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

**Data Dictionary and XML Schema**   
**Implementation Guide**  
**Background Form**  
  
Feb 27, 2025

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**: PPUID

| **Field** | **Description** |
| --- | --- |
| **Question Number** | Cover page 1 (G1) |
| **Section & Sub-section** | CoverPage |
| **Definition** | Primary Participant Unique ID |
| **Required field** | Yes (May not have duplicates of Unique IDs in one file during upload checking) |
| **Allowed values** | Alphanumeric text string that allows a minimum of 9 characters and a maximum of 50 characters. PPUIDs should be in the format: 3 digit grantee org code + PP + a unique ID (at least 4 digits long).  NOTE: With the exception of the initial ‘PP’ format requirement, PPUIDs are **NOT** case-sensitive (for example, 123PPUID0001 and 123Ppuid0001 would be considered the same client). |
| **Allow multiple values** | No |
| **Occurrence** | 1 unique value per client |
| **XML example** | <PPUID>100PP12345</PPUID> |
| **Data Validation Type** | Error  Error  Error |
| **Data Validation Rule** | [If there are two or more of the same PPUID] – The PPUID '({PPUID)' is duplicate.  [If Org ID in PPUID does not match the Organization] – The PPUID has an invalid Org ID.  [If PPUID is invalid] – The PPUID is invalid. |

## **Element name**: OtherLinkedPP

| **Field** | **Description** |
| --- | --- |
| **Question Number** | Cover page 2 (G2) |
| **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: With the exception of the initial ‘PP’ format requirement, PPUIDs are **NOT** case-sensitive (for example, 123PPUID0001 and 123Ppuid0001 would be considered the same client). |
| **Allow multiple values** | Yes |
| **Occurrence** | 0-2 per client |
| **XML example** | <OtherLinkedPPList>  <OtherLinkedPP>100String123345</OtherLinkedPP>  <OtherLinkedPP>100String78900</OtherLinkedPP>  </OtherLinkedPPList> |
| **Data Validation Type** | Error  Error  Error  Error  Error |
| **Data Validation Rule** | [If “Other Linked Participant/Adult ID” and “No other participants/adults” are both empty] – Input ‘OtherLinkedPP’ or ‘NoOtherPP’.  [If Org ID in ‘OtherLinkedPP’ does not match the Organization] – The following OtherLinkedPPs have invalid Org IDs: {OtherLinkedPP}.  [If there are two or more of the same OtherLinkedPP's] – Duplicate 'OtherLinkedPP' value(s):{OtherLinkedPP}.  [If the OtherLinkedPP is not a valid PPUID] – Invalid 'OtherLinkedPP' value(s):{OtherLinkedPP}.  [If there are more than 5 linkages of OtherLinkedPP] – The following PPUIDs have exceeded the maximum number of 5 PP linkages. |

## **Element name**: NoOtherPP

| **Field** | **Description** |
| --- | --- |
| **Question Number** | Cover page 2 (G2) |
| **Section & Sub-section** | CoverPage |
| **Definition** | No other linked primary participant |
| **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 “Other Linked Participant/Adult ID” and “No other participants/adults” are both 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**: PPEnrollmentDate

| **Field** | **Description** |
| --- | --- |
| **Question Number** | Cover page 3 (G3) |
| **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 date of upload into the HSMED system. |
| **Allow multiple values** | No |
| **Occurrence** | 0-1 per client |
| **XML example** | <PPEnrollmentDate>9/10/2024</PPEnrollmentDate> |
| **Data Validation Type** | Error  Error  Warning |
| **Data Validation Rule** | [If ‘ParticipantType’ in Demographic Form = “CM/CC particpant” (1), and this field is blank] – Input 'PPEnrollmentDate' for the primary participant.  [If “enrollment date” is different than the previously submitted value in the system and correction checkbox is not checked] – The ‘PPEnrollmentDate’ is different than the system records. Please confirm the correct enrollment date in this submission.  Note: If enrollment date is different than previously submitted value in the system and correction checkbox is checked, then validation will not appear.  [If date falls outside of valid range, “PPEnrollmentDate” is not in a valid range] – The ‘PPEnrollmentDate’ is not in the valid range. Please refer to the HS Implementation Guide or explain the reason for the change. |

## **Element name**: NoPPEnrollmentDate

| **Field** | **Description** |
| --- | --- |
| **Question Number** | Cover page 3 (G3) |
| **Section & Sub-section** | CoverPage |
| **Definition** | Enrollment date not applicable (individual is an “other adult”) |
| **Required field** | No |
| **Allowed values** | 1 - Yes |
| **Allow multiple values** | No |
| **Occurrence** | 0-1 per client |
| **XML example** | <NoPPEnrollmentDate>1<NoPPEnrollmentDate> |
| **Data Validation Type** | Error |
| **Data Validation Rule** | [“Not applicable” should be selected if individual is an “Other Adult”] – Input 'PPEnrollmentDate' or 'NoPPEnrollmentDate'. |

## **Element name**: FormVersion

| **Field** | **Description** |
| --- | --- |
| **Question Number** | Cover page 4 (G4) |
| **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  Error |
| **Data Validation Rule** | [If an Initial Form for this PPUID already exists, ‘FormVersion’ selected as Initial Form and correction checkbox not checked.] – If this is an update to the Background 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 Background Form, ‘FormVersion’ should be provided as “Initial Form.” |

## **Element name**: CompletionDate

| **Field** | **Description** |
| --- | --- |
| **Question Number** | Cover page 4 (G4) |
| **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 5/01/2024, do not show validation] – The ‘CompletionDate’ is different than previously reported. Please confirm the date of initial completion or explain the reason for the change.  [If date falls outside of valid range, ‘CompletionDate’ is not in a valid range] – The ‘CompletionDate’ is not in the valid range. Please refer to the HS Implementation Guide. |

## **Element name**: UpdateType

| **Field** | **Description** |
| --- | --- |
| **Question Number** | Cover page 4 (G4) |
| **Section & Sub-section** | CoverPage |
| **Definition** | Form updates |
| **Required field** | No |
| **Allowed values** | 1 - Enrolled participant enters prenatal  2 - Enrolled participant ends prenatal  3 - Enrolled child turns 6 months  4 - Enrolled participant is exiting Healthy Start  5- 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” (2), and UpdateType is missing] – If this upload is an update to the Background form, 'UpdateType' should be provided.  [If ‘FormVersion’ is “Updated form” (2), 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” (1) and ‘UpdateType’ is not blank] ‘UpdateType’ cannot have a value since ‘FormVersion’ is selected as “Initial Form”. |

## **Element name**: EntersPrenatalDate

| **Field** | **Description** |
| --- | --- |
| **Question Number** | Cover page 4 (G4) |
| **Section & Sub-section** | CoverPage |
| **Definition** | Date of enters prenatal phase 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** | <EntersPrenatalDate>9/10/2024</EntersPrenatalDate> |
| **Data Validation Type** | Error  Error |
| **Data Validation Rule** | [If date falls outside of valid range, ‘EntersPrenatalDate’ is not in a valid range] – The ‘EntersPrenatalDate’ is not in the valid range. Please refer to the HS Implementation Guide.  [If “Enrolled participant enters prenatal phase” (1) is selected in ‘UpdateType’ but ‘EntersPrenatalDate’ is blank] – Element ‘EntersPrenatalDate’ is required when “enrolled participant enters prenatal phase” is selected as the ‘UpdateType’. |

## **Element name**: EndsPrenatalDate

| **Field** | **Description** |
| --- | --- |
| **Question Number** | Cover page 4 (G4) |
| **Section & Sub-section** | CoverPage |
| **Definition** | Date of ends prenatal phase 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** | <EndsPrenatalDate>9/10/2024</EndsPrenatalDate> |
| **Data Validation Type** | Error  Error  Error |
| **Data Validation Rule** | [If date falls outside of valid range, ‘EndsPrenatalDate’ is not in a valid range] – The ‘EndsPrenatalDate’ is not in the valid range. Please refer to the HS Implementation Guide.  [If “Enrolled participant ends prenatal phase” (2) is selected in ‘UpdateType’ but ‘EndsPrenatalDate’ is blank] – Element 'EndsPrenatalDate' is required when “enrolled participant ends prenatal phase” is selected as the ‘UpdateType’.  [If Update Form “Enrolled Participant Enters Prenatal Phase” AND ‘EntersPrenatalDate’ is not equal to previous submission EntersPrenatalDate: ‘EndsPrenatalDate’, ‘ECTurns6MonthsDate’, ‘ExitDate’, and ‘OtherUpdateDate’ must be blank] – 'EndsPrenatalDate', 'ECTurns6MonthsDate', 'ExitDate', and 'OtherUpdateDate' cannot have a value since ‘UpdateType’ is “Enrolled Participant Enters Prenatal Phase” and 'EntersPrenatalDate' is not equal to previous submission 'EntersPrenatalDate'. |

## **Element name**: ECTurns6MonthsDate

| **Field** | **Description** |
| --- | --- |
| **Question Number** | Cover page 4 (G4) |
| **Section & Sub-section** | CoverPage |
| **Definition** | Date of child turns 6 months 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** | <ECTurns6MonthsDate>9/10/2024</ECTurns6MonthsDate> |
| **Data Validation Type** | Error  Error  Error |
| **Data Validation Rule** | [If date falls outside of valid range, ‘ECTurns6MonthsDate’ is not in a valid range] – The 'ECTurns6MonthsDate' is not in the valid range. Please refer to the HS Implementation Guide.  [If “Enrolled child turns 6 months” (3) is selected in ‘UpdateType’ but ‘ECTurns6MonthsDate’ is blank] – Element 'ECTurns6MonthsDate' is required when “enrolled child turns 6 months” is selected as the ‘UpdateType’.  [If Update Form “Enrolled Participant Enters Prenatal Phase” AND ‘EntersPrenatalDate’ is not equal to previous submission ‘EntersPrenatalDate’: ‘EndsPrenatalDate’, ‘ECTurns6MonthsDate’, ‘ExitDate’, and ‘OtherUpdateDate’ must be blank] – 'EndsPrenatalDate', 'ECTurns6MonthsDate', 'ExitDate', and 'OtherUpdateDate' cannot have a value since UpdateType is “Enrolled Participant Enters Prenatal Phase” and 'EntersPrenatalDate' is not equal to previous submission 'EntersPrenatalDate'. |

## **Element name**: ExitDate

| **Field** | **Description** |
| --- | --- |
| **Question Number** | Cover page 4 (G4) |
| **Section & Sub-section** | CoverPage |
| **Definition** | Date of 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** | <ExitDate>9/10/2024</ExitDate> |
| **Data Validation Type** | Error  Error |
| **Data Validation Rule** | [If date falls outside of valid range, ‘ExitDate’ is not in a valid range] – The 'ExitDate' is not in the valid range. Please refer to the HS Implementation Guide.  [If Update Form “Enrolled Participant Enters Prenatal Phase” AND ‘EntersPrenatalDate’ is not equal to previous submission ‘EntersPrenatalDate’: ‘EndsPrenatalDate’, ‘ECTurns6MonthsDate’, ‘ExitDate’, and ‘OtherUpdateDate’ must be blank] – 'EndsPrenatalDate', 'ECTurns6MonthsDate', 'ExitDate', and 'OtherUpdateDate' cannot have a value since ‘UpdateType’ is “Enrolled Participant Enters Prenatal Phase” and 'EntersPrenatalDate' is not equal to previous submission 'EntersPrenatalDate'. |

## **Element name**: OtherUpdateDate

| **Field** | **Description** |
| --- | --- |
| **Question Number** | Cover page 4 (G4) |
| **Section & Sub-section** | CoverPage |
| **Definition** | Date updated other |
| **Required field** | No |
| **Allowed values** | Date with a format of mm/dd/yyyy  The dates can only be entered between 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  Error |
| **Data Validation Rule** | [If date falls outside of valid range, ‘OtherUpdateDate’ is not in a valid range] – The 'OtherUpdateDate' is not in the valid range. Please refer to the HS Implementation Guide.  [If “Other Update” (4) is selected in ‘UpdateType’ but ‘OtherUpdateDate’ is blank] – Element 'OtherUpdateDate' is required when “Other Update” is selected as the ‘UpdateType’.  [If Update Form “Enrolled Participant Enters Prenatal Phase” AND ‘EntersPrenatalDate’ is not equal to previous submission ‘EntersPrenatalDate’: ‘EndsPrenatalDate’, ‘ECTurns6MonthsDate’, ‘ExitDate’, and ‘OtherUpdateDate’ must be blank] – ‘EndsPrenatalDate’, ‘ECTurns6MonthsDate’, ‘ExitDate’, and ‘OtherUpdateDate’ cannot have a value since ‘UpdateType’ is “Participant Enters Prenatal Phase” and 'EntersPrenatalDate' is not equal to previous submission 'EntersPrenatalDate'. |

## **Element name**: Correction

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

| **Field** | **Description** |
| --- | --- |
| **Question Number** | NA |
| **Section & Sub-section** | CoverPage |
| **Definition** | Warning justification if PPenrollmentDate is different than previously reported |
| **Required field** | No |
| **Allowed values** | Text string that allows a maximum of 250 characters |
| **Allow multiple values** | No |
| **Occurrence** | 0-1 per client |
| **XML example** | <PpenrollmentWarningComment>String</ PpenrollmentWarningComment> |
| **Data Validation Type** | Warning |
| **Data Validation Rule** | See element PPenrollmentDate |

## **Element name**: 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**: PregnancyStatus

| **Field** | **Description** |
| --- | --- |
| **Question Number** | 1 |
| **Section & Sub-section** | ClientInfo  ParticipantGeneralInfo |
| **Definition** | Current pregnancy status |
| **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** | <PregnancyStatus>1</PregnancyStatus> |
| **Data Validation Type** | Error  Error |
| **Data Validation Rule** | [If ‘UpdateType’ is equal to “Ends prenatal phase” (2), ‘PregnancyStatus’ cannot be "Yes"] – If 'UpdateType' is selected as “Ends prenatal phase” then ‘PregnancyStatus’ cannot be “Yes”.  [If ‘UpdateType’ is equal to “Enters prenatal phase” (1), ‘PregnancyStatus’ cannot be "No", "Don't know] – If 'UpdateType' is selected as “Enters prenatal phase” the 'PregnancyStatus' cannot be selected as “No” or “Don't know”. |

## **Element name**: ParentingStatus

| **Field** | **Description** |
| --- | --- |
| **Question Number** | 2 |
| **Section & Sub-section** | ClientInfo  ParticipantGeneralInfo |
| **Definition** | Current parenting status |
| **Required field** | Yes |
| **Allowed values** | 0 - No  1 - Yes  88 - Declined to answer |
| **Allow multiple values** | No |
| **Occurrence** | 1 per client |
| **XML example** | <ParentingStatus>1</ParentingStatus> |
| **Data Validation Type** | Error |
| **Data Validation Rule** | [If ‘UpdateType’ is equal to “Enrolled Child Turns 6 Months” (3), ‘ParentingStatus’ cannot be "No" (0)] – If 'UpdateType' is selected as “Enrolled child turns 6 months” then 'ParentingStatus' cannot be selected as “No”. |

## **Element name**: CurrentlyParentingChildrenNumber

| **Field** | **Description** |
| --- | --- |
| **Question Number** | 2 |
| **Section & Sub-section** | ClientInfo  ParticipantGeneralInfo |
| **Definition** | Number of children less than 18 months old |
| **Required field** | No |
| **Allowed values** | An integer value between 1-20 |
| **Allow multiple values** | No |
| **Occurrence** | 0-1 per client |
| **XML example** | < CurrentlyParentingChildrenNumber>1</ CurrentlyParentingChildrenNumber> |
| **Data Validation Type** | Error |
| **Data Validation Rule** | [If ‘ParentingStatus’ is “Yes” (1) and ‘CurrentlyParentingChildrenNumber’ is missing] – Element 'CurrentlyParentingChildrenNumber' is missing. |

## **Element name**: HadPreventiveCare

| **Field** | **Description** |
| --- | --- |
| **Question Number** | 3 |
| **Section & Sub-section** | ClientInfo  ParticipantHealthCare |
| **Definition** | Any preventive medical care received in the last 12 months |
| **Required field** | Yes |
| **Allowed values** | 0 - No  1 - Yes  88 - Declined to answer  99 - Don't know |
| **Allow multiple values** | No |
| **Occurrence** | 1 per client |
| **XML example** | <HadPreventiveCare>1</HadPreventiveCare> |
| **Data Validation Type** | None |
| **Data Validation Rule** | None |

## **Element name**: HadHealthcare

| **Field** | **Description** |
| --- | --- |
| **Question Number** | 4 |
| **Section & Sub-section** | ClientInfo  ParticipantHealthCare |
| **Definition** | Any health insurance in the 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** | 1 per client |
| **XML example** | <HadHealthcare>1</HadHealthcare> |
| **Data Validation Type** | None |
| **Data Validation Rule** | None |

## **Element name**: InsuranceType

| **Field** | **Description** |
| --- | --- |
| **Question Number** | 9 |
| **Section & Sub-section** | ClientInfo  ParticipantHealthCare |
| **Definition** | Health insurance type |
| **Required field** | Yes |
| **Allowed values** | 1 - Private health insurance from job  2 - Private health insurance from parents  3 - Private health insurance from the State Health Insurance Marketplace, State website, or HealthCare.gov  4 - Medicaid  5 - Medicare for individuals with disabilities  6. Medicare for individuals over age 65  7 - CHIP  8 - Subsidized ACA plan  9 - TRICARE  10 - Indian Health Service or tribal  11 - Other health insurance  0 - No health insurance  88 - Declined to answer  99 - Don't know |
| **Allow multiple values** | Yes |
| **Occurrence** | 1-11 per client |
| **XML example** | <InsuranceTypeList>  <InsuranceType>1</InsuranceType>  <InsuranceType>2</InsuranceType>  </InsuranceTypeList> |
| **Data Validation Type** | Error  Error  Error |
| **Data Validation Rule** | [If "I do not have health insurance now" (0) = “Yes”, no other selections allowed] – If “I do not have health insurance now” is selected, de-select any other health insurance types selected.  [If "Don't know" (99) = “Yes”, no other selections allowed] – If “Don't know” is selected, de-select any other health insurance types selected.  [If "Declined to answer" (88) = “Yes”, no other selections allowed] – If “Declined to answer” is selected, de-select any other health insurance types selected. |

## **Element name**: MedicaidNameSpecification

| **Field** | **Description** |
| --- | --- |
| **Question Number** | 5 |
| **Section & Sub-section** | ClientInfo  ParticipantHealthCare |
| **Definition** | Medicaid name |
| **Required field** | No |
| **Allowed values** | Text string that allows a maximum of 250 characters |
| **Allow multiple values** | No |
| **Occurrence** | 0-1 per client |
| **XML example** | <MedicaidNameSpecification>String</MedicaidNameSpecification> |
| **Data Validation Type** | Error |
| **Data Validation Rule** | [If ‘InsuranceType’ = “Medicaid” or “MedicaidNameSpecification” 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**: OtherInsuranceSpecification

| **Field** | **Description** |
| --- | --- |
| **Question Number** | 5 |
| **Section & Sub-section** | ClientInfo  ParticipantHealthCare |
| **Definition** | Other health insurance name |
| **Required field** | No |
| **Allowed values** | Text string that allows a maximum of 250 characters |
| **Allow multiple values** | No |
| **Occurrence** | 0-1 per client |
| **XML example** | <OtherInsuranceSpecification>String</OtherInsuranceSpecification> |
| **Data Validation Type** | Error |
| **Data Validation Rule** | [If “Other health insurance” has a value and ‘OtherInsuranceSpecification’ is blank] – If the client has other health insurance, provide the ‘OtherInsuranceSpecification’. |

## **Element name**: HouseholdIncome

| **Field** | **Description** |
| --- | --- |
| **Question Number** | 6 |
| **Section & Sub-section** | ClientInfo  PersonalWellBeing |
| **Definition** | Household income during the past 12 months |
| **Required field** | Yes |
| **Allowed values** | 1 - Dollars  88 - Declined to answer  99 - Don't know |
| **Allow multiple values** | No |
| **Occurrence** | 1 per client |
| **XML example** | <HouseholdIncome>1</HouseholdIncome> |
| **Data Validation Type** | None |
| **Data Validation Rule** | None |

## **Element name**: HouseholdIncomeAmount

| **Field** | **Description** |
| --- | --- |
| **Question Number** | 6 |
| **Section & Sub-section** | ClientInfo  PersonalWellBeing |
| **Definition** | Household income dollar amount |
| **Required field** | No |
| **Allowed values** | An integer value between 0-999999 |
| **Allow multiple values** | No |
| **Occurrence** | 0-1 per client |
| **XML example** | <HouseholdIncomeAmount>1000</HouseholdIncomeAmount> |
| **Data Validation Type** | Error |
| **Data Validation Rule** | [If ‘HouseholdIncome’ is selected (1) and ‘HouseholdIncomeAmount’ not entered] – Element 'HouseholdIncomeAmount' is missing. |

## **Element name**: AdultsDependentOnIncomeNumber

| **Field** | **Description** |
| --- | --- |
| **Question Number** | 7 |
| **Section & Sub-section** | ClientInfo  PersonalWellBeing |
| **Definition** | Number of adults depending on income |
| **Required field** | No |
| **Allowed values** | An integer value between 0-99 |
| **Allow multiple values** | No |
| **Occurrence** | 0-1 per client |
| **XML example** | <AdultsDependentOnIncomeNumber>1</AdultsDependentOnIncomeNumber> |
| **Data Validation Type** | Error  Error |
| **Data Validation Rule** | [If “Number of adults dependent on income,” “Number of children dependent on income,” and “Don't know”/“Declined” are all missing] –Input ‘AdultsDependentOnIncomeNumber’, ‘ChildrenDependentOnIncomeNumber’, or ‘AdultChildDependentsOnIncomeDD’.  [If “Don’t know” or “Declined” was chosen, user cannot check “Number of adults dependent on income” or “Number of children dependent on income”] – If ‘Don't know' or 'Declined to answer' is selected, 'ChildrenDependentOnIncomeNumber' or 'AdultsDependentOnIncomeNumber' cannot have a value. |

## **Element name**: ChildrenDependentOnIncomeNumber

| **Field** | **Description** |
| --- | --- |
| **Question Number** | 7 |
| **Section & Sub-section** | ClientInfo  PersonalWellBeing |
| **Definition** | Number of children depending on income |
| **Required field** | No |
| **Allowed values** | An integer value between 0-99 |
| **Allow multiple values** | No |
| **Occurrence** | 0-1 per client |
| **XML example** | <ChildrenDependentOnIncomeNumber>1</ChildrenDependentOnIncomeNumber> |
| **Data Validation Type** | Error  Error |
| **Data Validation Rule** | [If “Number of adults dependent on income,” “Number of children dependent on income,” and “Don't know”/“Declined” are all missing] –Input ‘AdultsDependentOnIncomeNumber’, ‘ChildrenDependentOnIncomeNumber’, or ‘AdultChildDependentsOnIncomeDD’.  [If “Don’t know” or “Declined” was chosen, user cannot check “Number of adults dependent on income” or “Number of children dependent on income”] – If ‘Don't know' or 'Declined to answer' is selected, 'ChildrenDependentOnIncomeNumber' or 'AdultsDependentOnIncomeNumber' cannot have a value. |

## **Element name**: AdultChildDependentsOnIncomeDD

| **Field** | **Description** |
| --- | --- |
| **Question Number** | 7 |
| **Section & Sub-section** | ClientInfo  PersonalWellBeing |
| **Definition** | Adult child dependents don't know/declined |
| **Required field** | No |
| **Allowed values** | 88 - Declined to answer  99 - Don't know |
| **Allow multiple values** | No |
| **Occurrence** | 0-1 per client |
| **XML example** | <AdultChildDependentsOnIncomeDD>1</AdultChildDependentsOnIncomeDD> |
| **Data Validation Type** | Error |
| **Data Validation Rule** | [If “Number of adults dependent on income,” “Number of children dependent on income,” and “Don't know”/“Declined” are all missing] –Input ‘AdultsDependentOnIncomeNumber’, ‘ChildrenDependentOnIncomeNumber’, or ‘AdultChildDependentsOnIncomeDD’. |

## **Element name**: FoodSecurity

| **Field** | **Description** |
| --- | --- |
| **Question Number** | 8 |
| **Section & Sub-section** | ClientInfo  PersonalWellBeing |
| **Definition** | Food situation in your household in past 12 months. |
| **Required field** | Yes |
| **Allowed values** | 1 - always eat nutritious meals  2 - always had enough to eat  3 - Sometimes we didn’t have enough to eat  4 - Often we didn’t have enough to eat  88 - Declined to answer |
| **Allow multiple values** | No |
| **Occurrence** | 1 per client |
| **XML example** | <FoodSecurity>1</FoodSecurity> |
| **Data Validation Type** | None |
| **Data Validation Rule** | None |

## **Element name**: HadAdequateHousing

| **Field** | **Description** |
| --- | --- |
| **Question Number** | 9 |
| **Section & Sub-section** | ClientInfo  PersonalWellBeing |
| **Definition** | Had adequate housing over the past 12 months. |
| **Required field** | Yes |
| **Allowed values** | 0 - No  1 - Yes  88 - Declined to answer |
| **Allow multiple values** | No |
| **Occurrence** | 1 per client |
| **XML example** | <HadAdequateHousing>1</HadAdequateHousing> |
| **Data Validation Type** | None |
| **Data Validation Rule** | None |

## **Element name**: HousingSafety

| **Field** | **Description** |
| --- | --- |
| **Question Number** | 10 |
| **Section & Sub-section** | ClientInfo  PersonalWellBeing |
| **Definition** | Housing safety |
| **Required field** | Yes |
| **Allowed values** | 0- Most of the time  1- Some of the time  2- Rarely  3- Never  88- Declined to answer |
| **Allow multiple values** | No |
| **Occurrence** | 1 per client |
| **XML example** | <HousingSafety>1</HousingSafety> |
| **Data Validation Type** | None |
| **Data Validation Rule** | None |

## **Element name**: Transportation

| **Field** | **Description** |
| --- | --- |
| **Question Number** | 11 |
| **Section & Sub-section** | ClientInfo  PersonalWellBeing |
| **Definition** | Lack of transportation |
| **Required field** | Yes |
| **Allowed values** | 0 - No  1 - kept from medical appointments  2 - kept from non-medical meetings  88 - Declined to answer |
| **Allow multiple values** | Yes |
| **Occurrence** | 1-2 per client |
| **XML example** | <Transportation>1</Transportation> |
| **Data Validation Type** | Error |
| **Data Validation Rule** | [If 'No' or "Declined to answer" is selected no other selections are allowed] If ‘No' or 'Declined to answer'  is selected, de-select any other options selected. |

## **Element name**: LittleInterestScore

| **Field** | **Description** |
| --- | --- |
| **Question Number** | 12 |
| **Section & Sub-section** | ClientInfo  PersonalWellBeing |
| **Definition** | Little interest score |
| **Required field** | Yes |
| **Allowed values** | 0 - Not at all  1 - Several days  2 - More than half the days  3 - Nearly all day  88 - Declined to answer |
| **Allow multiple values** | No |
| **Occurrence** | 1 per client |
| **XML example** | <LittleInterestScore>1</LittleInterestScore> |
| **Data Validation Type** | Error |
| **Data Validation Rule** | [If ‘LittleInterestScore’ + ‘FeelDownScore’ /= ‘DepressionTotal’ or if ‘LittleInterestScore’ or ‘FeelDownScore’ is missing] – The depression scores are calculated incorrectly or missing. |

## **Element name**: FeelDownScore

| **Field** | **Description** |
| --- | --- |
| **Question Number** | 12 |
| **Section & Sub-section** | ClientInfo  PersonalWellBeing |
| **Definition** | Feel down score |
| **Required field** | Yes |
| **Allowed values** | 0 - Not at all  1 - Several days  2 - More than half the days  3 - Nearly all day  88 - Declined to answer |
| **Allow multiple values** | No |
| **Occurrence** | 1 per client |
| **XML example** | <FeelDownScore>1</FeelDownScore> |
| **Data Validation Type** | Error |
| **Data Validation Rule** | [If ‘LittleInterestScore’ + ‘FeelDownScore’ /= ‘DepressionTotal’ or if ‘LittleInterestScore’ or ‘FeelDownScore’ is missing] – The depression scores are calculated incorrectly or missing. |

## **Element name**: DepressionTotal

| **Field** | **Description** |
| --- | --- |
| **Question Number** | 12 |
| **Section & Sub-section** | ClientInfo  PersonalWellBeing |
| **Definition** | Depression total |
| **Required field** | No |
| **Allowed values** | An integer value between 0-6 |
| **Allow multiple values** | No |
| **Occurrence** | 0-1 per client |
| **XML example** | <DepressionTotal>1</DepressionTotal> |
| **Data Validation Type** | Error  Error |
| **Data Validation Rule** | [If ‘LittleInterestScore’ + ‘FeelDownScore’ /= ‘DepressionTotal’ or if ‘LittleInterestScore’ or ‘FeelDownScore’ is missing] – The depression scores are calculated incorrectly or missing.  [If 'DepressionTotal’ is missing and 'LittleInterestScore’ + ‘FeelDownScore’ have values, and if values selected is 0 to 3] – Element 'DepressionTotal' is required if value is provided in 'LittleInterestScore' and 'FeelDownScore'. |

## **Element name**: ReferredForDepression

| **Field** | **Description** |
| --- | --- |
| **Question Number** | 13 |
| **Section & Sub-section** | ClientInfo  PersonalWellBeing |
| **Definition** | Referred for depression |
| **Required field** | Yes |
| **Allowed values** | 1 - Yes, referral provided  2 - PP score less than 3, indicate no referral  3 - No referral as participant declined referral  88 - Decline to answer |
| **Allow multiple values** | No |
| **Occurrence** | 1 per client |
| **XML example** | <ReferredForDepression>1</ReferredForDepression> |
| **Data Validation Type** | Error |
| **Data Validation Rule** | [If ‘LittleInterestScore’ or ‘FeelDownScore’ has value 88, or ‘DepressionTotal’ is missing, then ‘ReferredforDepression’ cannot be selected as “Yes, referral provided” (1) or “PP score less than 3, indicate no referral” (2)] – If 'LittleInterestScore' or 'FeelDownScore' or 'DepressionTotal' is missing then 'ReferredforDepression' cannot be selected as “Yes, referral provided” or “PP score less than 3, indicate no referral.” |

## **Element name**: TobaccoUse

| **Field** | **Description** |
| --- | --- |
| **Question Number** | 14 |
| **Section & Sub-section** | ClientInfo  PersonalWellBeing |
| **Definition** | Tobacco use |
| **Required field** | Yes |
| **Allowed values** | 1 - Daily or almost daily  2 - Weekly  3 - Monthly  4 - Less than monthly  5 - Never  88 - Declined to answer |
| **Allow multiple values** | No |
| **Occurrence** | 1 per client |
| **XML example** | <TobaccoUse>1</TobaccoUse> |
| **Data Validation Type** | None |
| **Data Validation Rule** | None |

## **Element name**: AlcoholUse

| **Field** | **Description** |
| --- | --- |
| **Question Number** | 14 |
| **Section & Sub-section** | ClientInfo  PersonalWellBeing |
| **Definition** | Alcohol use |
| **Required field** | Yes |
| **Allowed values** | 1 - Daily or almost daily  2 - Weekly  3 - Monthly  4 - Less than monthly  5 - Never  88 - Declined to answer |
| **Allow multiple values** | No |
| **Occurrence** | 1 per client |
| **XML example** | <AlcoholUse>1</AlcoholUse> |
| **Data Validation Type** | None |
| **Data Validation Rule** | None |

## **Element name**: CannabisProductUse

| **Field** | **Description** |
| --- | --- |
| **Question Number** | 14 |
| **Section & Sub-section** | ClientInfo  PersonalWellBeing |
| **Definition** | Cannabis product use |
| **Required field** | Yes |
| **Allowed values** | 1 - Daily or almost daily  2 - Weekly  3 - Monthly  4 - Less than monthly  5 - Never  88 - Declined to answer |
| **Allow multiple values** | No |
| **Occurrence** | 1 per client |
| **XML example** | <CannabisProductUse>1</CannabisProductUse> |
| **Data Validation Type** | None |
| **Data Validation Rule** | None |

## **Element name**: IllicitDrugUse

| **Field** | **Description** |
| --- | --- |
| **Question Number** | 14 |
| **Section & Sub-section** | ClientInfo  PersonalWellBeing |
| **Definition** | Illicit drug use |
| **Required field** | Yes |
| **Allowed values** | 1 - Daily or almost daily  2 - Weekly  3 - Monthly  4 - Less than monthly  5 - Never  88 - Declined to answer |
| **Allow multiple values** | No |
| **Occurrence** | 1 per client |
| **XML example** | <IllicitDrugUse>1</IllicitDrugUse> |
| **Data Validation Type** | None |
| **Data Validation Rule** | None |

## **Element name**: PrescriptionMedsUse

| **Field** | **Description** |
| --- | --- |
| **Question Number** | 14 |
| **Section & Sub-section** | ClientInfo  PersonalWellBeing |
| **Definition** | Prescription meds use |
| **Required field** | Yes |
| **Allowed values** | 1 - Daily or almost daily  2 - Weekly  3 - Monthly  4 - Less than monthly  5 - Never  88 - Declined to answer |
| **Allow multiple values** | No |
| **Occurrence** | 1 per client |
| **XML example** | <PrescriptionMedsUse>1</PrescriptionMedsUse> |
| **Data Validation Type** | None |
| **Data Validation Rule** | None |

## **Element name**: ReferredForTobaccoUse

| **Field** | **Description** |
| --- | --- |
| **Question Number** | 15 |
| **Section & Sub-section** | ClientInfo  PersonalWellBeing |
| **Definition** | Referred for tobacco use |
| **Required field** | Yes |
| **Allowed values** | 1 - Yes, referral provided  2 - No tobacco use in last 12 months indicate no referral.  3 - No tobacco use indicate no referral.  4 - No referral as the participant declined referral  88 - Decline to answer |
| **Allow multiple values** | No |
| **Occurrence** | 1 per client |
| **XML example** | <ReferredForTobaccoUse>1</ReferredForTobaccoUse> |
| **Data Validation Type** | Error |
| **Data Validation Rule** | [If ‘TobaccoUse’ is selected as “Daily or Almost Daily” (1), “Weekly” (2), “Monthly” (3) or “Less than monthly” (4) then ‘ReferredForTobaccoUse’ cannot be selected as "No tobacco use in last 12 months" (2) or "Declined to answer" (88)] – Since 'TobaccoUse' is selected as 'Daily or Almost Daily', 'Weekly', 'Monthly' or 'Less than monthly', 'ReferredForTobaccoUse' cannot be selected as “No tobacco use in last 12 months indicate no referral” or “Declined to answer”. |

## **Element name**: WasThreatened

| **Field** | **Description** |
| --- | --- |
| **Question Number** | 16 |
| **Section & Sub-section** | ClientInfo  PersonalWellBeing |
| **Definition** | Threatened by current or former intimate parterner or other family member |
| **Required field** | Yes |
| **Allowed values** | 1 - Current/former intimate partner  2 - Other family member  3 - Someone else  4 - No-one  88 - Declined to answer |
| **Allow multiple values** | Yes |
| **Occurrence** | 1-3 per client |
| **XML example** | <WasThreatenedList> <WasThreatened>1</WasThreatened>  </WasThreatenedList> |
| **Data Validation Type** | Error |
| **Data Validation Rule** | [If “No-one” or "Declined to answer" is selected, no other selections are allowed] – If “No-one” or “Declined to answer” is selected, de-select any other options selected. |

## **Element name**: WasFrightened

| **Field** | **Description** |
| --- | --- |
| **Question Number** | 16 |
| **Section & Sub-section** | ClientInfo  PersonalWellBeing |
| **Definition** | Frightened by current or former intimate parterner or other family member |
| **Required field** | Yes |
| **Allowed values** | 1 - Current/former intimate partner  2 - Other family member  3 - Someone else  4 - No-one  88 - Declined to answer |
| **Allow multiple values** | Yes |
| **Occurrence** | 1-3 per client |
| **XML example** | WasFrightenedList>  <WasFrightened>1</WasFrightened>  </WasFrightenedList> |
| **Data Validation Type** | Error |
| **Data Validation Rule** | [If “No-one” or "Declined to answer" is selected, no other selections are allowed] – If “No-one” or “Declined to answer” is selected, de-select any other options selected. |

## **Element name**: WasControlled

| **Field** | **Description** |
| --- | --- |
| **Question Number** | 16 |
| **Section & Sub-section** | ClientInfo  PersonalWellBeing |
| **Definition** | Controlled by current or former intimate parterner or other family member |
| **Required field** | Yes |
| **Allowed values** | 1 - Current/former intimate partner  2 - Other family member  3 - Someone else  4 - No-one  88 - Declined to answer |
| **Allow multiple values** | Yes |
| **Occurrence** | 1-3 per client |
| **XML example** | <WasControlledList>  <WasControlled>1</WasControlled>  </WasControlledList> |
| **Data Validation Type** | Error |
| **Data Validation Rule** | [If “No-one” or "Declined to answer" is selected, no other selections are allowed] – If “No-one” or “Declined to answer” is selected, de-select any other options selected. |

## **Element name**: WasPhysicallyHurt

| **Field** | **Description** |
| --- | --- |
| **Question Number** | 16 |
| **Section & Sub-section** | ClientInfo  PersonalWellBeing |
| **Definition** | Physically hurt by current or former intimate parterner or other family member |
| **Required field** | Yes |
| **Allowed values** | 1 - Current/former intimate partner  2 - Other family member  3 - Someone else  4 - No-one  88 - Declined to answer |
| **Allow multiple values** | Yes |
| **Occurrence** | 1-3 per client |
| **XML example** | <WasPhysicallyHurtList> <WasPhysicallyHurt>1</WasPhysicallyHurt>  </WasPhysicallyHurtList> |
| **Data Validation Type** | Error |
| **Data Validation Rule** | [If “No-one” or "Declined to answer" is selected, no other selections are allowed] – If “No-one” or “Declined to answer” is selected, de-select any other options selected. |

## **Element name**: WasForced

| **Field** | **Description** |
| --- | --- |
| **Question Number** | 16 |
| **Section & Sub-section** | ClientInfo  PersonalWellBeing |
| **Definition** | Forced by current or former intimate parterner or other family member |
| **Required field** | Yes |
| **Allowed values** | 1 - Current/former intimate partner  2 - Other family member  3 - Someone else  4 - No-one  88 - Declined to answer |
| **Allow multiple values** | Yes |
| **Occurrence** | 1-3 per client |
| **XML example** | <WasForcedList> <WasForced>1</WasForced>  </WasForcedList> |
| **Data Validation Type** | Error |
| **Data Validation Rule** | [If “No-one” or "Declined to answer" is selected, no other selections are allowed] – If “No-one” or “Declined to answer” is selected, de-select any other options selected. |

## **Element name**: ReferredForIPV

| **Field** | **Description** |
| --- | --- |
| **Question Number** | 17 |
| **Section & Sub-section** | ClientInfo  PersonalWellBeing |
| **Definition** | Referral for Interpersonal violence (IPV) |
| **Required field** | Yes |
| **Allowed values** | 1 - Yes, referral provided  2 - No referral, did not indicate IPV.  3 - No referral, as the participant declined referral  88 - Declined to answer |
| **Allow multiple values** | No |
| **Occurrence** | 1 per client |
| **XML example** | <ReferredForIPV>1</ReferredForIPV> |
| **Data Validation Type** | None |
| **Data Validation Rule** | None |

## **Element name**: MoreChildrenDesired

| **Field** | **Description** |
| --- | --- |
| **Question Number** | 18 |
| **Section & Sub-section** | ClientInfo  Reproductive Health |
| **Definition** | More children desired |
| **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** | <MoreChildrenDesired>1</MoreChildrenDesired> |
| **Data Validation Type** | Error |
| **Data Validation Rule** | [If ‘ParticipantType’ in Demographic form = “CM/CC particpant”, and this field is blank] – Element 'MoreChildrenDesired' is missing. |

## **Element name**: PlannedMonthsToNextPregnancy

| **Field** | **Description** |
| --- | --- |
| **Question Number** | 18a |
| **Section & Sub-section** | ClientInfo  Reproductive Health |
| **Definition** | When participant would like to become pregnant |
| **Required field** | No |
| **Allowed values** | 1 - 0 – 11 months  2 - 12 – 17 months  3 - 18 – 23 months  4 - 24 months +  5 - Unable to get pregnant  99 - Don’t know  88 - Declined to answer |
| **Allow multiple values** | No |
| **Occurrence** | 0-1 per client |
| **XML example** | <PlannedMonthsToNextPregnancy>1</PlannedMonthsToNextPregnancy> |
| **Data Validation Type** | Error  Error |
| **Data Validation Rule** | [If ‘MoreChildrenDesired’ = “Yes”, and ‘PlannedMonthsToNextPregnancy’ is blank] – ‘PlannedMonthsToNextPregnancy’ should be provided because the client indicated they want more children.  [If ‘MoreChildrenDesired’ = “No”, or “Don't know” or “Declined to answer” then ‘PlannedMonthsToNextPregnancy’ must be blank] – 'PlannedMonthsToNextPregnancy' must be blank since client indicated 'MoreChildrenDesired' as “No” or “Don't know” or “Declined to answer”. |

## **Element name**: UsingCondom

| **Field** | **Description** |
| --- | --- |
| **Question Number** | 19 |
| **Section & Sub-section** | ClientInfo  Reproductive Health |
| **Definition** | Use condom to prevent STDs |
| **Required field** | No |
| **Allowed values** | 0 - No  1 - Yes  2 - No – Married or partnered  3 - No – Not sexually active  99 - Don’t know  88 - Declined to answer |
| **Allow multiple values** | No |
| **Occurrence** | 0-1 per client |
| **XML example** | <UsingCondom>1</UsingCondom> |
| **Data Validation Type** | Error |
| **Data Validation Rule** | [If ‘ParticipantType’ in Demographic Form = “CM/CC particpant”, and this field is blank] – Element 'UsingCondom' is missing. |

## **Element name**: BirthControlUsed

| **Field** | **Description** |
| --- | --- |
| **Question Number** | 20 |
| **Section & Sub-section** | ClientInfo  ReproductiveLifePlanning |
| **Definition** | Birth control until ready to become pregnant |
| **Required field** | No |
| **Allowed values** | 1 - Tubes tied or blocked  2 - Vasectomy  3 - Birth control pills  4 - Condoms  5 - Shots or injections  6 - Contraceptive patch or vaginal ring  7 - IUD  8 - Contraceptive implant in the arm  9 - Natural family planning  10 - Withdrawal  11 - Not having sex  12 - Unable to get pregnant  13 - None  88 - Declined to answer |
| **Allow multiple values** | Yes |
| **Occurrence** | 0-15 per client |
| **XML example** | <BirthControlUsedList>  <BirthControlUsed>1</BirthControlUsed>  <BirthControlUsed>2</BirthControlUsed>  </BirthControlUsedList> |
| **Data Validation Type** | Error Error |
| **Data Validation Rule** | [If "None" or "Declined to answer" is checked, no other selections are allowed] – If "None" or "Declined to answer" is selected, deselect any other options for 'BirthControlUsed'.  [If ‘ParticipantType’ in Demographic Form = “CM/CC participant”, and this field is blank] – Element 'BirthControlUsed' is missing. |

## **Element name**: PregnancyHistory

| **Field** | **Description** |
| --- | --- |
| **Question Number** | 21 |
| **Section & Sub-section** | ClientInfo  PregnancyAndChildbirthHistory |
| **Definition** | Pregnancy history |
| **Required field** | No |
| **Allowed values** | 1 - Live birth  2 - Ectopic or tubal pregnancy without live birth  3 - Miscarriage  4 - Stillbirth or fetal death  5 - Termination of pregnancy  6 - None of the above  88 - Declined to answer |
| **Allow multiple values** | Yes |
| **Occurrence** | 0-5 per client |
| **XML example** | <PregnancyHistoryList>  <PregnancyHistory>1</PregnancyHistory>  <PregnancyHistory>3</PregnancyHistory>  </PregnancyHistoryList> |
| **Data Validation Type** | Error  Error |
| **Data Validation Rule** | [If ‘ParticipantType’ in demographic form = “CM/CC particpant” and ‘Sex’ in Demographic form is “Female”, and this field is blank] – Element 'PregnancyHistory' is missing.  [If "None of the above" or "Declined to answer" is checked, no other selections are allowed] – If ‘None of the above’ or ‘Declined to answer’ is selected, deselect any other options for ‘PregnancyHistory.' |

## **Element name**: LiveBirthNumber

| **Field** | **Description** |
| --- | --- |
| **Question Number** | 21 |
| **Section & Sub-section** | ClientInfo  PregnancyAndChildbirthHistory |
| **Definition** | Live birth number |
| **Required field** | No |
| **Allowed values** | An integer value between 1-99 |
| **Allow multiple values** | No |
| **Occurrence** | 0-1 per client |
| **XML example** | <LiveBirthNumber>1</LiveBirthNumber> |
| **Data Validation Type** | Error |
| **Data Validation Rule** | [If ‘PregnancyHistory’ = “live birth”, and this field is missing]  – Element 'LiveBirthNumber' is missing. |

## **Element name**: SingletonBirthNumber

| **Field** | **Description** |
| --- | --- |
| **Question Number** | 21 |
| **Section & Sub-section** | ClientInfo  PregnancyAndChildbirthHistory |
| **Definition** | Singleton birth number |
| **Required field** | No |
| **Allowed values** | An integer value between 0-99 |
| **Allow multiple values** | No |
| **Occurrence** | 0-1 per client |
| **XML example** | <SingletonBirthNumber>1</SingletonBirthNumber> |
| **Data Validation Type** | Error  Error |
| **Data Validation Rule** | [If # singleton birth is greater than ‘LiveBirthNumber’] – ‘SingletonBirthNumber’ cannot be greater than ‘LiveBirthNumber’.  [If ‘PregnancyHistory’ = “live birth”, and this field is missing. If the value is zero, the validation should not flag]  – Element 'SingletonBirthNumber' is missing. |

## **Element name**: TubalPregnancyNumber

| **Field** | **Description** |
| --- | --- |
| **Question Number** | 21 |
| **Section & Sub-section** | ClientInfo  PregnancyAndChildbirthHistory |
| **Definition** | Ectopic or tubal pregnancy number |
| **Required field** | No |
| **Allowed values** | An integer value between 1-99 |
| **Allow multiple values** | No |
| **Occurrence** | 0-1 per client |
| **XML example** | <TubalPregnancyNumber>1</TubalPregnancyNumber> |
| **Data Validation Type** | None |
| **Data Validation Rule** | None |

## **Element name**: MiscarriageNumber

| **Field** | **Description** |
| --- | --- |
| **Question Number** | 21 |
| **Section & Sub-section** | ClientInfo  PregnancyAndChildbirthHistory |
| **Definition** | Miscarriage number |
| **Required field** | No |
| **Allowed values** | An integer value between 1-99 |
| **Allow multiple values** | No |
| **Occurrence** | 0-1 per client |
| **XML example** | <MiscarriageNumber>1</MiscarriageNumber> |
| **Data Validation Type** | None |
| **Data Validation Rule** | None |

## **Element name**: StillbirthNumber

| **Field** | **Description** |
| --- | --- |
| **Question Number** | 21 |
| **Section & Sub-section** | ClientInfo  PregnancyAndChildbirthHistory |
| **Definition** | Stillbirth number |
| **Required field** | No |
| **Allowed values** | An integer value between 1-99 |
| **Allow multiple values** | No |
| **Occurrence** | 0-1 per client |
| **XML example** | <StillbirthNumber>1</StillbirthNumber> |
| **Data Validation Type** | None |
| **Data Validation Rule** | None |

## **Element name**: TerminationNumber

| **Field** | **Description** |
| --- | --- |
| **Question Number** | 21 |
| **Section & Sub-section** | ClientInfo  PregnancyAndChildbirthHistory |
| **Definition** | Termination number |
| **Required field** | No |
| **Allowed values** | An integer value between 1-99 |
| **Allow multiple values** | No |
| **Occurrence** | 0-1 per client |
| **XML example** | <TerminationNumber>1</TerminationNumber> |
| **Data Validation Type** | None |
| **Data Validation Rule** | None |

## **Element name**: HadPreviousPretermBirth

| **Field** | **Description** |
| --- | --- |
| **Question Number** | 22 |
| **Section & Sub-section** | ClientInfo  PreviousBirths |
| **Definition** | Previous preterm birth |
| **Required field** | No |
| **Allowed values** | 0 - No  1 - Yes  88 - Declined to answer  99 - Don't know |
| **Allow multiple values** | No |
| **Occurrence** | 0-1 per client |
| **XML example** | <HadPreviousPretermBirth>1</HadPreviousPretermBirth> |
| **Data Validation Type** | Error |
| **Data Validation Rule** | [If ‘PregnancyHistory’ = “live birth”, and this field is missing]  – Element 'HadPreviousPretermBirth' is missing. |

## **Element name**: PretermDeliveriesNumber

| **Field** | **Description** |
| --- | --- |
| **Question Number** | 22 |
| **Section & Sub-section** | ClientInfo  PreviousBirths |
| **Definition** | Preterm deliveries number |
| **Required field** | No |
| **Allowed values** | An integer value between 1-99 |
| **Allow multiple values** | No |
| **Occurrence** | 0-1 per client |
| **XML example** | <PretermDeliveriesNumber>1</PretermDeliveriesNumber> |
| **Data Validation Type** | Error  Error |
| **Data Validation Rule** | [If ‘HadPreviousPretermBirth’ = “Yes", and this field is missing] – Element 'PretermDeliveriesNumber' is missing.  [If # previous preterm birth is greater than ‘LiveBirthNumber’] – 'PretermDeliveriesNumber' cannot be greater than 'LiveBirthNumber' |

## **Element name**: HadLBW

| **Field** | **Description** |
| --- | --- |
| **Question Number** | 23 |
| **Section & Sub-section** | ClientInfo  PreviousBirths |
| **Definition** | Previous low birth weight (LBW) baby |
| **Required field** | No |
| **Allowed values** | 0 - No  1 - Yes  88 - Declined to answer  99 - Don't know |
| **Allow multiple values** | No |
| **Occurrence** | 0-1 per client |
| **XML example** | <HadLBW>1</HadLBW> |
| **Data Validation Type** | Error |
| **Data Validation Rule** | [If ‘PregnancyHistory’ = “live birth”, and this field is missing] – Element ‘HadLbw’ is missing. |

## **Element name**: LBWBabiesNumber

| **Field** | **Description** |
| --- | --- |
| **Question Number** | 23 |
| **Section & Sub-section** | ClientInfo  PreviousBirths |
| **Definition** | low birth weight (LBW) babies number |
| **Required field** | No |
| **Allowed values** | An integer value between 1-99 |
| **Allow multiple values** | No |
| **Occurrence** | 0-1 per client |
| **XML example** | <LBWBabiesNumber>1</LBWBabiesNumber> |
| **Data Validation Type** | Alert  Error |
| **Data Validation Rule** | [If ‘HadLBW’ = “Yes”, and this field is missing] – Element 'LBWBabiesNumber' is missing.  [If ‘LBWBabiesNumber’ is greater than ‘LiveBirthNumber’] 'LBWBabiesNumber' cannot be greater than 'LiveBirthNumber' |

## **Element name**: MultiplesLBWBabiesNumber

| **Field** | **Description** |
| --- | --- |
| **Question Number** | 23 |
| **Section & Sub-section** | ClientInfo  PreviousBirths |
| **Definition** | Multiples (such as twins or triplets) low birth weight (LBW) babies number |
| **Required field** | No |
| **Allowed values** | An integer value between 0-99 |
| **Allow multiple values** | No |
| **Occurrence** | 0-1 per client |
| **XML example** | <MultiplesLBWBabiesNumber>1</MultiplesLBWBabiesNumber> |
| **Data Validation Type** | Alert  Error |
| **Data Validation Rule** | [If ‘HadLBW’ = “Yes”, and this field is missing. If the value is zero, the validation should not flag] – Element 'MultiplesLBWBabiesNumber' is missing.  [If ‘MultiplesLBWBabiesNumber’ is greater than ‘LiveBirthNumber’] – 'MultiplesLBWBabiesNumber' cannot be greater than 'LiveBirthNumber' |

## **Element name**: HadVeryLBW

| **Field** | **Description** |
| --- | --- |
| **Question Number** | 23a |
| **Section & Sub-section** | ClientInfo  PreviousBirths |
| **Definition** | Previous very low birth weight baby |
| **Required field** | No |
| **Allowed values** | 0 - No  1 - Yes  88 - Declined to answer  99 - Don't know |
| **Allow multiple values** | No |
| **Occurrence** | 0-1 per client |
| **XML example** | <HadVeryLBW>1</HadVeryLBW> |
| **Data Validation Type** | Error |
| **Data Validation Rule** | [If ‘HadLBW’ is "Yes", and ‘HadVeryLBW’ is missing] – Element 'HadVeryLBW' is missing. |

## **Element name**: VeryLBWBabiesNumber

| **Field** | **Description** |
| --- | --- |
| **Question Number** | 23a |
| **Section & Sub-section** | ClientInfo  PreviousBirths |
| **Definition** | Very low birth weight babies number |
| **Required field** | No |
| **Allowed values** | An integer value between 1-99 |
| **Allow multiple values** | No |
| **Occurrence** | 0-1 per client |
| **XML example** | <VeryLBWBabiesNumber>1</VeryLBWBabiesNumber> |
| **Data Validation Type** | Alert  Error |
| **Data Validation Rule** | [If ‘HadVeryLBW’ is "Yes", and ‘VeryLBWBabiesNumber’ is missing] – Element 'VeryLBWBabiesNumber' is missing.  [If ‘VeryLBWBabiesNumber’ is greater than ‘LBWBabiesNumber’] –  'VeryLBWBabiesNumber' cannot be greater than 'LBWBabiesNumber'. |

## **Element name**: HadMacrosomia

| **Field** | **Description** |
| --- | --- |
| **Question Number** | 24 |
| **Section & Sub-section** | ClientInfo  PreviousBirths |
| **Definition** | Macrosomia |
| **Required field** | No |
| **Allowed values** | 0 - No  1 - Yes  88 - Declined to answer  99 - Don't know |
| **Allow multiple values** | No |
| **Occurrence** | 0-1 per client |
| **XML example** | <HadMacrosomia>1</HadMacrosomia> |
| **Data Validation Type** | Error |
| **Data Validation Rule** | [If ‘PregnancyHistory’ = “live birth,” and this field is missing] Element ‘HadMacrosomia’ is missing. |

## **Element name**: FetalMacrosomiaNumber

| **Field** | **Description** |
| --- | --- |
| **Question Number** | 24 |
| **Section & Sub-section** | ClientInfo  PreviousBirths |
| **Definition** | Macrosomia number |
| **Required field** | No |
| **Allowed values** | An integer value between 1-99 |
| **Allow multiple values** | No |
| **Occurrence** | 0-1 per client |
| **XML example** | <FetalMacrosomiaNumber>1</FetalMacrosomiaNumber> |
| **Data Validation Type** | Alert  Error |
| **Data Validation Rule** | [If ‘HadMAcrosomia’ = “Yes”, and this field is missing] – Element 'FetalMacrosomiaNumber' is missing.  [If ‘FetalMacrosomiaNumber’ is greater than ‘LiveBirthNumber’] – 'FetalMacrosomiaNumber' cannot be greater than 'LiveBirthNumber' |

## **Element name**: PreviousInfantDeath

| **Field** | **Description** |
| --- | --- |
| **Question Number** | 25 |
| **Section & Sub-section** | ClientInfo  PreviousBirths |
| **Definition** | Previous infant death |
| **Required field** | No |
| **Allowed values** | 0 - No  1 - Yes  88 - Declined to answer |
| **Allow multiple values** | No |
| **Occurrence** | 0-1 per client |
| **XML example** | <PreviousInfantDeath>1</PreviousInfantDeath> |
| **Data Validation Type** | Error |
| **Data Validation Rule** | [If ‘PregnancyHistory’ = “live birth”, and this field is missing] – Element 'PreviousInfantDeath' is missing. |

## **Element name**: PreviousChildDeathNumber

| **Field** | **Description** |
| --- | --- |
| **Question Number** | 25a |
| **Section & Sub-section** | ClientInfo  PreviousBirths |
| **Definition** | Number of previous infant mortalities |
| **Required field** | No |
| **Allowed values** | An integer value between 1-99 |
| **Allow multiple values** | No |
| **Occurrence** | 0-1 per client |
| **XML example** | <PreviousChildDeathNumber>1</PreviousChildDeathNumber> |
| **Data Validation Type** | Error |
| **Data Validation Rule** | [If ‘PreviousInfantDeath’ = “Yes,” and this field is missing] – Element ‘PreviousChildDeathNumber’ is missing. |

## **Element name**: PreviousChildDeathNumberDD

| **Field** | **Description** |
| --- | --- |
| **Question Number** | 25a |
| **Section & Sub-section** | ClientInfo  PreviousBirths |
| **Definition** | Number of previous infant mortalities – Declined to answer |
| **Required field** | No |
| **Allowed values** | 88 - Declined to answer |
| **Allow multiple values** | No |
| **Occurrence** | 0-1 per client |
| **XML example** | <PreviousChildDeathNumberDD>88</PreviousChildDeathNumberDD> |
| **Data Validation Type** | Error |
| **Data Validation Rule** | [If ‘PreviousInfantDeath’ = “Yes” and ‘PreviousChildDeathNumber’ and ‘PreviousChildDeathNumberDD’ are blank, throw an error] – Input 'PreviousChildDeathNumber' or select “Declined to answer.” |

## **Element name**: PreviousNeonatalDeathNumber

| **Field** | **Description** |
| --- | --- |
| **Question Number** | 25b |
| **Section & Sub-section** | ClientInfo  PreviousBirths |
| **Definition** | Neonatal mortality number |
| **Required field** | No |
| **Allowed values** | An integer value between 1-99 |
| **Allow multiple values** | No |
| **Occurrence** | 0-1 per client |
| **XML example** | <PreviousNeonatalDeathNumber>1</PreviousNeonatalDeathNumber> |
| **Data Validation Type** | None |
| **Data Validation Rule** | None |

## **Element name**: PreviousInfantDeathNumber

| **Field** | **Description** |
| --- | --- |
| **Question Number** | 25b |
| **Section & Sub-section** | ClientInfo  PreviousBirths |
| **Definition** | Infant mortality number |
| **Required field** | No |
| **Allowed values** | An integer value between 1-99 |
| **Allow multiple values** | No |
| **Occurrence** | 0-1 per client |
| **XML example** | <PreviousInfantDeathNumber>1</PreviousInfantDeathNumber> |
| **Data Validation Type** | None |
| **Data Validation Rule** | None |

## **Element name**: PreviousPostInfancyDeathNumber

| **Field** | **Description** |
| --- | --- |
| **Question Number** | 25b |
| **Section & Sub-section** | ClientInfo  PreviousBirths |
| **Definition** | Post-infancy mortality |
| **Required field** | No |
| **Allowed values** | An integer value between 1-99 |
| **Allow multiple values** | No |
| **Occurrence** | 0-1 per client |
| **XML example** | <PreviousPostInfancyDeathNumber>1</PreviousPostInfancyDeathNumber> |
| **Data Validation Type** | None |
| **Data Validation Rule** | None |

## **Element name**: PreviousChildDeathAgeDD

| **Field** | **Description** |
| --- | --- |
| **Question Number** | 25b |
| **Section & Sub-section** | ClientInfo  PreviousBirths |
| **Definition** | Neonatal mortality number – Declined to answer |
| **Required field** | No |
| **Allowed values** | An integer value 88 |
| **Allow multiple values** | No |
| **Occurrence** | 0-1 per client |
| **XML example** | < PreviousChildDeathAgeDD>88</ PreviousChildDeathAgeDD> |
| **Data Validation Type** | Error |
| **Data Validation Rule** | [If 'PreviousInfantDeath' = "Yes" and 'PreviousNeonatalDeathNumber', 'PreviousInfantDeathNumber', 'PreviousPostInfancyDeathNumber', and 'PreviousChildDeathAgeDD' are missing] Input 'PreviousNeonatalDeathNumber', PreviousInfantDeathNumber', 'PreviousPostInfancyDeathNumber', or select 'Declined to answer'. |