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

**Data Dictionary and XML Schema   
Implementation Guide  
 Parent/Child Form**  
May 23, 2024

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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Contents

[Element name: PPUID 2](#_Toc325261435)

[Element name: ChildUID 3](#_Toc355094576)

[Element name: OtherLinkedPP 3](#_Toc491991670)

[Element name: NoOtherPP 4](#_Toc1692945538)

[Element name: ChildEnrollmentDate 4](#_Toc983472082)

[Element name: FormVersion 5](#_Toc1656789161)

[Element name: CompletionDate 6](#_Toc1443736955)

[Element name: UpdateType 7](#_Toc425155092)

[Element name: 6MonthDate 8](#_Toc1337185770)

[Element name: 12MonthDate 9](#_Toc211232327)

[Element name: ChildExitDate 10](#_Toc275649384)

[Element name: OtherUpdateDate 10](#_Toc1152569783)

[Element name: Correction 10](#_Toc226699382)

[Element name: ChildEnrollmentDateRangeWarningComment 11](#_Toc1882401489)

[Element name: CompletionDateWarningComment 12](#_Toc1874035381)

[Element name: ChildEnrolledWhen 12](#_Toc1263938086)

[Element name: AgeAtEnrollment 12](#_Toc835779369)

[Element name: ChildGender 13](#_Toc2050669100)

[Element name: ChildEthnicity 13](#_Toc1953870661)

[Element name: ChildRace 14](#_Toc126284001)

[Element name: WeeksGestation 15](#_Toc838472930)

[Element name: GestationDD 16](#_Toc1354504976)

[Element name: BirthWeightLb 16](#_Toc1351205991)

[Element name: BirthWeightOz 17](#_Toc834277682)

[Element name: BirthWeightGrams 17](#_Toc272799763)

[Element name: BirthWeightDD 18](#_Toc1245693546)

[Element name: Singleton 18](#_Toc1443135789)

[Element name: HadInfantHospitalStay 19](#_Toc618722480)

[Element name: ChildAgeRange 19](#_Toc1516053174)

[Element name: ChildAgeMonths 20](#_Toc1479287262)

[Element name: ChildHadHealthcare 20](#_Toc404825960)

[Element name: ChildInsuranceType 21](#_Toc1232790253)

[Element name: ChildMedicaidNameSpecification 22](#_Toc2089995565)

[Element name: ChildOtherInsuranceSpecification 23](#_Toc281247995)

[Element name: AgeWellVisit 23](#_Toc2102153200)

[Element name: AgeWellVisitMonths 24](#_Toc1153827361)

[Element name: HadRecommendedWellVisit 24](#_Toc869451469)

[Element name: BreastfedEver 25](#_Toc645211186)

[Element name: BreastfedCurrently 25](#_Toc2000351484)

[Element name: HowLongBreastfed 26](#_Toc1292130442)

[Element name: BreastfedMonths 26](#_Toc2105269553)

[Element name: BreastfedFor6Months 27](#_Toc1990535759)

[Element name: BabySleepPosition 27](#_Toc854862492)

[Element name: BabySleepsAlone 28](#_Toc1894388457)

[Element name: SafeSleepBedding 28](#_Toc1248285372)

[Element name: ReceivedPostpartumCare 29](#_Toc1709407766)

[Element name: ScheduledPostpartumCareDate 30](#_Toc821089993)

[Element name: NoPostpartumCareSpecification 31](#_Toc1606622414)

[Element name: Last3MonthsTobaccoFrequency 31](#_Toc1497560899)

[Element name: ScheduledPostpartumCareDateWarningComment 32](#_Toc1117242185)

[Element name: NoPostpartumCareSpecificationWarningComment 32](#_Toc270894436)

[Element name: ChildMortality 33](#_Toc66487531)

[Element name: ChildMortalityWarningComment 33](#_Toc1982360036)

## **Element name**: PPUID

| **Field** | **Description** |
| --- | --- |
| **Question Number** | Cover Page 1 (G1) |
| **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** | Error |
| **Data Validation Rule** | [If there are two or more of the same PPUID’s] – The PPUID '({PPUID)' is duplicate. |

## **Element name**: ChildUID

| **Field** | **Description** |
| --- | --- |
| **Question Number** | Cover Page 2 (G2) |
| **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 3 (G3) |
| **Section & Sub-section** | CoverPage |
| **Definition** | Other linked primary participants unique IDs |
| **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** | Yes |
| **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 Participant/Adult ID” and “No other participants/adults” are empty] – Input ‘OtherLinkedPP’ or ‘NoOtherPP’. |

## **Element name**: NoOtherPP

| **Field** | **Description** |
| --- | --- |
| **Question Number** | Cover Page 3 (G3) |
| **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  Error |
| **Data Validation Rule** | [If both “Other Linked Participant/Adult ID” and “No other participants/adults” are empty] – Input ‘OtherLinkedPP’ or ‘NoOtherPP’.  [If ‘OtherLinkedPP’ is provided and ‘NoOtherPP’ is “Yes”] –  Element 'NoOtherPP' cannot have a value since 'OtherLinkedPP' value is provided. |

## **Element name**: ChildEnrollmentDate

| **Field** | **Description** |
| --- | --- |
| **Question Number** | Cover Page 4 (G4) |
| **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 date of upload into the HSMED system. |
| **Allow multiple values** | No |
| **Occurrence** | 1 per client |
| **XML example** | <ChildEnrollmentDate>9/10/2024</ChildEnrollmentDate> |
| **Data Validation Type** | Error  Warning |
| **Data Validation Rule** | [If different from previous submission] – The 'ChildEnrollmentDate' is different than previously reported and correction checkbox is not checked. Please confirm the child's enrollment date.  **Note:** If enrollment date is different than the previously submitted value in the system and correction checkbox is checked, then validation will not appear.  [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**: FormVersion

| **Field** | **Description** |
| --- | --- |
| **Question Number** | Cover page 5 (G5) |
| **Section & Sub-section** | CoverPage |
| **Definition** | Version (initial or update) of the form |
| **Required field** | Yes |
| **Allowed values** | 1 – Initial form  2 – Updated form |
| **Allow multiple values** | No |
| **Occurrence** | 1 per client |
| **XML example** | <FormVersion>1<FormVersion> |
| **Data Validation Type** | Error  Error |
| **Data Validation Rule** | [An Initial Form for this PPUID already exists, FormVersion selected as “Initial Form” and correction checkbox not checked. If previous submission is prior to 05/01/2024, error will not appear.] – If this upload is an update to the Parent/Child form, FormVersion should be provided as 'Updated form'. If this is a correction, please check 'This form is a correction'.  [If Initial Form does not exist and user is selecting "Updated form" in FormVersion] – If this is an initial upload to the Parent/Child Form, FormVersion should be provided as ‘Initial Form’. |

## **Element name**: CompletionDate

| **Field** | **Description** |
| --- | --- |
| **Question Number** | Cover Page 5 (G5) |
| **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 04/30/2024 and the date of upload into the HSMED system. |
| **Allow multiple values** | No |
| **Occurrence** | 1 per client |
| **XML example** | <CompletionDate>9/10/2024</CompletionDate> |
| **Data Validation Type** | Warning  Error |
| **Data Validation Rule** | [If different from previous submission and correction checkbox is not checked, if previous submission date of initial form completion is prior to 05/01/2024, do not show validation] – The ‘CompletionDate’ is different than previously reported and correction checkbox is not checked. Please confirm the date of initial completion or explain the reason for the change.  **Note:** If CompletionDate is different than the previously submitted value in the system and correction checkbox is checked, then validation will not appear.  **Note:** If previous submission date of initial form completion is prior to 5/01/2024, then validation will not appear.    [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 5 (G5) |
| **Section & Sub-section** | CoverPage |
| **Definition** | Form updates |
| **Required field** | No |
| **Allowed values** | 1 - Enrolled child turns 6 months  2 - Enrolled child turns 12 months  3 - Enrolled participant is exiting Healthy Start  4 - Other update |
| **Allow multiple values** | No |
| **Occurrence** | 0-1 per client |
| **XML example** | <UpdateType>1</UpdateType> |
| **Data Validation Type** | Error  Error  Error |
| **Data Validation Rule** | [If ‘FormVersion’ is “Updated form”, and ‘UpdateType’ is missing] – If this upload is an update to the Parent/Child form, 'UpdateType' should be provided.  [If ‘FormVersion’ is “Updated form”, and correction checkbox is checked and ‘UpdateType’ does not exist in previous uploads] – 'UpdateType' does not currently exist, form cannot be corrected.  [If ‘FormVersion’ is “Initial Form” and ‘UpdateType’ is NOT blank] – ‘UpdateType’ cannot have a value since ‘FormVersion’ is selected as ‘Initial Form’. |

## **Element name**: 6MonthDate

| **Field** | **Description** |
| --- | --- |
| **Question Number** | Cover Page 5 (G5) |
| **Section & Sub-section** | CoverPage |
| **Definition** | Date updated when child turns 6 months |
| **Required field** | No |
| **Allowed values** | Date with a format of mm/dd/yyyy  The dates can only be entered between 04/30/2024 and the date of upload into the HSMED system. |
| **Allow multiple values** | No |
| **Occurrence** | 0-1 per client |
| **XML example** | <SixMonthDate>9/10/2024</SixMonthDate> |
| **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**: 12MonthDate

| **Field** | **Description** |
| --- | --- |
| **Question Number** | Cover Page 5 (G5) |
| **Section & Sub-section** | CoverPage |
| **Definition** | Date updated when child turns 12 months |
| **Required field** | No |
| **Allowed values** | Date with a format of mm/dd/yyyy  The dates can only be entered between 04/30/2024 and the date of upload into the HSMED system. |
| **Allow multiple values** | No |
| **Occurrence** | 0-1 per client |
| **XML example** | <TwelveMonthDate>9/10/2024</TwelveMonthDate> |
| **Data Validation Type** | Error  Error |
| **Data Validation Rule** | [If date falls outside of valid range] – The '12MonthDate' is not in the valid range. Please refer to the HS Implementation Guide.  [If “Enrolled child turns 12 months” (2) is selected in ‘UpdateType’ but ‘12MonthDate’ is blank] – Element '12MonthDate' is required when “Enrolled child turns 12 months” is selected as the Update Type. |

## **Element name**: ChildExitDate

| **Field** | **Description** |
| --- | --- |
| **Question Number** | Cover Page 5 |
| **Section & Sub-section** | CoverPage |
| **Definition** | Date of child exit update |
| **Required field** | No |
| **Allowed values** | Date with a format of mm/dd/yyyy  The dates can only be entered between 04/30/2024 and the date of upload into the HSMED system. |
| **Allow multiple values** | No |
| **Occurrence** | 0-1 per client |
| **XML example** | <ChildExitDate>9/10/2024</ChildExitDate> |
| **Data Validation Type** | Error  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.  [If “Enrolled participant is exiting Healthy Start” (3) is selected in ‘UpdateType’ but ‘ChildExitDate’ is blank] – Element 'ChildExitDate' is required when “Enrolled participant/child is exiting Healthy Start” is selected as the Update Type. |

## **Element name**: OtherUpdateDate

| **Field** | **Description** |
| --- | --- |
| **Question Number** | Cover Page 5 (G5) |
| **Section & Sub-section** | CoverPage |
| **Definition** | Date other update is completed |
| **Required field** | No |
| **Allowed values** | Date with a format of mm/dd/yyyy  The dates can only be entered between 04/30/2024 and the date of upload into the HSMED system. |
| **Allow multiple values** | No |
| **Occurrence** | 0-1 per client |
| **XML example** | <OtherUpdateDate>9/10/2024</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 (4) is selected in UpdateType but OtherUpdateDate is blank] – Element 'OtherUpdateDate' is required when Other Update is selected as the Update Type. |

## **Element name**: Correction

| **Field** | **Description** |
| --- | --- |
| **Question Number** | Cover page 6 |
| **Section & Sub-section** | CoverPage |
| **Definition** | Correction box |
| **Required field** | No |
| **Allowed values** | 0 - No  1 - Yes |
| **Allow multiple values** | No |
| **Occurrence** | 0-1 per client |
| **XML example** | <Correction>1</Correction> |
| **Data Validation Type** | None |
| **Data Validation Rule** | None |

## **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**: 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**: ChildEnrolledWhen

| **Field** | **Description** |
| --- | --- |
| **Question Number** | 1 |
| **Section & Sub-section** | ClientInfo  SettingStage |
| **Definition** | Child enrollment relative to pregnancy |
| **Required field** | Yes |
| **Allowed values** | 1 - Part of a family enrolled for HS services before the child’s 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  SettingStage |
| **Definition** | Child age at enrollment |
| **Required field** | No |
| **Allowed values** | An integer value between 1-24 |
| **Allow multiple values** | No |
| **Occurrence** | 0-1 per client |
| **XML example** | <AgeAtEnrollment>1</AgeAtEnrollment> |
| **Data Validation Type** | Error |
| **Data Validation Rule** | [If "ChildEnrolledWhen" = "3"(Part of a family enrolled for services more than 30 days following child’s birth), this field cannot be blank] – Element 'AgeAtEnrollment' cannot be blank since client indicated 'ChildEnrolledWhen' as Part of a family enrolled for services more than 30 days following child’s birth. |

## **Element name**: ChildGender

| **Field** | **Description** |
| --- | --- |
| **Question Number** | 2 |
| **Section & Sub-section** | ClientInfo  SettingStage |
| **Definition** | Child gender |
| **Required field** | Yes |
| **Allowed values** | 1 - Female  2 – Male  88 - Declined to answer |
| **Allow multiple values** | No |
| **Occurrence** | 1 per client |
| **XML example** | <ChildGender>1</ChildGender> |
| **Data Validation Type** | None |
| **Data Validation Rule** | None |

## **Element name**: ChildEthnicity

| **Field** | **Description** |
| --- | --- |
| **Question Number** | 3 |
| **Section & Sub-section** | ClientInfo  SettingStage |
| **Definition** | Child ethnicity |
| **Required field** | Yes |
| **Allowed values** | 0 - No, not Hispanic or Latino/a or Spanish  1 - Yes, Mexican, Mexican American or Chicano/a  2 - Yes, Puerto Rican  3 - Yes, Cuban  4 - Yes, Another Hispanic, Latino/a or Spanish origin  88 - Declined to answer |
| **Allow multiple values** | Yes |
| **Occurrence** | 1-5 per client |
| **XML example** | <ChildEthnicityList>  <ChildEthnicity>0</ChildEthnicity>  <ChildEthnicity>1</ChildEthnicity>  </ChildEthnicityList> |
| **Data Validation Type** | -Error |
| **Data Validation Rule** | [If "88 - Declined to answer", no other selection can be made] - If 'Declined to answer' is selected, de-select any other 'ChildEthnicity' selected. |

## **Element name**: ChildRace

| **Field** | **Description** |
| --- | --- |
| **Question Number** | 4 |
| **Section & Sub-section** | ClientInfo  SettingStage |
| **Definition** | Child race |
| **Required field** | Yes |
| **Allowed values** | 1 - White  2 - Black or African American  3 - American Indian or Alaska Native  4 - Asian Indian  5 - Chinese  6 - Filipino  7 - Japanese  8 - Korean  9 - Vietnamese  10 - Other Asian  11 - Native Hawaiian  12 - Guamanian or Chamorro  13 - Samoan  14 - Other Pacific Islander  88 - Declined to answer |
| **Allow multiple values** | Yes |
| **Occurrence** | 1-14 per client |
| **XML example** | <ChildRaceList>  <ChildRace>1</ChildRace>  <ChildRace>2</ChildRace>  </ChildRaceList> |
| **Data Validation Type** | Error |
| **Data Validation Rule** | [If "88 - Declined to answer", no other selection can be made] – If 'Declined to answer' is selected, de-select any other 'ChildRace' selected. |

## **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 1-45 |
| **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** | None |
| **Data Validation Rule** | None |

## **Element name**: BirthWeightLb

| **Field** | **Description** |
| --- | --- |
| **Question Number** | 6 |
| **Section & Sub-section** | ClientInfo  InfantHealth |
| **Definition** | Birth weight lb |
| **Required field** | No |
| **Allowed values** | An integer value between 1-15 |
| **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** | 6 |
| **Section & Sub-section** | ClientInfo  InfantHealth |
| **Definition** | Birth weight oz |
| **Required field** | No |
| **Allowed values** | An integer value between 1-15 |
| **Allow multiple values** | No |
| **Occurrence** | 0-1 per client |
| **XML example** | <BirthWeightOz>1</BirthWeightOz> |
| **Data Validation Type** | None |
| **Data Validation Rule** | None |

## **Element name**: BirthWeightGrams

| **Field** | **Description** |
| --- | --- |
| **Question Number** | 6 |
| **Section & Sub-section** | ClientInfo  InfantHealth |
| **Definition** | Birth weight grams |
| **Required field** | No |
| **Allowed values** | A decimal between 0 – 6900.00 |
| **Allow multiple values** | No |
| **Occurrence** | 0-1 per client |
| **XML example** | <BirthWeightGrams>30.5</BirthWeightGrams> |
| **Data Validation Type** | None |
| **Data Validation Rule** | None |

## **Element name**: BirthWeightDD

| **Field** | **Description** |
| --- | --- |
| **Question Number** | 6 |
| **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** | None |
| **Data Validation Rule** | None |

## **Element name**: Singleton

| **Field** | **Description** |
| --- | --- |
| **Question Number** | 7 |
| **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**: HadInfantHospitalStay

| **Field** | **Description** |
| --- | --- |
| **Question Number** | 8 |
| **Section & Sub-section** | ClientInfo  InfantHealth |
| **Definition** | Infant hospital stay |
| **Required field** | Yes |
| **Allowed values** | 0 - No  1 - Yes  88 - Declined to answer  99 - Don't know |
| **Allow multiple values** | No |
| **Occurrence** | 1 per client |
| **XML example** | <HadInfantHospitalStay>0</HadInfantHospitalStay> |
| **Data Validation Type** | None |
| **Data Validation Rule** | None |

## **Element name**: ChildAgeRange

| **Field** | **Description** |
| --- | --- |
| **Question Number** | 9 |
| **Section & Sub-section** | ClientInfo  InfantHealthCare |
| **Definition** | Current child age range |
| **Required field** | Yes |
| **Allowed values** | 1 - More than 1 month  2 - Less than 1 month |
| **Allow multiple values** | No |
| **Occurrence** | 1 per client |
| **XML example** | <ChildAgeRange>1</ChildAgeRange> |
| **Data Validation Type** | None |
| **Data Validation Rule** | None |

## **Element name**: ChildAgeMonths

| **Field** | **Description** |
| --- | --- |
| **Question Number** | 6 |
| **Section & Sub-section** | ClientInfo  InfantHealthCare |
| **Definition** | Current child age range |
| **Required field** | No |
| **Allowed values** | An integer value between 1-30 |
| **Allow multiple values** | No |
| **Occurrence** | 1 per client |
| **XML example** | <ChildAgeMonths>1</ChildAgeMonths> |
| **Data Validation Type** | Error |
| **Data Validation Rule** | [If ChildAgeRange is selected as More than 1 month and ChildAgeMonths is empty] – Element 'ChildAgeMonths' cannot be blank since client indicated 'ChildAgeRange' as More than 1 month. |

## **Element name**: ChildHadHealthcare

| **Field** | **Description** |
| --- | --- |
| **Question Number** | 10 |
| **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 this child had a gap in coverage  88 - Declined to answer  99 - Don't know |
| **Allow multiple values** | No |
| **Occurrence** | 1 per client |
| **XML example** | <ChildHadHealthcare>1</ChildHadHealthcare> |
| **Data Validation Type** | None |
| **Data Validation Rule** | None |

## **Element name**: ChildInsuranceType

| **Field** | **Description** |
| --- | --- |
| **Question Number** | 11 |
| **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 - Medicare  6. CHIP  7 - Subsidized ACA plan  8 - TRICARE  9 - Indian Health Service or tribal  10 - Other health insurance  0 - No health insurance  88 - Declined to answer  99 - Don't know |
| **Allow multiple values** | Yes |
| **Occurrence** | 1-10 per client |
| **XML example** | <ChildInsuranceTypeList>  <ChildInsuranceType>1</ChildInsuranceType>  <ChildInsuranceType>3</ChildInsuranceType>  </ChildInsuranceTypeList> |
| **Data Validation Type** | Error  Error  Error |
| **Data Validation Rule** | [If " No health insurance" = Yes, no other selections allowed] – If 'No health insurance' is selected, de-select any other health insurance types selected.  [If "Don't know" = Yes, no other selections allowed] – If 'Don't know' is selected, de-select any other health insurance types selected.  If "Declined to answer" = Yes, no other selections allowed] – If 'Declined to answer' is selected, de-select any other health insurance types selected. |

## **Element name**: ChildMedicaidNameSpecification

| **Field** | **Description** |
| --- | --- |
| **Question Number** | 11 |
| **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** | Error |
| **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. |

## **Element name**: ChildOtherInsuranceSpecification

| **Field** | **Description** |
| --- | --- |
| **Question Number** | 11 |
| **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** | Error |
| **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. |

## **Element name**: AgeWellVisit

| **Field** | **Description** |
| --- | --- |
| **Question Number** | 12 |
| **Section & Sub-section** | ClientInfo  InfantHealthCare |
| **Definition** | Child age at last well visit |
| **Required field** | Yes |
| **Allowed values** | 1 - More than 1 month  2 - Less than 1 month  88 - Declined to answer |
| **Allow multiple values** | No |
| **Occurrence** | 1 per client |
| **XML example** | <AgeWellVisit>1</AgeWellVisit> |
| **Data Validation Type** | None |
| **Data Validation Rule** | None |

## **Element name**: AgeWellVisitMonths

| **Field** | **Description** |
| --- | --- |
| **Question Number** | 12 |
| **Section & Sub-section** | ClientInfo  InfantHealthCare |
| **Definition** | Child age at last well visit |
| **Required field** | No |
| **Allowed values** | An integer value between 1-30 |
| **Allow multiple values** | No |
| **Occurrence** | 0-1 per client |
| **XML example** | <AgeWellVisit>1</AgeWellVisit> |
| **Data Validation Type** | Error |
| **Data Validation Rule** | [If AgeWellVisit is selected as More than 1 month (1) and AgeWellVisitMonths is missing] – Element 'AgeWellVisitMonths' cannot be blank since client indicated 'AgeWellVisit' as “More than 1 month.” |

## **Element name**: HadRecommendedWellVisit

| **Field** | **Description** |
| --- | --- |
| **Question Number** | 12a |
| **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** | 1 per client |
| **XML example** | <HadRecommendedWellVisit>1</HadRecommendedWellVisit> |
| **Data Validation Type** | None |
| **Data Validation Rule** | None |

## **Element name**: BreastfedEver

| **Field** | **Description** |
| --- | --- |
| **Question Number** | 13 |
| **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** | 1 per client |
| **XML example** | <BreastfedEver>1</BreastfedEver> |
| **Data Validation Type** | None |
| **Data Validation Rule** | None |

## **Element name**: BreastfedCurrently

| **Field** | **Description** |
| --- | --- |
| **Question Number** | 14 |
| **Section & Sub-section** | ClientInfo  InfantFeeding |
| **Definition** | Breastfeed currently |
| **Required field** | Yes |
| **Allowed values** | 0 - No  1 - Yes  88 - Declined to answer  99 - Don't know |
| **Allow multiple values** | No |
| **Occurrence** | 1 per client |
| **XML example** | <BreastfedCurrently>1</BreastfedCurrently> |
| **Data Validation Type** | None |
| **Data Validation Rule** | None |

## **Element name**: HowLongBreastfed

| **Field** | **Description** |
| --- | --- |
| **Question Number** | 15 |
| **Section & Sub-section** | ClientInfo  InfantFeeding |
| **Definition** | How long was the child breastfed |
| **Required field** | Yes |
| **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** | 1 per client |
| **XML example** | <HowLongBreastfed>1</HowLongBreastfed> |
| **Data Validation Type** | None |
| **Data Validation Rule** | None |

## **Element name**: BreastfedMonths

| **Field** | **Description** |
| --- | --- |
| **Question Number** | 15 |
| **Section & Sub-section** | ClientInfo  InfantFeeding |
| **Definition** | Breastfed months |
| **Required field** | No |
| **Allowed values** | An integer value between 1-30 |
| **Allow multiple values** | No |
| **Occurrence** | 0-1 per client |
| **XML example** | <BreastfedMonths>15.5</BreastfedMonths> |
| **Data Validation Type** | Error |
| **Data Validation Rule** | [If HowLongBreastfed is 3, then BreastfedMonths can't be empty] – Element 'BreastfedMonths' cannot be blank since client indicated 'HowLongBreastfed' as “More than 1 month.” |

## **Element name**: BreastfedFor6Months

| **Field** | **Description** |
| --- | --- |
| **Question Number** | 16 |
| **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** | 1 per client |
| **XML example** | <BreastfedFor6Months>1</BreastfedFor6Months> |
| **Data Validation Type** | None |
| **Data Validation Rule** | None |

## **Element name**: BabySleepPosition

| **Field** | **Description** |
| --- | --- |
| **Question Number** | 17 |
| **Section & Sub-section** | ClientInfo  InfantSleep |
| **Definition** | Infant sleep position |
| **Required field** | Yes |
| **Allowed values** | 1 - On side  2 - On back  3 - On stomach  77 - Not applicable  88 - Declined to answer |
| **Allow multiple values** | No |
| **Occurrence** | 1 per client |
| **XML example** | <BabySleepPosition>1</BabySleepPosition> |
| **Data Validation Type** | None |
| **Data Validation Rule** | None |

## **Element name**: BabySleepsAlone

| **Field** | **Description** |
| --- | --- |
| **Question Number** | 18 |
| **Section & Sub-section** | ClientInfo  InfantSleep |
| **Definition** | Sleep in bed by self |
| **Required field** | Yes |
| **Allowed values** | 1 - Always  2 - Often  3 - Sometimes  4 - Rarely  5 - Never  77 - Not applicable  88 - Declined to answer |
| **Allow multiple values** | No |
| **Occurrence** | 1 per client |
| **XML example** | <BabySleepsAlone>1</BabySleepsAlone> |
| **Data Validation Type** | None |
| **Data Validation Rule** | None |

## **Element name**: SafeSleepBedding

| **Field** | **Description** |
| --- | --- |
| **Question Number** | 19 |
| **Section & Sub-section** | ClientInfo  InfantSleep |
| **Definition** | Safe sleep bedding |
| **Required field** | Yes |
| **Allowed values** | 0 - No  1 - Yes  77 - Not applicable  88 - Declined to answer  99 - Don’t know |
| **Allow multiple values** | No |
| **Occurrence** | 1 per client |
| **XML example** | <SafeSleepBedding>1</SafeSleepBedding> |
| **Data Validation Type** | None |
| **Data Validation Rule** | None |

## **Element name**: ReceivedPostpartumCare

| **Field** | **Description** |
| --- | --- |
| **Question Number** | 20 |
| **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** | 0-5 per client |
| **XML example** | <ReceivedPostpartumCareList>  <ReceivedPostpartumCare>1</ReceivedPostpartumCare>  <ReceivedPostpartumCare>3</ReceivedPostpartumCare>  </ReceivedPostpartumCareList> |
| **Data Validation Type** | Error  Error |
| **Data Validation Rule** | [If Participant type in demographic form = CM/CC particpant and Sex in Demographic form is 'Female' and ReceivedPostpartumCare is missing] – Element ‘ReceivedPostpartumCare’ is required since ‘ParticipantType’ is a “CM/CC particpant” and ‘Sex’ is “Female”.  [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** | 20 |
| **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** | 20 |
| **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**: Last3MonthsTobaccoFrequency

| **Field** | **Description** |
| --- | --- |
| **Question Number** | 21 |
| **Section & Sub-section** | ClientInfo  WomanPregnancyHealth |
| **Definition** | Tobacco or nicotine products frequency |
| **Required field** | No |
| **Allowed values** | 1 - Never  2 - Daily or almost daily  3 - Weekly  4 - Monthly  5 - Less than monthly  88 - Declined to answer |
| **Allow multiple values** | No |
| **Occurrence** | 0-1 per client |
| **XML example** | <Last3MonthsChewingTobaccoFrequency>1</Last3MonthsChewingTobaccoFrequency> |
| **Data Validation Type** | Error |
| **Data Validation Rule** | [If participant type in demographic form = CM/CC particpant and Sex in Demographic form is 'Female' and Last3MonthsTobaccofrequency is missing] – Element 'Last3MonthsTobaccoFrequency' is required since ‘ParticipantType’ is a “CM/CC particpant” and ‘Sex’ is “Female”. |

## **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. |

## **Element name**: ChildMortality

| **Field** | **Description** |
| --- | --- |
| **Question Number** | 22 |
| **Section & Sub-section** | ClientInfo  FollowUp |
| **Definition** | Child mortality |
| **Required field** | No |
| **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) |
| **Allow multiple values** | No |
| **Occurrence** | 1 per client |
| **XML example** | <ChildMortality>1</ChildMortality> |
| **Data Validation Type** | Warning |
| **Data Validation Rule** | [If the value 1,2 or 3 is entered in ChildMortality, the given warning validation should fire.] – You have indicated this child has passed away. If this is correct, please provide a comment confirming the child has passed away. If the child is alive, ChildMortality must be blank. |

## **Element name**: ChildMortalityWarningComment

| **Field** | **Description** |
| --- | --- |
| **Question Number** | NA |
| **Section & Sub-section** | ClientInfo  FollowUp |
| **Definition** | Warning confirming the child has passed away |
| **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** | <ChildMortalityWarningComment >String</ ChildMortalityWarningComment> |
| **Data Validation Type** | Warning |
| **Data Validation Rule** | See element ChildMortality. |