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

**Data Dictionary and XML Schema   
Implementation Guide  
 Parent/Child 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

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 Woman  2 - Enrolled Man  3 - Other Adult |
| **Allow multiple values** | No |
| **Occurrence** | 1 per client |
| **XML example** | <ParticipantType>1</ParticipantType> |
| **Data Validation Type** | None |
| **Data Validation Rule** | None |

## **Element name**: OtherPPSpecification

| **Field** | **Description** |
| --- | --- |
| **Question Number** | Cover Page 1 |
| **Section & Sub-section** | CoverPage |
| **Definition** | Other adult specification |
| **Required field** | No |
| **Allowed values** | Text string that allows a maximum of 250 characters |
| **Allow multiple values** | No |
| **Occurrence** | 0-1 per client |
| **XML example** | <OtherPPSpecification>String</OtherPPSpecification> |
| **Data Validation Type** | 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 |
| **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** | Error |
| **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** | Error |
| **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  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  Error |
| **Data Validation Rule** | [If PPEnrollmentDate is different than Background Form PPEnrollmentDate (latest Background Form)] The enrollment date for primary participant is from the Background form. Please confirm the correct enrollment date in this submission.  [If ParticipantType is Enrolled Woman (1) or Enrolled Man (2), and PPEnrollmentDate is blank] PPEnrollmentDate is required for Enrolled Woman and Enrolled Man participant types. |

## **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  The dates can only be provided between 20 months prior to the completion date and the latest date of upload into the HSMED system. |
| **Allow multiple values** | No |
| **Occurrence** | 1 per client |
| **XML example** | <ChildEnrollmentDate>9/10/2020</ChildEnrollmentDate> |
| **Data Validation Type** | Warning  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.  [If date falls outside of valid range], The 'ChildEnrollmentDate' is not in the valid range. Please refer to the HS Implementation Guide or explain why it is different. |

## **Element name**: CompletionDate

| **Field** | **Description** |
| --- | --- |
| **Question Number** | Cover Page 6 |
| **Section & Sub-section** | CoverPage |
| **Definition** | Date of initial 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], The 'CompletionDate' is not in the valid range. Please refer to the HS Implementation Guide. |

## **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** | Warning |
| **Data Validation Rule** | [If initial form exists, and UpdateType is missing] If this upload is an update to parent/child form, 'UpdateType' should be provided or provide an explanation for why it is missing. |

## **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  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** | <6MonthDate>9/10/2020</6MonthDate> |
| **Data Validation Type** | Error  Error |
| **Data Validation Rule** | [If date falls outside of valid range], The '6MonthDate' is not in the valid range. Please refer to the HS Implementation Guide.  [If Enrolled infant turns 6 months (1) is selected in UpdateType but 6MonthDate is blank] Element '6MonthDate' is required when Enrolled infant turns 6 months is selected as the Update Type. |

## **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  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], The 'OtherUpdateDate' is not in the valid range. Please refer to the HS Implementation Guide”  [If Other Update (2) 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 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  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** | <ChildExitDate>9/10/2020</ChildExitDate> |
| **Data Validation Type** | Error |
| **Data Validation Rule** | [If date falls outside of valid range], The 'ChildExitDate' is not in the valid range. Please refer to the HS Implementation Guide. |

## **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 - Female  2 - 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 old  2 - 6 through 12 months old  3 - 13-18 months old |
| **Allow multiple values** | No |
| **Occurrence** | 1 per client |
| **XML example** | <ChildAgeRange>1</ChildAgeRange> |
| **Data Validation Type** | None |
| **Data Validation Rule** | None |

## **Element name**: ChildMortality

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

## **Element name**: 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**: ChildEnrollmentDateRangeWarningComment

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

## **Element name**: UpdateTypeWarningComment

| **Field** | **Description** |
| --- | --- |
| **Question Number** | NA |
| **Section & Sub-section** | CoverPage |
| **Definition** | Warning justification if UpdateType cannot be specified when the upload is an update to the Parent/ Child form. |
| **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**: ChildEnrolledWhen

| **Field** | **Description** |
| --- | --- |
| **Question Number** | 1 |
| **Section & Sub-section** | ClientInfo  GeneralInformation |
| **Definition** | Child enrollment relative to pregnancy |
| **Required field** | Yes |
| **Allowed values** | 1 - Receiving HS services before birth  2 - Part of a family enrolled for services within 30 days following child’s birth  3 - Part of a family enrolled for services more than 30 days following child’s birth |
| **Allow multiple values** | No |
| **Occurrence** | 1 per client |
| **XML example** | <ChildEnrolledWhen>1</ChildEnrolledWhen> |
| **Data Validation Type** | None |
| **Data Validation Rule** | None |

## **Element name**: AgeAtEnrollment

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

## **Element name**: ChildEthnicity

| **Field** | **Description** |
| --- | --- |
| **Question Number** | 2 |
| **Section & Sub-section** | ClientInfo  GeneralInformation |
| **Definition** | Child ethnicity |
| **Required field** | Yes |
| **Allowed values** | 0 - No, not Hispanic or Latino  1 - Yes, Hispanic or Latino  88 - Declined to answer  99 - Don't know |
| **Allow multiple values** | No |
| **Occurrence** | 1 per client |
| **XML example** | <ChildEthnicity>1</ChildEthnicity> |
| **Data Validation Type** | None |
| **Data Validation Rule** | None |

## **Element name**: ChildRace

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

## **Element name**: ChildRaceSingle

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

## **Element name**: OtherRaceSpecification

| **Field** | **Description** |
| --- | --- |
| **Question Number** | 4 |
| **Section & Sub-section** | ClientInfo  GeneralInformation |
| **Definition** | Other child race classification |
| **Required field** | No |
| **Allowed values** | Text string that allows a maximum of 250 characters |
| **Allow multiple values** | No |
| **Occurrence** | 0-1 per client |
| **XML example** | <OtherRaceSpecification>String</OtherRaceSpecification> |
| **Data Validation Type** | None |
| **Data Validation Rule** | None |

## **Element name**: WeeksGestation

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

## **Element name**: GestationDD

| **Field** | **Description** |
| --- | --- |
| **Question Number** | 5 |
| **Section & Sub-section** | ClientInfo  InfantHealth |
| **Definition** | Gestation don't know declined |
| **Required field** | No |
| **Allowed values** | 88 - Declined to answer  99 - Don't know |
| **Allow multiple values** | No |
| **Occurrence** | 0-1 per client |
| **XML example** | <GestationDD>1</GestationDD> |
| **Data Validation Type** | Error |
| **Data Validation Rule** | [If both WeeksGestation and GestationDD are empty] A value is required in ‘WeeksGestation’ or ‘GestationDD’. |

## **Element name**: PretermBirth

| **Field** | **Description** |
| --- | --- |
| **Question Number** | 6 |
| **Section & Sub-section** | ClientInfo  InfantHealth |
| **Definition** | Preterm birth |
| **Required field** | Yes |
| **Allowed values** | 0 - No  1 - Yes  99 - Unable to determine |
| **Allow multiple values** | No |
| **Occurrence** | 1 per client |
| **XML example** | <PretermBirth>1</PretermBirth> |
| **Data Validation Type** | None |
| **Data Validation Rule** | None |

## **Element name**: BirthWeightLb

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

## **Element name**: BirthWeightOz

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

## **Element name**: BirthWeightGrams

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

## **Element name**: BirthWeightDD

| **Field** | **Description** |
| --- | --- |
| **Question Number** | 7 |
| **Section & Sub-section** | ClientInfo  InfantHealth |
| **Definition** | Birth weight don't know declined |
| **Required field** | No |
| **Allowed values** | 88 - Declined to answer  99 - Don't know |
| **Allow multiple values** | No |
| **Occurrence** | 0-1 per client |
| **XML example** | <BirthWeightDD>1</BirthWeightDD> |
| **Data Validation Type** | Error |
| **Data Validation Rule** | [If “birth weight lb,” “birth weight oz,” “birth weight grams,” and “birth weight dont know declined” are empty] A value is required in ‘BirthWeightLb’, ‘BirthWeightOz’,’ BirthWeightGrams’, or ‘BirthWeightDD’. |

## **Element name**: LBW

| **Field** | **Description** |
| --- | --- |
| **Question Number** | 8 |
| **Section & Sub-section** | ClientInfo  InfantHealth |
| **Definition** | Low birth weight (LBW) |
| **Required field** | Yes |
| **Allowed values** | 1 - Very low birthweight  2 - Low birthweight  3 - Normal weight range  4 - High birthweight  99 - Don’t know  88 - Declined to answer |
| **Allow multiple values** | No |
| **Occurrence** | 1 per client |
| **XML example** | <LBW>1</LBW> |
| **Data Validation Type** | None |
| **Data Validation Rule** | None |

## **Element name**: Singleton

| **Field** | **Description** |
| --- | --- |
| **Question Number** | 9 |
| **Section & Sub-section** | ClientInfo  InfantHealth |
| **Definition** | Singleton or multiple |
| **Required field** | Yes |
| **Allowed values** | 1 - Singleton (from a pregnancy involving just one baby)  2 - Twins  3 - Triplets or more  99 - Don’t know  88 - Declined to answer |
| **Allow multiple values** | No |
| **Occurrence** | 1 per client |
| **XML example** | <Singleton>1</Singleton> |
| **Data Validation Type** | None |
| **Data Validation Rule** | None |

## **Element name**: ChildHasUsualHealthcareSource

| **Field** | **Description** |
| --- | --- |
| **Question Number** | 10 |
| **Section & Sub-section** | ClientInfo  InfantHealthCare |
| **Definition** | Child usual source of medical care |
| **Required field** | 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** | <ChildHasUsualHealthcareSource>1</ChildHasUsualHealthcareSource> |
| **Data Validation Type** | None |
| **Data Validation Rule** | None |

## **Element name**: ChildUsualHealthcarePlace

| **Field** | **Description** |
| --- | --- |
| **Question Number** | 11 |
| **Section & Sub-section** | ClientInfo  InfantHealthCare |
| **Definition** | Child usual source of 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** | <ChildUsualHealthcarePlace>1</ChildUsualHealthcarePlace> |
| **Data Validation Type** | None |
| **Data Validation Rule** | None |

## **Element name**: ChildOtherHealthcarePlaceSpecification

| **Field** | **Description** |
| --- | --- |
| **Question Number** | 11 |
| **Section & Sub-section** | ClientInfo  InfantHealthCare |
| **Definition** | Other place for child care |
| **Required field** | No |
| **Allowed values** | Text string that allows a maximum of 250 characters |
| **Allow multiple values** | No |
| **Occurrence** | 0-1 per client |
| **XML example** | <ChildOtherHealthcarePlaceSpecification>String</ChildOtherHealthcarePlaceSpecification> |
| **Data Validation Type** | Warning |
| **Data Validation Rule** | [If ChildUsualHealthcarePlace is checked, but "ChildOtherHealthycarePlaceSpecification is blank] Provide the other place for child care or an explanation why it is missing. |

## **Element name**: ChildHadHealthcare

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

## **Element name**: ChildInsuranceType

| **Field** | **Description** |
| --- | --- |
| **Question Number** | 13 |
| **Section & Sub-section** | ClientInfo  InfantHealthCare |
| **Definition** | Child 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  9 - Other health insurance  0 - No health insurance  88 - Declined to answer  99 - Don't know |
| **Allow multiple values** | Yes |
| **Occurrence** | 0-12 per client |
| **XML example** | <ChildInsuranceTypeList>  <ChildInsuranceType>1</ChildInsuranceType>  <ChildInsuranceType>3</ChildInsuranceType>  </ChildInsuranceTypeList> |
| **Data Validation Type** | Error  Error |
| **Data Validation Rule** | [If Indian Health Service is checked, and "I do not have health insurance for this child 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 for this child now" if the participant does not have other insurance.  [If "No health insurance" or "Don't know" or "Declined to answer" is checked but can select "Indian Health Service" ONLY when "No health insurance" is checked] If "No health insurance " or "Don't know" or "Declined to answer" is selected, de-select any other health insurance types selected. |

## **Element name**: ChildMedicaidNameSpecification

| **Field** | **Description** |
| --- | --- |
| **Question Number** | 13 |
| **Section & Sub-section** | ClientInfo  InfantHealthCare |
| **Definition** | Medicaid name |
| **Required field** | No |
| **Allowed values** | Text string that allows a maximum of 250 characters |
| **Allow multiple values** | No |
| **Occurrence** | 0-1 per client |
| **XML example** | <ChildMedicaidNameSpecification>String</ChildMedicaidNameSpecification> |
| **Data Validation Type** | 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**: ChildOtherInsuranceSpecification

| **Field** | **Description** |
| --- | --- |
| **Question Number** | 13 |
| **Section & Sub-section** | ClientInfo  InfantHealthCare |
| **Definition** | Other health insurance name |
| **Required field** | No |
| **Allowed values** | Text string that allows a maximum of 250 characters |
| **Allow multiple values** | No |
| **Occurrence** | 0-1 per client |
| **XML example** | <ChildOtherInsuranceSpecification>String</ChildOtherInsuranceSpecification> |
| **Data Validation Type** | Warning |
| **Data Validation Rule** | [If health insurance type =other insurance type or other insurance name has a value, then both fields should have a value] If the client has other insurance type, the option should be checked and other insurance name should be provided or provide an explanation for why it is missing. |

## **Element name**: AgeWellVisit

| **Field** | **Description** |
| --- | --- |
| **Question Number** | 14 |
| **Section & Sub-section** | ClientInfo  InfantHealthCare |
| **Definition** | Child age at last well visit |
| **Required field** | No |
| **Allowed values** | An integer value between 1-99 |
| **Allow multiple values** | No |
| **Occurrence** | 0-1 per client |
| **XML example** | <AgeWellVisit>1</AgeWellVisit> |
| **Data Validation Type** | Warning |
| **Data Validation Rule** | [If missing] Element 'AgeWellVisit' should be provided or provide an explanation why it is missing. |

## **Element name**: HadRecommendedWellVisit

| **Field** | **Description** |
| --- | --- |
| **Question Number** | 14a |
| **Section & Sub-section** | ClientInfo  InfantHealthCare |
| **Definition** | Child most recent age appropriate recommended well visit |
| **Required field** | Yes |
| **Allowed values** | 0 - No  1 - Yes  99 - Unable to determine |
| **Allow multiple values** | No |
| **Occurrence** | 0-1 per client |
| **XML example** | <HadRecommendedWellVisit>1</HadRecommendedWellVisit> |
| **Data Validation Type** | None |
| **Data Validation Rule** | None |

## **Element name**: BreastfedEver

| **Field** | **Description** |
| --- | --- |
| **Question Number** | 15 |
| **Section & Sub-section** | ClientInfo  InfantFeeding |
| **Definition** | Child ever breastfed |
| **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** | <BreastfedEver>1</BreastfedEver> |
| **Data Validation Type** | None |
| **Data Validation Rule** | None |

## **Element name**: BreastfedCurrently

| **Field** | **Description** |
| --- | --- |
| **Question Number** | 16 |
| **Section & Sub-section** | ClientInfo  InfantFeeding |
| **Definition** | Breastfeed currently |
| **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** | <BreastfedCurrently>1</BreastfedCurrently> |
| **Data Validation Type** | Alert |
| **Data Validation Rule** | [If missing] Element ‘BreastfedCurrently’ is missing. |

## **Element name**: HowLongBreastfed

| **Field** | **Description** |
| --- | --- |
| **Question Number** | 17 |
| **Section & Sub-section** | ClientInfo  InfantFeeding |
| **Definition** | How long was the child breastfed |
| **Required field** | No |
| **Allowed values** | 1 - Not at all  2 - Less than 1 month  3 - More than 1 month  88 - Declined to answer  99 - Don't know |
| **Allow multiple values** | 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** | ClientInfo  InfantFeeding |
| **Definition** | Breastfed months |
| **Required field** | No |
| **Allowed values** | A decimal between 0 - 99.9 |
| **Allow multiple values** | No |
| **Occurrence** | 1 per client |
| **XML example** | <BreastfedMonths>15.5</BreastfedMonths> |
| **Data Validation Type** | Error |
| **Data Validation Rule** | [If BreastfedMonths is filled, and HowLongBreastfed is empty] Element 'HowLongBreastfed' is missing. |

## **Element name**: BreastfedFor6Months

| **Field** | **Description** |
| --- | --- |
| **Question Number** | 18 |
| **Section & Sub-section** | ClientInfo  InfantFeeding |
| **Definition** | Breastfed at 6 months |
| **Required field** | Yes |
| **Allowed values** | 1 - Yes  2 - Not yet  3 - No  99 - 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** | None |
| **Data Validation Rule** | None |

## **Element name**: BabySleepPosition

| **Field** | **Description** |
| --- | --- |
| **Question Number** | 19 |
| **Section & Sub-section** | ClientInfo  InfantSleep |
| **Definition** | Infant sleep position |
| **Required field** | No |
| **Allowed values** | 1 - On side  2 - On back  3 - On stomach  77 - Not applicable |
| **Allow multiple values** | No |
| **Occurrence** | 0-1 per client |
| **XML example** | <BabySleepPosition>1</BabySleepPosition> |
| **Data Validation Type** | Warning |
| **Data Validation Rule** | [If missing] Specify the 'BabySleepPosition' or provide an explanation why it is missing. |

## **Element name**: BabySleepsAlone

| **Field** | **Description** |
| --- | --- |
| **Question Number** | 20 |
| **Section & Sub-section** | ClientInfo  InfantSleep |
| **Definition** | Sleep in bed by self |
| **Required field** | No |
| **Allowed values** | 1 - Always  2 - Often  3 - Sometimes  4 - Rarely  5 - Never  77 - Not applicable |
| **Allow multiple values** | No |
| **Occurrence** | 0-1 per client |
| **XML example** | <BabySleepsAlone>1</BabySleepsAlone> |
| **Data Validation Type** | Warning |
| **Data Validation Rule** | [If missing] Specify the 'BabySleepsAlone' or provide an explanation why it is missing. |

## **Element name**: SafeSleepBedding

| **Field** | **Description** |
| --- | --- |
| **Question Number** | 20a |
| **Section & Sub-section** | ClientInfo  InfantSleep |
| **Definition** | Safe sleep bedding |
| **Required field** | No |
| **Allowed values** | 0 - No  1 - Yes  77 - Not applicable  88 - Declined to answer  99 - Don’t know |
| **Allow multiple values** | No |
| **Occurrence** | 0-1 per client |
| **XML example** | <SafeSleepBedding>1</SafeSleepBedding> |
| **Data Validation Type** | Warning |
| **Data Validation Rule** | [If missing] Specify the 'SafeSleepBedding' or provide an explanation why it is missing. |

## **Element name**: ReadWithChild

| **Field** | **Description** |
| --- | --- |
| **Question Number** | 21 |
| **Section & Sub-section** | ClientInfo  HomeLife |
| **Definition** | Reading to child |
| **Required field** | No |
| **Allowed values** | 1 - Did not read to the baby in the past week  2 - 1-2 days in the past week  3 - 3 days in the past week  4 - 4-7 days in the past week  88 - Declined to answer  99 - Don’t know |
| **Allow multiple values** | No |
| **Occurrence** | 0-1 per client |
| **XML example** | <ReadWithChild>1</ReadWithChild> |
| **Data Validation Type** | Error |
| **Data Validation Rule** | [If ChildAgeRange is "6 through 12 months" or "12 months or older" and ReadWithChild is missing] Element 'ReadWithChild' is required for children between 6 to 12 months and 12 months or older. |

## **Element name**: FatherInvolvementWithChild

| **Field** | **Description** |
| --- | --- |
| **Question Number** | 22 |
| **Section & Sub-section** | ClientInfo  HomeLife |
| **Definition** | Father involvement with child |
| **Required field** | Yes |
| **Allowed values** | 1 - Involved and supportive of me and the child  2 - Involved with the child but not supportive of me  3 - Involved and supportive of me but not the child  4 - Not involved with the child, but supportive of me and the child  5 - Not regularly involved/supportive in either mine or the child’s life  6 - There is no second parent  88 - Declined to answer  99 - Don’t know |
| **Allow multiple values** | No |
| **Occurrence** | 0-1 per client |
| **XML example** | <FatherInvolvementWithChild>1</FatherInvolvementWithChild> |
| **Data Validation Type** | None |
| **Data Validation Rule** | None |

## **Element name**: ReceivedPostpartumCare

| **Field** | **Description** |
| --- | --- |
| **Question Number** | 23 |
| **Section & Sub-section** | ClientInfo  WomanPregnancyHealth |
| **Definition** | When was postpartum visits during first 12 weeks |
| **Required field** | No |
| **Allowed values** | 1 - Yes, within first 3 weeks  2 - Yes, between 4-6 weeks  3 - Yes, between 7-8 weeks  4 - Yes, between 9-12 weeks  5 - Not yet, but scheduled  6 - Not yet  7 - No, did not have postpartum visit  88 - Declined to answer  99 - Don't know |
| **Allow multiple values** | Yes |
| **Occurrence** | 1-9 per client |
| **XML example** | <ReceivedPostpartumCareList>  <ReceivedPostpartumCare>1</ReceivedPostpartumCare>  <ReceivedPostpartumCare>3</ReceivedPostpartumCare>  </ReceivedPostpartumCareList> |
| **Data Validation Type** | Error  Error |
| **Data Validation Rule** | [If PPUID = enrolled woman and ReceivedPostpartumCare is missing] Element 'ReceivedPostpartumCare' is required since participant type is an enrolled woman.  [Prevent conflicting selections between Yes and No, and declined/Don't know for anyone who answers this question] If "Not yet " or "No, did not have postpartum visit" or "Don't know" or "Declined to answer" is selected, de-select any other postpartum care options selected. |

## **Element name**: ScheduledPostpartumCareDate

| **Field** | **Description** |
| --- | --- |
| **Question Number** | 23 |
| **Section & Sub-section** | ClientInfo  WomanPregnancyHealth |
| **Definition** | Scheduled postpartum visit date |
| **Required field** | No |
| **Allowed values** | Date with a format of mm/dd/yyyy  The dates can only be entered between the Completion Date and 6 months from the Completion Date. |
| **Allow multiple values** | No |
| **Occurrence** | 0-1 per client |
| **XML example** | <ScheduledPostpartumCareDate>9/10/2020</ScheduledPostpartumCareDate> |
| **Data Validation Type** | Warning |
| **Data Validation Rule** | [If date falls outside of valid range], The 'ScheduledPostpartumCareDate' is not in the valid range. Please refer to the HS Implementation Guide” or explain why it is different. |

## **Element name**: NoPostpartumCareSpecification

| **Field** | **Description** |
| --- | --- |
| **Question Number** | 23 |
| **Section & Sub-section** | ClientInfo  WomanPregnancyHealth |
| **Definition** | Reason no postpartum visit scheduled |
| **Required field** | No |
| **Allowed values** | Text string that allows a maximum of 250 characters |
| **Allow multiple values** | No |
| **Occurrence** | 1 per client |
| **XML example** | <NoPostpartumCareSpecification>String</NoPostpartumCareSpecification> |
| **Data Validation Type** | Warning |
| **Data Validation Rule** | [If "Not yet, Specify reason" is selected but NoPostpartumCareSpecification is missing] Provide the reason 'NoPostpartumCareSpecification' or an explanation why it is missing. |

## **Element name**: Last3MonthsCigarettesPerDay

| **Field** | **Description** |
| --- | --- |
| **Question Number** | 24 |
| **Section & Sub-section** | ClientInfo  WomanPregnancyHealth |
| **Definition** | Use of cigarettes in last 3 months of pregnancy |
| **Required field** | No |
| **Allowed values** | 1 - 41 cigarettes or more  2 - 21 to 40 cigarettes  3 - 11 to 20 cigarettes  4 - 6 to 10 cigarettes  5 - 1 to 5 cigarettes  6 - Less than 1 cigarette  7 - I didn’t smoke then  88 - Declined to answer  99 - Don’t know |
| **Allow multiple values** | No |
| **Occurrence** | 0-1 per client |
| **XML example** | <Last3MonthsCigarettesPerDay>1</Last3MonthsCigarettesPerDay> |
| **Data Validation Type** | Error |
| **Data Validation Rule** | [If PPUID = enrolled woman and Last3MonthsCigarettesPerDay is missing] Element 'Last3MonthsCigarettesPerDay' is required for enrolled women. |

## **Element name**: Last3MonthsECigaretteFrequency

| **Field** | **Description** |
| --- | --- |
| **Question Number** | 25 |
| **Section & Sub-section** | ClientInfo  WomanPregnancyHealth |
| **Definition** | Ecigarette frequency |
| **Required field** | No |
| **Allowed values** | 1 - More than once a day  2 - Once a day  3 - 2-6 days a week  4 - 1 day a week or less  5 - Not at all  88 - Declined to answer  99 - Don't know |
| **Allow multiple values** | No |
| **Occurrence** | 0-1 per client |
| **XML example** | <Last3MonthsECigaretteFrequency>1</Last3MonthsECigaretteFrequency> |
| **Data Validation Type** | Error |
| **Data Validation Rule** | [If PPUID = enrolled woman and Last3MonthsECigaretteFrequency is missing] Element 'Last3MonthsECigaretteFrequency' is required for enrolled women. |

## **Element name**: Last3MonthsHookahFrequency

| **Field** | **Description** |
| --- | --- |
| **Question Number** | 25 |
| **Section & Sub-section** | ClientInfo  WomanPregnancyHealth |
| **Definition** | Hookah frequency |
| **Required field** | No |
| **Allowed values** | 1 - More than once a day  2 - Once a day  3 - 2-6 days a week  4 - 1 day a week or less  5 - Not at all  88 - Declined to answer  99 - Don't know |
| **Allow multiple values** | No |
| **Occurrence** | 0-1 per client |
| **XML example** | <Last3MonthsHookahFrequency>1</Last3MonthsHookahFrequency> |
| **Data Validation Type** | Error |
| **Data Validation Rule** | [If PPUID = enrolled woman and Last3MonthsHookahFrequency is missing] Element 'Last3MonthsHookahFrequency' is required for enrolled women. |

## **Element name**: Last3MonthsChewingTobaccoFrequency

| **Field** | **Description** |
| --- | --- |
| **Question Number** | 25 |
| **Section & Sub-section** | ClientInfo  WomanPregnancyHealth |
| **Definition** | Chewing frequency |
| **Required field** | No |
| **Allowed values** | 1 - More than once a day  2 - Once a day  3 - 2-6 days a week  4 - 1 day a week or less  5 - Not at all  88 - Declined to answer  99 - Don't know |
| **Allow multiple values** | No |
| **Occurrence** | 0-1 per client |
| **XML example** | <Last3MonthsChewingTobaccoFrequency>1</Last3MonthsChewingTobaccoFrequency> |
| **Data Validation Type** | Error |
| **Data Validation Rule** | [If PPUID = enrolled woman and Last3MonthsChewingTobaccoeFrequency is missing] Element 'Last3MonthsChewingTobaccoFrequency' is required for enrolled women. |

## **Element name**: Last3MonthsCigarFrequency

| **Field** | **Description** |
| --- | --- |
| **Question Number** | 25 |
| **Section & Sub-section** | ClientInfo  WomanPregnancyHealth |
| **Definition** | Cigar frequency |
| **Required field** | No |
| **Allowed values** | 1 - More than once a day  2 - Once a day  3 - 2-6 days a week  4 - 1 day a week or less  5 - Not at all  88 - Declined to answer  99 - Don't know |
| **Allow multiple values** | No |
| **Occurrence** | 0-1 per client |
| **XML example** | <Last3MonthsCigarFrequency>1</Last3MonthsCigarFrequency> |
| **Data Validation Type** | Error |
| **Data Validation Rule** | [If PPUID = enrolled woman and Last3MonthsCigarFrequency is missing] Element 'Last3MonthsCigarFrequency' is required for enrolled women. |

## **Element name:** ChildOtherHealthcarePlaceSpecificationRangeWarningComment

| **Field** | **Description** |
| --- | --- |
| **Question Number** | NA |
| **Section & Sub-section** | ClientInfo  InfantHealthCare |
| **Definition** | Warning justification if ChildOtherHealthcarePlaceSpecification 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** | <ChildOtherHealthcarePlaceSpecificationRangeWarningComment>String</ChildOtherHealthcarePlaceSpecificationRangeWarningComment> |
| **Data Validation Type** | Warning |
| **Data Validation Rule** | See element ChildOtherHealthcarePlaceSpecification |

## **Element name**: ChildMedicaidNameSpecificationWarningComment

| **Field** | **Description** |
| --- | --- |
| **Question Number** | NA |
| **Section & Sub-section** | ClientInfo  InfantHealthCare |
| **Definition** | Warning justification if ChildMedicaidNameSpecification 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** | <ChildMedicaidNameSpecificationWarningComment>String</ ChildMedicaidNameSpecificationWarningComment> |
| **Data Validation Type** | Warning |
| **Data Validation Rule** | See element ChildMedicaidNameSpecification |

## **Element name**: ChildOtherInsuranceSpecificationWarningComment

| **Field** | **Description** |
| --- | --- |
| **Question Number** | NA |
| **Section & Sub-section** | ClientInfo  InfantHealthCare |
| **Definition** | Warning justification if ChildOtherInsuranceSpecification 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** | <ChildOtherInsuranceSpecificationWarningComment>String</ ChildOtherInsuranceSpecificationWarningComment> |
| **Data Validation Type** | Warning |
| **Data Validation Rule** | See element ChildOtherInsuranceSpecification |

## **Element name**: AgeWellVisitWarningComment

| **Field** | **Description** |
| --- | --- |
| **Question Number** | NA |
| **Section & Sub-section** | ClientInfo  InfantHealthCare |
| **Definition** | Warning justification if AgeWellVisit 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** | <AgeWellVisitWarningComment >String</ AgeWellVisitWarningComment > |
| **Data Validation Type** | Warning |
| **Data Validation Rule** | See element AgeWellVisit |

## **Element name**: BabySleepPositionWarningComment

| **Field** | **Description** |
| --- | --- |
| **Question Number** | NA |
| **Section & Sub-section** | ClientInfo  InfantSleep |
| **Definition** | Warning justification if BabySleepPosition 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** | <BabySleepPositionWarningComment >String</ BabySleepPositionWarningComment > |
| **Data Validation Type** | Warning |
| **Data Validation Rule** | See element BabySleepPosition |

## **Element name**: BabySleepsAloneWarningComment

| **Field** | **Description** |
| --- | --- |
| **Question Number** | NA |
| **Section & Sub-section** | ClientInfo  InfantSleep |
| **Definition** | Warning justification if BabySleepsAlone 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** | < BabySleepsAloneWarningComment >String</ BabySleepsAloneWarningComment > |
| **Data Validation Type** | Warning |
| **Data Validation Rule** | See element BabySleepsAlone |

## **Element name**: SafeSleepBeddingWarningComment

| **Field** | **Description** |
| --- | --- |
| **Question Number** | NA |
| **Section & Sub-section** | ClientInfo  InfantSleep |
| **Definition** | Warning justification if SafeSleepBedding 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** | <SafeSleepBeddingWarningComment>String</ SafeSleepBeddingWarningComment> |
| **Data Validation Type** | Warning |
| **Data Validation Rule** | See element SafeSleepBedding |

## **Element name**: ScheduledPostpartumCareDateWarningComment

| **Field** | **Description** |
| --- | --- |
| **Question Number** | NA |
| **Section & Sub-section** | ClientInfo  WomanPregnancyHealth |
| **Definition** | Warning justification if ScheduledPostpartumCareDate 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** | <ScheduledPostpartumCareDateWarningComment >String</ ScheduledPostpartumCareDateWarningComment> |
| **Data Validation Type** | Warning |
| **Data Validation Rule** | See element ScheduledPostpartumCareDate |

## **Element name**: NoPostpartumCareSpecificationWarningComment

| **Field** | **Description** |
| --- | --- |
| **Question Number** | NA |
| **Section & Sub-section** | ClientInfo  WomanPregnancyHealth |
| **Definition** | Warning justification if NoPostpartumCareSpecification 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** | <NoPostpartumCareSpecificationWarningComment>String</NoPostpartumCareSpecificationWarningComment> |
| **Data Validation Type** | Warning |
| **Data Validation Rule** | See element NoPostpartumCareSpecification |