

Screening and Assessment MDE Field Descriptions

**Data User's Manual
Version 7.00
July 2008**

Public reporting burden of this collection of information is estimated to average 16 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to CDC/ATSDR Reports Clearance Officer; 1600 Clifton Road NE, MS D-74, Atlanta, Georgia 30333; ATTN: PRA (0920-0612)

Part A: Screening and Assessment MDE Field Descriptions

	Name	Type	Location
0. MDE Version			
a. MDE Version	MDEVer	Numeric	1-3
1. Screening Location			
a. State/Tribal FIPS Code	StFIPS	Character	4-5
b. FIPS County Code (Provider)	HdFIPS	Character	6-8
c. Enrollment Site ID	EnrollSiteID	Character	9-13
d. Screening Site ID	ScreenSiteID	Character	14-18
2. Record Identification			
a. Unique Screening Record ID Number	NRec	Numeric	19-24
b. Disposition Status	Disp	Numeric	25
3. Participant Information			
a. Unique Participant ID Number	EncodeID	Character	26-40
b. County of Residence	CntyFIPS	Character	41-43
c. ZIP Code of Residence	ZIP	Character	44-48
d. Date of Birth	DOB	Numeric	49-56
e. Hispanic or Latino Origin	Latino	Numeric	57
f. First Race Listed	Race1	Numeric	58
g. Second Race Listed	Race2	Numeric	59
h. Third Race Listed	Race3	Numeric	60
i. Fourth Race Listed	Race4	Numeric	61
j. Fifth Race Listed	Race5	Numeric	62
k. Sixth Race Listed	Race6	Numeric	63
l. Education (highest grade completed)	Education	Numeric	64-65
4. Assessment Date			
a. Assessment Date	AssessDate	Numeric	66-73
5. Assessment Information: Health History			
a. Have you ever been told by a doctor, nurse, or other health professional that your blood cholesterol is high?	SRHC	Numeric	74
b. Have you ever been told by a doctor, nurse, or other health professional that you have high blood pressure?	SRHB	Numeric	75
c. Have you ever been told by a doctor, nurse, or other health professional that you have diabetes?	SRD	Numeric	76

Part A: Screening and Assessment MDE Field Descriptions

	Name	Type	Location
d. Has a doctor, nurse, or other health professional ever told you that you had any of the following: heart attack (also called myocardial infarction), angina, coronary heart disease, or stroke?	SRHA	Numeric	77
6. Assessment Information: Family Health History			
a. Has your father, brother, or son had a stroke or heart attack before age 55?	FAMHAM	Numeric	78
b. Has your mother, sister, or daughter had a stroke or heart attack before age 65?	FAMHAF	Numeric	79
c. Has either of your parents, your brother or sister, or your child ever been told by a doctor, nurse, or other health professional that he or she has diabetes?	FAMD	Numeric	80
7. Assessment Information: Medication Status			
a. Are you currently taking medication for high cholesterol?	HCMeds	Numeric	81
b. Are you currently taking medication for high blood pressure?	HBPMeds	Numeric	82
c. Are you currently taking medication for diabetes?	DMeds	Numeric	83
8. Assessment Information: Smoking Status			
a. Do you now smoke cigarettes?	Smoker	Numeric	84
9. Screening Information: Anthropometrics			
a. Height and Weight Measurement Date	WeightDate	Numeric	85-92
b. Height	Height	Numeric	93-95
c. Height Unit	Hgt_Unit	Numeric	96
d. Weight	Weight	Numeric	97-99
e. Weight Unit	Wgt_Unit	Numeric	100
10. Screening Information: Blood Pressure			
a. Blood Pressure Measurement Date	BPDate	Numeric	101-108
b. Systolic #1, mm Hg	SBP1	Numeric	109-111
c. Diastolic #1, mm Hg	DBP1	Numeric	112-114
d. Systolic #2, mm Hg	SBP2	Numeric	115-117
e. Diastolic #2, mm Hg	DBP2	Numeric	118-120
11. Screening Information: Blood Cholesterol			
a. Cholesterol Measurement Date	TCDate	Numeric	121-128
b. Total Cholesterol (fasting or	TotChol	Numeric	129-131

Part A: Screening and Assessment MDE Field Descriptions

	Name	Type	Location
nonfasting), mg/dl			
c. HDL Cholesterol (fasting or nonfasting), mg/dl	HDL	Numeric	132-134
d. LDL Cholesterol (fasting only), mg/dl	LDL	Numeric	135-137
e. Triglycerides (fasting only), mg/dl	Trigly	Numeric	138-141
f. Fasting Status for cholesterol measurement (at least 9 hours)	TCFast	Numeric	142
12. Screening Information: Blood Glucose			
a. Glucose Measurement Date	BGDate	Numeric	143-150
b. Glucose (fasting or nonfasting), mg/dl	Glucose	Numeric	151-153
c. Fasting status for glucose (at least 8 hours)	BGFast	Numeric	154
d. A1C, %	A1C	Numeric	155-158
13. Workup: Alert Follow-up			
a. If average SBP>180 or DBP>110, what is the status of the workup?	BPAAlert	Numeric	159
b. If average SBP>180 or DBP>110, diagnostic exam date.	BPDiDate	Numeric	160-167
c. If average SBP>180 or DBP>110, what type of treatment was prescribed?	BPTreat	Numeric	168
d. If TOTCHOL>400, what is the status of the workup?	TCAAlert	Numeric	169
e. If TOTCHOL>400, diagnostic exam date.	TCDiDate	Numeric	170-177
f. If TOTCHOL>400, what type of treatment was prescribed?	TCTreat	Numeric	178
g. If GLUCOSE>375, what is the status of the workup?	BGAAlert	Numeric	179
h. If GLUCOSE>375, diagnostic exam date.	BGDiDate	Numeric	180-187
i. If GLUCOSE>375, what type of treatment was prescribed?	BGTreat	Numeric	188

Part B: Screening and Assessment MDE Field Descriptions

Section 0: MDE Version

Item	0a: MDE Version
Purpose	To specify the version of the MDE that was used to construct the file.
Name	MDEVer
Length	3
Type	Numeric
Justification	Right
Leading Zeros	No
Beginning Position	1
Edits	Cannot be blank.
Contents	700 Version 7.00
Explanation	Enter the version of the MDE that was used to construct the files.
Example	MDE version 7.00: 700

Section 1: Screening Location

Item	1a: State/Tribal FIPS Code (Provider)
Purpose	To specify the FIPS or Tribal Program code for the State or Tribe where screening occurred.
Name	StFIPS
Length	2
Type	Character
Justification	Left
Leading Zeros	Yes
Beginning Position	4
Edits	Valid FIPS State/Tribal code; cannot be blank.
Contents	06 California (CA) 09 Connecticut (CT) 17 Illinois (IL) 19 Iowa (IA) 25 Massachusetts (MA) 26 Michigan (MI) 27 Minnesota (MN) 29 Missouri (MO) 31 Nebraska (NE) 37 North Carolina (NC) 41 Oregon (OR) 42 Pennsylvania (PA)

Part B: Screening and Assessment MDE Field Descriptions

	45 South Carolina (SC)
	46 South Dakota (SD)
	49 Utah (UT)
	50 Vermont (VT)
	51 Virginia (VA)
	54 West Virginia (WV)
	55 Wisconsin (WI)
	85 Southeast Alaska Region Health Consortium (SEARHC)
	92 Southcentral Foundation (SCF)
Explanation	The State FIPS codes are the Federal Information Processing Standard codes developed by the National Bureau of Standards. The Tribal Program codes are codes assigned by CDC to be used by the Tribal Programs in lieu of FIPS.
Example	Connecticut: 09

Section 1: Screening Location

Item	1b: FIPS County Code (Provider)
Purpose	To specify the FIPS code for the county of the primary screening provider.
Name	HdFIPS
Length	3
Type	Character
Justification	Left
Leading Zeros	Yes
Beginning Position	6
Edits	Valid FIPS county code; cannot be blank (except for States without counties or Tribal Programs).
Contents	
Explanation	This is the FIPS county code of the primary screening provider. The county FIPS codes are the Federal Information Processing Standard codes developed by the National Bureau of Standards. There are 3-digit codes for each county in a State. If you need a list of these codes for your State, CDC can supply it.
	For States without counties and Tribal Programs, enter blank.
Example	Alameda County, CA: 001

Section 1: Screening Location

Item	1c: Enrollment Site ID
Purpose	To specify the point of enrollment into the program.

Part B: Screening and Assessment MDE Field Descriptions

Name	EnrollSiteID
Length	5
Type	Character
Justification	Left
Leading Zeros	n/a
Beginning Position	9
Edits	Valid code for the enrollment site; cannot be blank.
Contents	
Explanation	This is the point of enrollment of the participant to the program. The intent is to identify the center that is administratively responsible for the care and tracking of a participant.
Example	Cedar Clinic: 00025

Section 1: Screening Location

Item	1d: Screening Site ID
Purpose	To specify the site where the participant received her screening.
Name	ScreenSiteID
Length	5
Type	Character
Justification	Left
Leading Zeros	n/a
Beginning Position	14
Edits	Valid code for the screening site; cannot be blank.
Contents	
Explanation	This is the site at which the participant is screened.
Example	Cedar Clinic: 00025

Section 2: Record Identification

Item	2a: Unique Screening Record ID Number
Purpose	To uniquely identify records within the file.
Name	NRec
Length	6
Type	Numeric
Justification	Right
Leading Zeros	No
Beginning Position	19

Part B: Screening and Assessment MDE Field Descriptions

Edits	Cannot be blank.
Contents	
Explanation	The record ID number is unique and is a sequence number from 1 to the number of records in the file.
Example	Sequence number: 254

Section 2: Record Identification

Item	2b: Disposition Status
Purpose	To indicate whether the record is complete and can be processed.
Name	Disp
Length	1
Type	Numeric
Justification	Right
Leading Zeros	No
Beginning Position	25
Edits	Valid range; cannot be blank.
Contents	1 Open (additional data expected) 2 Closed (complete)
Explanation	Identifies partially complete records. Refers only to screening variables associated with the particular screening visit captured in the record. Only closed records (Disp=2) will be processed. Records from the last 6 months of the reporting period only can remain open (i.e., all records older than 6 months must be closed regardless of data completion).
Example	Closed: 2

Section 3: Participant Information

Item	3a: Unique Participant ID Number
Purpose	To uniquely identify a participant.
Name	EncodeID
Length	15
Type	Character
Justification	Left
Leading Zeros	n/a
Beginning Position	26
Edits	Cannot be blank.
Contents	
Explanation	If Social Security number is used, encode it. One simple method is to rearrange the order of the 9 digits. The ID number is unique and constant

Part B: Screening and Assessment MDE Field Descriptions

	for each participant in order to track the participant over time. WISEWOMAN uses the NBCCEDP ID number.
Example	ID: 1234567890

Section 3: Participant Information

Item	3b: County of Residence
Purpose	To specify the county of residence of the participant.
Name	CntyFIPS
Length	3
Type	Character
Justification	Left
Leading Zeros	Yes
Beginning Position	41
Edits	Valid county FIPS code; can be blank if ZIP code of residence is provided.
Contents	
Explanation	If unknown, leave blank. Not required if ZIP code of residence is provided. This field must be imported from the NBCCEDP data.
Example	Alameda County, CA: 001

Section 3: Participant Information

Item	3c: ZIP Code of Residence
Purpose	To specify the ZIP code of residence.
Name	ZIP
Length	5
Type	Character
Justification	Left
Leading Zeros	Yes
Beginning Position	44
Edits	Valid ZIP code, cannot be blank.
Contents	ZIP code 77777 Suppressed (ZIP code was provided but suppressed for the MDE submission because fewer than five WISEWOMAN participants live in the ZIP code). 99999 No ZIP code recorded
Explanation	Required even if county of residence is provided. Zip codes with fewer than five participants may be collapsed with the

Part B: Screening and Assessment MDE Field Descriptions

	neighboring ZIP codes or suppressed before submitting to RTI; however, collapsing or suppressing the codes is not required. This field must be imported from the NBCCEDP data; missing values must be recoded using the values presented in the Contents.
Example	ZIP code: 27608

Section 3: Participant Information

Item	3d: Date of Birth
Purpose	To specify the date of birth of the participant.
Name	DOB
Length	8
Type	Numeric
Justification	Right
Leading Zeros	Yes
Beginning Position	49
Edits	Cannot be blank.
Contents	MMDDCCYY Date
Explanation	Age is computed using the date of birth and the screening date. A participant must be aged 40–64 at the time of the screening unless approval has been given by CDC to screen women younger than 40 years old. Refer to Attachment 6 for the verification procedure for participants who are 65 and older but are still eligible for the program. This field must be imported from the NBCCEDP data.
Example	January 3, 1950: 01031950

Section 3: Participant Information

Item	3e: Hispanic or Latino Origin
Purpose	To indicate whether the participant is of Hispanic or Latino origin.
Name	Latino
Length	1
Type	Numeric
Justification	Right
Leading Zeros	No
Beginning Position	57
Edits	Valid range; cannot be blank.
Contents	1 Yes 2 No 7 Unknown

Part B: Screening and Assessment MDE Field Descriptions

	9 No answer recorded
Explanation	Indicate whether the participant is of Hispanic or Latino origin. This field must be imported from the NBCCEDP data; missing values must be recoded using the values presented in the Contents.
Example	Hispanic: 1

Section 3: Participant Information

Item	3f: First Race Listed
Purpose	To specify the race of the participant.
Name	Race1
Length	1
Type	Numeric
Justification	Right
Leading Zeros	No
Beginning Position	58
Edits	Valid range, cannot be blank.
Contents	1 White 2 Black or African American 3 Asian 4 Native Hawaiian or Other Pacific Islander 5 American Indian or Alaska Native 7 Unknown 9 No answer recorded
Explanation	<p>Race must be recorded. The First Race field must be populated first. If a participant self-identifies more than one race, then each race identified must be reported in a separate field.</p> <p>This field must be imported from the NBCCEDP data; missing values must be recoded using the values presented in the Contents. If your NBCCEDP program collects 'Other' as a race category, it must be exported to '7 Unknown' in the WISEWOMAN MDEs.</p>
Example	White: 1

Section 3: Participant Information

Item	3g: Second Race Listed
Purpose	To specify the race of the participant.
Name	Race2
Length	1
Type	Numeric

Part B: Screening and Assessment MDE Field Descriptions

Justification	Right
Leading Zeros	No
Beginning Position	59
Edits	Valid range, cannot be blank.
Contents	1 White 2 Black or African American 3 Asian 4 Native Hawaiian or Other Pacific Islander 5 American Indian or Alaska Native 7 Unknown 9 No answer recorded
Explanation	This field must be coded as 9 (no answer recorded), unless participant reports more than one race. This field must be imported from the NBCCEDP data; missing values must be recoded using the values presented in the Contents. If your NBCCEDP program collects 'Other' as a race category, it must be exported to '7 Unknown' in the WISEWOMAN MDEs.
Example	Black: 2

Section 3: Participant Information

Item	3h: Third Race Listed
Purpose	To specify the race of the participant.
Name	Race3
Length	1
Type	Numeric
Justification	Right
Leading Zeros	No
Beginning Position	60
Edits	Valid range, cannot be blank
Contents	1 White 2 Black or African American 3 Asian 4 Native Hawaiian or Other Pacific Islander 5 American Indian or Alaska Native 7 Unknown 9 No answer recorded

Part B: Screening and Assessment MDE Field Descriptions

Explanation	<p>This field must be coded as 9 (no answer recorded), unless participant reports more than two races.</p> <p>This field must be imported from the NBCCEDP data; missing values must be recoded using the values presented in the Contents. If your NBCCEDP program collects 'Other' as a race category, it must be exported to '7 Unknown' in the WISEWOMAN MDEs.</p>
Example	Asian: 3

Section 3: Participant Information

Item	3i: Fourth Race Listed
Purpose	To specify the race of the participant.
Name	Race4
Length	1
Type	Numeric
Justification	Right
Leading Zeros	No
Beginning Position	61
Edits	Valid range, cannot be blank
Contents	<p>1 White</p> <p>2 Black or African American</p> <p>3 Asian</p> <p>4 Native Hawaiian or Other Pacific Islander</p> <p>5 American Indian or Alaska Native</p> <p>7 Unknown</p> <p>9 No answer recorded</p>
Explanation	<p>This field must be coded as 9 (no answer recorded), unless participant reports more than three races.</p> <p>This field must be imported from the NBCCEDP data; missing values must be recoded using the values presented in the Contents. If your NBCCEDP program collects 'Other' as a race category, it must be exported to '7 Unknown' in the WISEWOMAN MDEs.</p>
Example	Native Hawaiian: 4

Section 3: Participant Information

Item	3j: Fifth Race Listed
Purpose	To specify the race of the participant.
Name	Race5
Length	1

Part B: Screening and Assessment MDE Field Descriptions

Type	Numeric
Justification	Right
Leading Zeros	No
Beginning Position	62
Edits	Valid range, cannot be blank.
Contents	1 White 2 Black or African American 3 Asian 4 Native Hawaiian or Other Pacific Islander 5 American Indian or Alaska Native 7 Unknown 9 No answer recorded
Explanation	This field must be coded as 9 (no answer recorded), unless participant reports more than four races. This field must be imported from the NBCCEDP data; missing values must be recoded using the values presented in the Contents. If your NBCCEDP program collects 'Other' as a race category, it must be exported to '7 Unknown' in the WISEWOMAN MDEs.
Example	American Indian: 5

Section 3: Participant Information

Item	3k: Sixth Race Listed
Purpose	To specify the race of the participant.
Name	Race6
Length	1
Type	Numeric
Justification	Right
Leading Zeros	No
Beginning Position	63
Edits	Valid range, cannot be blank
Contents	1 White 2 Black or African American 3 Asian 4 Native Hawaiian or Other Pacific Islander 5 American Indian or Alaska Native 7 Unknown

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	9 No answer recorded
Explanation	This field must be coded as 9 (no answer recorded), unless participant reports more than five races. This field must be imported from the NBCCEDP data; missing values must be recoded using the values presented in the Contents. If your NBCCEDP program collects 'Other' as a race category, it must be exported to '7 Unknown' in the WISEWOMAN MDEs.
Example	No answer recorded: 9

Section 3: Participant Information

Item	3l : Education (highest grade completed)
Purpose	To specify the highest grade the participant completed.
Name	Education
Length	2
Type	Numeric
Justification	Right
Leading Zeros	No
Beginning Position	64
Edits	Valid range
Contents	1 < 9th 2 Some high school 3 High school graduate or equivalent 4 Some college or higher 7 Don't know 8 Don't want to answer 9 No answer recorded
Explanation	Record the code for the highest grade the participant completed. Codes and response options highlighted in grey should not appear on the data collection form presented to the participant.
Example	Some college: 4

Section 4: Assessment Date

Item	4a: Assessment Date
Purpose	To specify the date that the assessment questions on health history, family health history, medication status, and smoking status were asked of the participant.
Name	AssessDate
Length	8

Part B: Screening and Assessment MDE Field Descriptions

Type	Numeric
Justification	Right
Leading Zeros	Yes
Beginning Position	66
Edits	AssessDate=WeightDate=BPDate AssessDate<=TCDate, BGDate Must be blank if SRHC, SRHB, SRD, SRHA, FAMHAM, FAMHAF, FAMD, HCMeds, HBPMeds, DMeds, and Smoker = 9.
Contents	MMDDCCYY Date
Explanation	The assessment must be completed on the same date as the height/weight measurements and the blood pressure measurements. It must also be completed on the same date or before the cholesterol measurement date and the glucose measurement date.
Example	January 3, 2009: 01032009

Section 5: Assessment Information: Health History

Item	5a: Have you ever been told by a doctor, nurse, or other health professional that your blood cholesterol is high?
Purpose	To determine whether the participant has been told she has high cholesterol.
Name	SRHC
Length	1
Type	Numeric
Justification	Right
Leading Zeros	No
Beginning Position	74
Edits	Valid range; cannot be blank.
Contents	1 Yes 2 No 7 Don't know 8 Don't want to answer 9 No answer recorded
Explanation	Indicate whether the participant has ever been told she has high blood cholesterol. Codes and response options highlighted in grey should not appear on the data collection form presented to the participant.
Example	Has not been told: 2

Part B: Screening and Assessment MDE Field Descriptions

Section 5: Assessment Information: Health History

Item	5b: Have you ever been told by a doctor, nurse, or other health professional that you have high blood pressure?
Purpose	To determine whether the participant has been told she has high blood pressure.
Name	SRHB
Length	1
Type	Numeric
Justification	Right
Leading Zeros	No
Beginning Position	75
Edits	Valid range; cannot be blank.
Contents	1 Yes 2 No 7 Don't know 8 Don't want to answer 9 No answer recorded
Explanation	Indicate whether the participant has ever been told she has high blood pressure. Codes and response options highlighted in grey should not appear on the data collection form presented to the participant.
Example	Does not know whether she has been told: 7

Section 5: Assessment Information: Health History

Item	5c: Have you ever been told by a doctor, nurse, or other health professional that you have diabetes?
Purpose	To determine whether the participant has been told she has diabetes.
Name	SRD
Length	1
Type	Numeric
Justification	Right
Leading Zeros	No
Beginning Position	76
Edits	Valid range; cannot be blank.
Contents	1 Yes 2 No 7 Don't know 8 Don't want to answer 9 No answer recorded

Part B: Screening and Assessment MDE Field Descriptions

Explanation	Indicate whether the participant has ever been told she has diabetes. Codes and response options highlighted in grey should not appear on the data collection form presented to the participant.
Example	Has been told: 1

Section 5: Assessment Information: Health History

Item	5d : Has a doctor, nurse, or other health professional ever told you that you had any of the following: heart attack (also called myocardial infarction), angina, coronary heart disease, or stroke?
Purpose	To determine whether the participant has been told she had a heart attack angina, coronary heart disease, or a stroke.
Name	SRHA
Length	1
Type	Numeric
Justification	Right
Leading Zeros	No
Beginning Position	77
Edits	Valid range; cannot be blank.
Contents	1 Yes 2 No 7 Don't know 8 Don't want to answer 9 No answer recorded
Explanation	Indicate whether the participant has ever been told she had a heart attack (also called myocardial infarction), angina, coronary heart disease, or a stroke. Codes and response options highlighted in grey should not appear on the data collection form presented to the participant.
Example	Does not want to answer: 8

Section 6: Assessment Information: Family Health History

Item	6a : Has your father, brother, or son had a stroke or heart attack before age 55?
Purpose	To determine family history of stroke or heart attack.
Name	FAMHAM
Length	1
Type	Numeric
Justification	Right
Leading Zeros	No

Part B: Screening and Assessment MDE Field Descriptions

Beginning Position	78
Edits	Valid range; cannot be blank.
Contents	<p>1 Yes</p> <p>2 No</p> <p>7 Don't know</p> <p>8 Don't want to answer</p> <p>9 No answer recorded</p>
Explanation	<p>Indicate whether the participant's father, brother, or son had a stroke or heart attack before age 55.</p> <p>Codes and response options highlighted in grey should not appear on the data collection form presented to the participant.</p>
Example	Father had a heart attack before 55: 1

Section 6: Assessment Information: Family Health History

Item	6b: Has your mother, sister, or daughter had a stroke or heart attack before age 65?
Purpose	To determine family history of stroke or heart attack.
Name	FAMHAF
Length	1
Type	Numeric
Justification	Right
Leading Zeros	No
Beginning Position	79
Edits	Valid range; cannot be blank.
Contents	<p>1 Yes</p> <p>2 No</p> <p>7 Don't know</p> <p>8 Don't want to answer</p> <p>9 No answer recorded</p>
Explanation	<p>Indicate whether the participant's mother, sister, or daughter had a stroke or heart attack before age 65.</p> <p>Codes and response options highlighted in grey should not appear on the data collection form presented to the participant.</p>
Example	None of the listed relatives had a stroke or heart attack before 65: 2

Section 6: Assessment Information: Family Health History

Item	6c: Has either of your parents, your brother or sister, or your child ever been told by a doctor, nurse or other health professional that he or she has diabetes?
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Part B: Screening and Assessment MDE Field Descriptions

Purpose	To determine family history of diabetes.
Name	FAMD
Length	1
Type	Numeric
Justification	Right
Leading Zeros	No
Beginning Position	80
Edits	Valid range; cannot be blank.
Contents	<p>1 Yes</p> <p>2 No</p> <p>7 Don't know</p> <p>8 Don't want to answer</p> <p>9 No answer recorded</p>
Explanation	<p>Indicate whether the participant's parents, siblings, or children have been told that they have diabetes.</p> <p>Codes and response options highlighted in grey should not appear on the data collection form presented to the participant.</p>
Example	Does not know: 7

Section 7: Assessment Information: Medication Status

Item	7a: Are you currently taking medication for high cholesterol?
Purpose	To determine whether the participant is taking medication for high cholesterol.
Name	HCMeds
Length	1
Type	Numeric
Justification	Right
Leading Zeros	No
Beginning Position	81
Edits	Valid range; cannot be blank.
Contents	<p>1 Yes, as prescribed</p> <p>2 Yes, but did not take today</p> <p>3 No</p> <p>7 Don't know</p> <p>8 Don't want to answer</p> <p>9 No answer recorded</p>
Explanation	Indicate whether the participant is currently taking medication for high

Part B: Screening and Assessment MDE Field Descriptions

cholesterol.

Codes and response options highlighted in grey should not appear on the data collection form presented to the participant.

Example Taking medication as prescribed: 1

Section 7: Assessment Information: Medication Status

Item	7b: Are you currently taking medication for high blood pressure?
Purpose	To determine whether the participant is taking medication for high blood pressure.
Name	HBPMeds
Length	1
Type	Numeric
Justification	Right
Leading Zeros	No
Beginning Position	82
Edits	Valid range; cannot be blank.
Contents	1 Yes, as prescribed 2 Yes, but did not take today 3 No 7 Don't know 8 Don't want to answer 9 No answer recorded
Explanation	Indicate whether the participant is currently taking medication for high blood pressure. Codes and response options highlighted in grey should not appear on the data collection form presented to the participant.
Example	Taking medication but skipped today's dose: 2

Section 7: Assessment Information: Medication Status

Item	7c: Are you currently taking medication for diabetes?
Purpose	To determine whether the participant is taking medication for diabetes.
Name	DMeds
Length	1
Type	Numeric
Justification	Right
Leading Zeros	No
Beginning Position	83
Edits	Valid range; cannot be blank.

Part B: Screening and Assessment MDE Field Descriptions

Contents	1 Yes, as prescribed 2 Yes, but did not take today 3 No 7 Don't know 8 Don't want to answer 9 No answer recorded
Explanation	Indicate whether the participant is currently taking medication for diabetes. Codes and response options highlighted in grey should not appear on the data collection form presented to the participant.
Example	Does not know: 7

Section 8: Assessment Information: Smoking Status

Item	8a: Do you now smoke cigarettes?
Purpose	To determine whether the participant smokes cigarettes.
Name	Smoker
Length	1
Type	Numeric
Justification	Right
Leading Zeros	No
Beginning Position	84
Edits	Valid range; cannot be blank.
Contents	1 Every day 2 Some days 3 Not at all 7 Don't know 8 Don't want to answer 9 No answer recorded
Explanation	Indicate whether the participant is now smoking cigarettes. Codes and response options highlighted in grey should not appear on the data collection form presented to the participant.
Example	Does not smoke cigarettes: 3

Section 9: Screening Information: Anthropometrics

Item	9a: Height and Weight Measurement Date
Purpose	To specify the date that the height and weight measurements were taken.
Name	WeightDate
Length	8
Type	Numeric

Part B: Screening and Assessment MDE Field Descriptions

Justification	Right
Leading Zeros	Yes
Beginning Position	85
Edits	AssessDate=WeightDate=BPDate Must be blank if Height and Weight =999
Contents	MMDDCCYY Date
Explanation	The height/weight measurements must be taken on the same date as the assessment.
Example	January 3, 2009: 01032009

Section 9: Screening Information: Anthropometrics

Item	9b: Height
Purpose	To specify the participant's height.
Name	Height
Length	3
Type	Numeric
Justification	Right
Leading Zeros	No
Beginning Position	93
Edits	041–092 inches, 104–234 centimeters; cannot be blank. Out-of-range values will be accepted as valid only if a program verifies that the values are valid. Refer to Attachment 6 for the validation procedure of out-of-range values.
Contents	777 Unable to obtain 888 Client refused 999 No measurement recorded
Explanation	Record the height of the participant. Codes and response options highlighted in grey should not appear on the data collection form completed by the provider.
Example	Height of 5 feet 6 inches: 66

Section 9: Screening Information: Anthropometrics

Item	9c: Height Unit
Purpose	To specify the unit used to report the participant's height.
Name	Hgt_Unit
Length	1
Type	Numeric

Part B: Screening and Assessment MDE Field Descriptions

Justification	Right
Leading Zeros	No
Beginning Position	96
Edits	Valid range. Must be blank if height=777 or 888 or 999.
Contents	1 Inches 2 Centimeters
Explanation	Record the unit of measure used for height.
Example	Inches: 1

Section 9: Screening Information: Anthropometrics

Item	9d: Weight
Purpose	To specify the weight of the participant.
Name	Weight
Length	3
Type	Numeric
Justification	Right
Leading Zeros	No
Beginning Position	97
Edits	065–460 pounds, 029–209 kilograms; cannot be blank. Out-of-range values will be accepted as valid only if a program verifies that the values are valid. Refer to Attachment 6 for the validation procedure of out-of-range values.
Contents	777 Unable to obtain 888 Client refused 999 No measurement recorded
Explanation	Record the weight of the participant. Codes and response options highlighted in grey should not appear on the data collection form completed by the provider.
Example	Weight in kilograms: 50

Section 9: Screening Information: Anthropometrics

Item	9e: Weight Unit
Purpose	To specify the unit used to report the participant's weight.
Name	Wgt_Unit
Length	1
Type	Numeric
Justification	Right
Leading Zeros	No

Part B: Screening and Assessment MDE Field Descriptions

Beginning Position	100
Edits	Valid range. Must be blank if weight=777 or 888 or 999.
Contents	1 Pounds 2 Kilograms
Explanation	Record the unit of measure used for weight.
Example	Weight in kilograms: 2

Section 10: Screening Information: Blood Pressure

Item	10a: Blood Pressure Measurement Date
Purpose	To specify the date that the blood pressure measurements were taken.
Name	BPDate
Length	8
Type	Numeric
Justification	Right
Leading Zeros	Yes
Beginning Position	101
Edits	AssessDate=WeightDate=BPDate Must be blank if SBP1, DBP1, SBP2, and DBP2 = 999
Contents	MMDDCCYY Date
Explanation	The blood pressure measurements must be taken on the same date as the assessment.
Example	January 3, 2009: 01032009

Section 10: Screening Information: Blood Pressure

Item	10b: Systolic #1, mm Hg
Purpose	To specify the participant's first systolic blood pressure reading.
Name	SBP1
Length	3
Type	Numeric
Justification	Right
Leading Zeros	No
Beginning Position	109
Edits	074–260; cannot be blank. Out-of-range values will be accepted as valid only if a program verifies that the values are valid. Refer to Attachment 6 for the validation procedure of out-of-range values.
Contents	777 Unable to obtain

Part B: Screening and Assessment MDE Field Descriptions

	888 Client refused
	999 No measurement recorded
Explanation	Record the first systolic blood pressure reading. Codes and response options highlighted in grey should not appear on the data collection form completed by the provider.
Example	Systolic blood pressure: 90

Section 10: Screening Information: Blood Pressure

Item	10c: Diastolic #1, mm Hg
Purpose	To specify the participant's first diastolic blood pressure reading.
Name	DBP1
Length	3
Type	Numeric
Justification	Right
Leading Zeros	No
Beginning Position	112
Edits	002–156; cannot be blank. Out-of-range values will be accepted as valid only if a program verifies that the values are valid. Refer to Attachment 6 for the validation procedure of out-of-range values.
Contents	777 Unable to obtain 888 Client refused 999 No measurement recorded
Explanation	Record the first diastolic blood pressure reading. Codes and response options highlighted in grey should not appear on the data collection form completed by the provider.
Example	Diastolic blood pressure: 90

Section 10: Screening Information: Blood Pressure

Item	10d: Systolic #2, mm Hg
Purpose	To specify the participant's second systolic blood pressure.
Name	SBP2
Length	3
Type	Numeric
Justification	Right
Leading Zeros	No
Beginning Position	115
Edits	074–260, cannot be blank

Part B: Screening and Assessment MDE Field Descriptions

	Out-of-range values will be accepted as valid only if a program verifies that the values are valid. Refer to Attachment 6 for the validation procedure of out-of-range values.
Contents	777 Unable to obtain 888 Client refused 999 No measurement recorded
Explanation	Record the second systolic blood pressure reading. Codes and response options highlighted in grey should not appear on the data collection form completed by the provider.
Example	Systolic blood pressure: 150

Section 10: Screening Information: Blood Pressure

Item	10e: Diastolic #2, mm Hg
Purpose	To specify the participant's second diastolic blood pressure
Name	DBP2
Length	3
Type	Numeric
Justification	Right
Leading Zeros	No
Beginning Position	118
Edits	002–156, cannot be blank Out-of-range values will be accepted as valid only if a program verifies that the values are valid. Refer to Attachment 6 for the validation procedure of out-of-range values.
Contents	777 Unable to obtain 888 Client refused 999 No measurement recorded
Explanation	Record the second diastolic blood pressure reading. Codes and response options highlighted in grey should not appear on the data collection form completed by the provider.
Example	Diastolic blood pressure: 80

Section 11: Screening Information: Blood Cholesterol

Item	11a: Cholesterol Measurement Date
Purpose	To specify the date that the blood cholesterol measurements were taken.
Name	TCDate
Length	8
Type	Numeric
Justification	Right

Part B: Screening and Assessment MDE Field Descriptions

Leading Zeros	Yes
Beginning Position	121
Edits	AssessDate<=TCDate, BGDate Must be blank if TotChol, HDL, and LDL=999 and Trigly=9999.
Contents	MMDDCCYY Date
Explanation	The blood cholesterol measurements must be taken on the same date as or after the assessment. At minimum, every participant must have a total cholesterol and HDL cholesterol value recorded. If the participant was fasting and had a lipid panel completed at the baseline or rescreening visit, then LDL and triglyceride values must also be recorded in addition to total and HDL cholesterol. The date recorded in this field must be the date that the total and HDL cholesterol values were taken. If a lipid panel was completed as part of the baseline or rescreening visit, the date of the lipid panel must be recorded (as it would be the same as the date the total and HDL cholesterol were measured).
Example	January 3, 2009: 01032009

Section 11: Screening Information: Blood Cholesterol

Item	11b: Total Cholesterol (fasting or nonfasting), mg/dl
Purpose	To specify the participant's total cholesterol.
Name	TotChol
Length	3
Type	Numeric
Justification	Right
Leading Zeros	No
Beginning Position	129
Edits	059–702; cannot be blank. Out-of-range values will be accepted as valid only if a program verifies that the values are valid. Refer to Attachment 6 for the validation procedure of out-of-range values.
Contents	777 Inadequate blood sample 888 Client refused 999 No measurement recorded
Explanation	Record the participant's total cholesterol. Total cholesterol measurement may be taken as fasting or nonfasting. At minimum, every participant must have a total cholesterol and HDL cholesterol value recorded. If the participant was fasting and had a lipid panel completed at the baseline or rescreening visit, then LDL and triglyceride values must also be recorded in addition to total and HDL cholesterol.

Part B: Screening and Assessment MDE Field Descriptions

Codes and response options highlighted in grey should not appear on the data collection form completed by the provider.

Example Total cholesterol: 230

Section 11: Screening Information: Blood Cholesterol

Item	11c: HDL Cholesterol (nonfasting), mg/dl
Purpose	To specify the participant's HDL cholesterol.
Name	HDL
Length	3
Type	Numeric
Justification	Right
Leading Zeros	No
Beginning Position	132
Edits	008–196; cannot be blank. Out-of-range values will be accepted as valid only if a program verifies that the values are valid. Refer to Attachment 6 for the validation procedure of out-of-range values.
Contents	777 Inadequate blood sample 888 Client refused 999 No measurement recorded
Explanation	Record the participant's HDL cholesterol. HDL cholesterol measurement may be taken as fasting or nonfasting. At minimum, every participant must have a total cholesterol and HDL cholesterol value recorded. If the participant was fasting and had a lipid panel completed at the baseline or rescreening visit then LDL and triglyceride values must also be recorded in addition to total and HDL cholesterol.

Codes and response options highlighted in grey should not appear on the data collection form completed by the provider.

Example HDL cholesterol: 55

Section 11: Screening Information: Blood Cholesterol

Item	11d: LDL Cholesterol (fasting only), mg/dl
Purpose	To specify participant's LDL cholesterol if a fasting LDL measurement was taken.
Name	LDL
Length	3
Type	Numeric
Justification	Right

Part B: Screening and Assessment MDE Field Descriptions

Leading Zeros	No
Beginning Position	135
Edits	20–380; cannot be blank. Out-of-range values will be accepted as valid only if a program verifies that the values are valid. Refer to Attachment 6 for the validation procedure of out-of-range values.
Contents	777 Inadequate blood sample 888 Client refused 999 No measurement recorded
Explanation	If taken, record the participant’s LDL cholesterol reading. LDL cholesterol must be a fasting measurement. At minimum, every participant must have a total cholesterol and HDL cholesterol value recorded. If the participant was fasting and had a lipid panel completed at the baseline or rescreening visit, then LDL and triglyceride values must also be recorded in addition to total and HDL cholesterol. Codes and response options highlighted in grey should not appear on the data collection form completed by the provider.
Example	LDL cholesterol: 150

Section 11: Screening Information: Blood Cholesterol

Item	11e: Triglycerides (fasting only), mg/dl
Purpose	To specify participant’s triglycerides if a fasting triglycerides measurement was taken.
Name	Trigly
Length	4
Type	Numeric
Justification	Right
Leading Zeros	No
Beginning Position	138
Edits	13–3616; cannot be blank. Out-of-range values will be accepted as valid only if a program verifies that the values are valid. Refer to Attachment 6 for the validation procedure of out-of-range values.
Contents	7777 Inadequate blood sample 8888 Client refused 9999 No measurement recorded

Part B: Screening and Assessment MDE Field Descriptions

Explanation	If taken, record the participant's triglycerides reading. Triglycerides must be a fasting measurement. At minimum, every participant must have a total cholesterol and HDL cholesterol value recorded. If the participant was fasting and had a lipid panel completed at the baseline or rescreening visit, then LDL and triglyceride values must also be recorded in addition to total and HDL cholesterol.
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Codes and response options highlighted in grey should not appear on the data collection form completed by the provider.

Example	Triglycerides: 350
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Section 11: Screening Information: Blood Cholesterol

Item	11f: Fasting status for cholesterol measurements (at least 9 hours)
Purpose	To indicate whether the participant fasted for at least 9 hours prior to having blood drawn for cholesterol measurements.
Name	TCFast
Length	1
Type	Numeric
Justification	Right
Leading Zeros	No
Beginning Position	142
Edits	Valid range; cannot be blank.
Contents	1 Yes

2 No

6 No cholesterol results available (inadequate blood sample, client refused, or no measurement recorded for total cholesterol, HDL cholesterol, LDL cholesterol, and triglycerides)

7 Don't know

8 Client refused

9 No answer recorded

Explanation	Indicate whether the participant fasted for at least 9 hours prior to having blood drawn for cholesterol measurements.
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At minimum, every participant must have a total cholesterol and HDL cholesterol value recorded. If the participant was fasting and had a lipid panel completed at the baseline or rescreening visit, then LDL and triglyceride values must also be recorded in addition to total and HDL cholesterol.

Codes and response options highlighted in grey should not appear on the data collection form completed by the provider.

Example	Fasted for at least 9 hours: 1
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Part B: Screening and Assessment MDE Field Descriptions

Section 12: Screening Information: Blood Glucose

Item	12a: Glucose Measurement Date
Purpose	To specify the date that the blood glucose measurement was taken.
Name	BGDate
Length	8
Type	Numeric
Justification	Right
Leading Zeros	Yes
Beginning Position	143
Edits	AssessDate<=TCDate, BGDate Must be blank if Glucose=999 and A1C=9999
Contents	MMDDCCYY Date
Explanation	The blood glucose measurement must be taken on the same date or after the assessment. If A1C was measured instead of glucose, the date of the A1C reading must be recorded in this field.
Example	January 3, 2009: 01032009

Section 12: Screening Information: Blood Glucose

Item	12b: Glucose (fasting or nonfasting), mg/dl
Purpose	To specify the participant's glucose measurement.
Name	Glucose
Length	3
Type	Numeric
Justification	Right
Leading Zeros	No
Beginning Position	151
Edits	37-571; cannot be blank. Out-of-range values will be accepted as valid only if a program verifies that the values are valid. Refer to Attachment 6 for the validation procedure of out-of-range values.
Contents	666 Participant has a previous diagnosis of diabetes (SRD=1 or DMEDS=1 or 2); glucose reading not necessary 777 Inadequate blood sample 888 Client refused 999 No measurement recorded

Part B: Screening and Assessment MDE Field Descriptions

Explanation	Record the participant's glucose reading. The glucose measurement may be fasting or nonfasting. Participants previously diagnosed with diabetes (defined as SRD=1 or DMEDS=1 or 2) should receive an A1C test instead of the glucose. Codes and response options highlighted in grey should not appear on the data collection form completed by the provider.
Example	Blood Glucose: 110
Section 12: Screening Information: Blood Glucose	
Item	12c: Fasting status for glucose measurement (at least 8 hours)
Purpose	To indicate whether the participant fasted for at least 8 hours prior to having blood drawn for the glucose reading.
Name	BGFast
Length	1
Type	Numeric
Justification	Right
Leading Zeros	No
Beginning Position	154
Edits	Valid range; cannot be blank.
Contents	<p>1 Yes</p> <p>2 No</p> <p>6 No glucose results available (previously diagnosed diabetes, inadequate blood sample, client refused, or no measurement recorded for glucose)</p> <p>7 Don't know</p> <p>8 Client refused</p> <p>9 No answer recorded</p>
Explanation	Indicate whether the participant fasted for at least 8 hours prior to having blood drawn for a glucose reading. Codes and response options highlighted in grey should not appear on the data collection form completed by the provider.
Example	Did not fast: 2

Section 12: Screening Information: Blood Glucose

Item	12d: A1C, %
Purpose	To specify A1C for participants who were previously diagnosed with diabetes.
Name	A1C
Length	4
Type	Numeric

Part B: Screening and Assessment MDE Field Descriptions

Justification	Right
Leading Zeros	No
Beginning Position	155
Edits	2.8-16.2; cannot be blank. Out-of-range values will be accepted as valid only if a program verifies that the values are valid. Refer to Attachment 6 for the validation procedure of out-of-range values.
Contents	6666 No previous diagnosis of diabetes (SRD^=1 & DMEDS^=1 or 2) 7777 Inadequate blood sample 8888 Client refused 9999 No measurement recorded
Explanation	Record the participant's A1C reading if she was tested. Participants previously diagnosed with diabetes (defined as SRD=1 or DMEDS=1 or 2) should receive an A1C test. This test must not be done for participants without a previous diagnosis of diabetes (use code 6666 for participants without a previous diagnosis of diabetes). Codes and response options highlighted in grey should not appear on the data collection form completed by the provider.
Example	A1C : 6.5

Section 13: Workup Information: Alert Follow-up

Item	13a: If average SBP>180 or average DBP>110, what is the status of the workup?
Purpose	To specify the status of the workup for a participant with an alert blood pressure reading
Name	BPAAlert
Length	1
Type	Numeric
Justification	Right
Leading Zeros	No
Beginning Position	159
Edits	Valid range, cannot be blank
Contents	1 Workup pending 2 Workup complete 3 Workup not medically indicated, client being treated 6 Not an alert reading (average SBP<=180 and average DBP<=110)

Part B: Screening and Assessment MDE Field Descriptions

Explanation	<p>7 No blood pressure value recorded (SBP1 and DBP1=777, 888, or 999)</p> <p>8 Client refused workup</p> <p>9 Workup not completed, client lost to follow-up</p> <p>Indicate the status of the workup for participants with alert blood pressure. Two blood pressures must be averaged and rounded to determine if a participant has an alert value (average SBP>180 or average DBP>110). If second blood pressure was not taken, then the first reading must be used to determine if a participant has an alert value.</p>
Example	Workup is pending: 1

Section 13: Workup Information: Alert Follow-up

Item	13b: If average SBP>180 or average DBP>110, diagnostic exam date.
Purpose	To specify additional information about participants with alert blood pressure readings.
Name	BPDiDate
Length	8
Type	Numeric
Justification	Right
Leading Zeros	Yes
Beginning Position	160
Edits	BPDiDate>=BPDate, must be blank if blood pressure reading is not alert or was not recorded
Contents	MMDDCCYY Date
Explanation	<p>Record the date of the diagnostic examination for alert blood pressure readings. Two blood pressures must be averaged and rounded to determine if a participant has an alert value (average SBP>180 or average DBP>110). If second blood pressure was not taken, then the first reading must be used to determine if a participant has an alert value.</p> <p>Date of the diagnostic exam must be after or on the same date as the date of the blood pressure measurement.</p> <p>Field must be left blank if the blood pressure reading was not alert or was not recorded.</p>
Example	Diagnostic exam completed February 28, 2010: 02282010

Section 13: Workup Information: Alert Follow-up

Item	13c: If average SBP>180 or average DBP>110, what type of treatment was prescribed?
Purpose	To specify additional information about participants with alert blood pressure readings.
Name	BPTreat

Part B: Screening and Assessment MDE Field Descriptions

Length	1
Type	Numeric
Justification	Right
Leading Zeros	No
Beginning Position	168
Edits	Valid range, cannot be blank
Contents	1 Medication 2 Therapeutic lifestyle changes (TLC) – this is NOT the same as the lifestyle intervention offered to WISEWOMAN participants 3 Both medication and TLC 4 Nothing prescribed 5 Already on meds 6 Not an alert reading (average SBP \leq 180 and average DBP \leq 110) 7 No blood pressure value recorded (SBP1 and DBP1=777, 888, or 999) 8 Client refused treatment 9 Lost to follow-up
Explanation	Indicate the type of treatment prescribed to a participant with an alert blood pressure reading. Two blood pressures must be averaged and rounded to determine if a participant has an alert value (average SBP $>$ 180 or average DBP $>$ 110). If second blood pressure was not taken, then the first reading must be used to determine if a participant has an alert value.
Example	Was prescribed medication: 1

Section 13: Workup Information: Alert Follow-up

Item	13d: If TOTCHOL $>$ 400, what is the status of the workup?
Purpose	To specify the status of the workup for a participant with alert total cholesterol.
Name	TCAAlert
Length	1
Type	Numeric
Justification	Right
Leading Zeros	No
Beginning Position	169
Edits	Valid range.
Contents	1 Workup pending 2 Workup complete 3 Workup not medically indicated, client being treated

Part B: Screening and Assessment MDE Field Descriptions

	6 Not an alert reading (TOTCHOL<=400)
	7 No total cholesterol value recorded (TOTCHOL=777, 888, or 999)
	8 Client refused workup
	9 Workup not completed, client lost to follow-up
Explanation	Indicate the status of the workup for participants with alert total cholesterol.
Example	Workup has been completed: 2

Section 13: Workup Information: Alert Follow-up

Item	13e: If TOTCHOL>400, diagnostic exam date.
Purpose	To specify additional information about participants with an alert total cholesterol reading.
Name	TCDiDate
Length	8
Type	Numeric
Justification	Right
Leading Zeros	Yes
Beginning Position	170
Edits	TCDiDate>=TCDDate, must be blank if total cholesterol is not alert or was not recorded.
Contents	MMDDCCYY Date
Explanation	Record the date of the diagnostic examination for alert total cholesterol. Date of the diagnostic exam must be after or on the same date as the date of the cholesterol measurement. Field must be left blank if total cholesterol is not alert or was not recorded.
Example	Diagnostic exam completed February 28, 2010: 02282010

Section 13: Workup Information: Alert Follow-up

Item	13f: If TOTCHOL>400, what type of treatment was prescribed?
Purpose	To specify additional information about participants with an alert total cholesterol reading.
Name	TCTreat
Length	1
Type	Numeric
Justification	Right
Leading Zeros	No
Beginning Position	178
Edits	Valid range

Part B: Screening and Assessment MDE Field Descriptions

Contents	<ul style="list-style-type: none"> 1 Medication 2 Therapeutic lifestyle changes (TLC) - this is NOT the same as the lifestyle intervention offered to WISEWOMAN participants 3 Both medication and TLC 4 Nothing prescribed 5 Already on meds 6 Not an alert reading (TOTCHOL<=400) 7 No total cholesterol value recorded (TOTCHOL=777, 888, or 999) 8 Client refused treatment 9 Lost to follow-up
Explanation	Indicate the type of treatment prescribed to a participant with alert total cholesterol.
Example	Is already taking meds: 5

Section 13: Workup Information: Alert Follow-up

Item	13g: If GLUCOSE>375, what is the status of the workup?
Purpose	To specify the status of the workup for a participant with alert blood glucose.
Name	BGAlert
Length	1
Type	Numeric
Justification	Right
Leading Zeros	No
Beginning Position	179
Edits	Valid range
Contents	<ul style="list-style-type: none"> 1 Workup pending 2 Workup complete 3 Workup not medically indicated, client being treated 6 Not an alert reading (GLUCOSE<=375) 7 No blood glucose value recorded (GLUCOSE=666, 777, 888, or 999) 8 Client refused workup 9 Workup not completed, client lost to follow-up
Explanation	Indicate the status of the workup for participants with alert blood glucose.
Example	Workup refused: 8

Part B: Screening and Assessment MDE Field Descriptions

Section 13: Workup Information: Alert Follow-up

Item	13h: If GLUCOSE>375, diagnostic exam date.
Purpose	To specify additional information about participants with an alert blood glucose reading.
Name	BGDiDate
Length	8
Type	Numeric
Justification	Right
Leading Zeros	Yes
Beginning Position	180
Edits	BGDiDate>=BGDate, must be blank if blood glucose is not alert or was not recorded.
Contents	MMDDCCYY Date
Explanation	Record the date of the diagnostic examination for alert blood glucose reading. Date of the diagnostic exam must be after or on the same date as the date of the glucose measurement. Field must be left blank if blood glucose is not alert or was not recorded.
Example	Diagnostic exam completed February 28, 2010: 02282010

Section 13: Workup Information: Alert Follow-up

Item	13i: If GLUCOSE>375, what type of treatment was prescribed?
Purpose	To specify additional information about participants with an alert blood glucose reading.
Name	BGTreat
Length	1
Type	Numeric
Justification	Right
Leading Zeros	No
Beginning Position	188
Edits	Valid range.
Contents	1 Medication 2 Therapeutic lifestyle changes (TLC) - this is NOT the same as the lifestyle intervention offered to WISEWOMAN participants 3 Both medication and TLC 4 Nothing prescribed 5 Already on meds

Part B: Screening and Assessment MDE Field Descriptions

	6 Not an alert reading (GLUCOSE<=375)
	7 No blood glucose value recorded (GLUCOSE=666, 777, 888, or 999)
	8 Client refused treatment
	9 Lost to follow-up
Explanation	Indicate the type of treatment prescribed to a participant with alert blood glucose.
Example	Was not prescribed anything: 4
