **Section & Sub-section** | ClientInfo  ParticipantHealthCare |
| **Definition** | Warning justification if MedicaidNameSpecification cannot be provided |
| **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** | <MedicaidNameSpecificationWarningComment>String</ MedicaidNameSpecificationWarningComment> |
| **Data Validation Type** | Warning |
| **Data Validation Rule** | See element MedicaidNameSpecification |

## **Element name**: OtherInsuranceSpecificationWarningComment

| **Field** | **Description** |
| --- | --- |
| **Question Number** | NA |
| **Section & Sub-section** | ClientInfo  ParticipantHealthCare |
| **Definition** | Warning justification if OtherInsuranceSpecification cannot be provided |
| **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** | <OtherInsuranceSpecificationWarningComment>String</ OtherInsuranceSpecificationWarningComment> |
| **Data Validation Type** | Warning |
| **Data Validation Rule** | See element OtherInsuranceSpecification |

## **Element name**: BirthControlUsedWarningComment

| **Field** | **Description** |
| --- | --- |
| **Question Number** | NA |
| **Section & Sub-section** | ClientInfo  ReproductiveLifePlanning |
| **Definition** | Warning justification if BirthControlUser cannot be provided |
| **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** | <BirthControlUsedWarningComment>String</ BirthControlUsedWarningComment> |
| **Data Validation Type** | Warning |
| **Data Validation Rule** | See element BirthControlUsed |

## **Element name:** OtherRPLSpecificationWarningComment

| **Field** | **Description** |
| --- | --- |
| **Question Number** | NA |
| **Section & Sub-section** | ClientInfo  ReproductiveLifePlanning |
| **Definition** | Warning justification if OtherRPLSpecification cannot be provided and BirthControlUsed was selected as Other |
| **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** | <OtherRPLSpecificationWarningComment>String</ OtherRPLSpecificationWarningComment> |
| **Data Validation Type** | Warning |
| **Data Validation Rule** | See element OtherRPLSpecification |

## **Element name:** PreviousNeonatalDeathNumberWarningComment

| **Field** | **Description** |
| --- | --- |
| **Question Number** | NA |
| **Section & Sub-section** | ClientInfo  PreviousBirths |
| **Definition** | Warning justification if the total for PreviousNeonatalDeathNumber does not match the total for PreviousChildDeathNumber |
| **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** | <PreviousNeonatalDeathNumber WarningComment>String</ PreviousNeonatalDeathNumber WarningComment> |
| **Data Validation Type** | Warning |
| **Data Validation Rule** | See element PreviousNeonatalDeathNumber |