

# 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**

|  | <b>Name</b>  | <b>Type</b> | <b>Location</b> |
|--|--------------|-------------|-----------------|
| 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**

|  | <b>Name</b> | <b>Type</b> | <b>Location</b> |
|--|-------------|-------------|-----------------|
| 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             |
| <b>12. Screening Information: Blood Glucose</b>                          |             |             |                 |
| 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         |
| <b>13. Workup: Alert Follow-up</b>                                       |             |             |                 |
| 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

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### 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  |

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### 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)<br>09 Connecticut (CT)<br>17 Illinois (IL)<br>19 Iowa (IA)<br>25 Massachusetts (MA)<br>26 Michigan (MI)<br>27 Minnesota (MN)<br>29 Missouri (MO)<br>31 Nebraska (NE)<br>37 North Carolina (NC)<br>41 Oregon (OR)<br>42 Pennsylvania (PA) |

## Part B: Screening and Assessment MDE Field Descriptions

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|             |   |
|-------------|---|
|             | 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   |

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### 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   |

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### 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

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|                    |  |
|--------------------|--|
| 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  |

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### 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   |

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### 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

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|             |  |
|-------------|--|
| 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   |

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### 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)<br>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  |

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### 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

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|         |  |
|---------|--|
|         | for each participant in order to track the participant over time.<br>WISEWOMAN uses the NBCCEDP ID number. |
| Example | ID: 1234567890   |

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### 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.<br>This field must be imported from the NBCCEDP data. |
| Example            | Alameda County, CA: 001   |

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### 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<br>77777 Suppressed (ZIP code was provided but suppressed for the MDE submission because fewer than five WISEWOMAN participants live in the ZIP code).<br>99999 No ZIP code recorded |
| Explanation        | Required even if county of residence is provided.<br>Zip codes with fewer than five participants may be collapsed with the  |

## Part B: Screening and Assessment MDE Field Descriptions

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|         |   |
|---------|---|
|         | 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   |

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### 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.<br>This field must be imported from the NBCCEDP data. |
| Example            | January 3, 1950: 01031950   |

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### 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<br>2 No<br>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<br>2 Black or African American<br>3 Asian<br>4 Native Hawaiian or Other Pacific Islander<br>5 American Indian or Alaska Native<br>7 Unknown<br>9 No answer recorded   |
| Explanation        | 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.<br><br>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            | 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

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|                    |  |
|--------------------|--|
| Justification      | Right  |
| Leading Zeros      | No   |
| Beginning Position | 59   |
| Edits              | Valid range, cannot be blank.  |
| Contents           | 1 White<br>2 Black or African American<br>3 Asian<br>4 Native Hawaiian or Other Pacific Islander<br>5 American Indian or Alaska Native<br>7 Unknown<br>9 No answer recorded  |
| Explanation        | This field must be coded as 9 (no answer recorded), unless participant reports more than one race.<br><br>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   |

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### 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<br>2 Black or African American<br>3 Asian<br>4 Native Hawaiian or Other Pacific Islander<br>5 American Indian or Alaska Native<br>7 Unknown<br>9 No answer recorded |

## Part B: Screening and Assessment MDE Field Descriptions

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|             |  |
|-------------|--|
| 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   |

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### 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   |

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### 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

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|                    |  |
|--------------------|--|
| Type               | Numeric  |
| Justification      | Right  |
| Leading Zeros      | No   |
| Beginning Position | 62   |
| Edits              | Valid range, cannot be blank.  |
| Contents           | 1 White<br>2 Black or African American<br>3 Asian<br>4 Native Hawaiian or Other Pacific Islander<br>5 American Indian or Alaska Native<br>7 Unknown<br>9 No answer recorded  |
| Explanation        | This field must be coded as 9 (no answer recorded), unless participant reports more than four races.<br><br>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   |

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### 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<br>2 Black or African American<br>3 Asian<br>4 Native Hawaiian or Other Pacific Islander<br>5 American Indian or Alaska Native<br>7 Unknown |

## Part B: Screening and Assessment MDE Field Descriptions

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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.<br><br>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  |

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### Section 3: Participant Information

|                    |  |
|--------------------|--|
| Item               | <b>3l</b> : 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           | <b>1</b> < 9th<br><b>2</b> Some high school<br><b>3</b> High school graduate or equivalent<br><b>4</b> Some college or higher<br><b>7</b> Don't know<br><b>8</b> Don't want to answer<br><b>9</b> No answer recorded |
| Explanation        | Record the code for the highest grade the participant completed.<br>Codes and response options highlighted in grey should not appear on the data collection form presented to the participant.                       |
| Example            | Some college: 4  |

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### 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

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|                    |  |
|--------------------|--|
| Type               | Numeric  |
| Justification      | Right  |
| Leading Zeros      | Yes  |
| Beginning Position | 66   |
| Edits              | AssessDate=WeightDate=BPDate<br>AssessDate<=TCDate, BGDate<br>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  |

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### Section 5: Assessment Information: Health History

|                    |   |
|--------------------|---|
| Item               | <b>5a:</b> 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           | <b>1</b> Yes<br><b>2</b> No<br><b>7</b> Don't know<br><b>8</b> Don't want to answer<br><b>9</b> No answer recorded  |
| Explanation        | Indicate whether the participant has ever been told she has high blood cholesterol.<br>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

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### Section 5: Assessment Information: Health History

|                    |  |
|--------------------|--|
| Item               | <b>5b</b> : 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           | <b>1</b> Yes<br><b>2</b> No<br><b>7</b> Don't know<br><b>8</b> Don't want to answer<br><b>9</b> No answer recorded   |
| Explanation        | Indicate whether the participant has ever been told she has high blood pressure.<br>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               | <b>5c</b> : 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           | <b>1</b> Yes<br><b>2</b> No<br><b>7</b> Don't know<br><b>8</b> Don't want to answer<br><b>9</b> No answer recorded |

## Part B: Screening and Assessment MDE Field Descriptions

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|             |   |
|-------------|---|
| Explanation | Indicate whether the participant has ever been told she has diabetes.<br>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               | <b>5d</b> : 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           | <b>1</b> Yes<br><b>2</b> No<br><b>7</b> Don't know<br><b>8</b> Don't want to answer<br><b>9</b> 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.<br>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          | <b>6a</b> : 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           | <b>1</b> Yes<br><b>2</b> No<br><b>7</b> Don't know<br><b>8</b> Don't want to answer<br><b>9</b> No answer recorded   |
| Explanation        | Indicate whether the participant's father, brother, or son had a stroke or heart attack before age 55.<br><br>Codes and response options highlighted in grey should not appear on the data collection form presented to the participant. |
| Example            | Father had a heart attack before 55: 1   |

---

### Section 6: Assessment Information: Family Health History

|                    |  |
|--------------------|--|
| Item               | <b>6b</b> : 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           | <b>1</b> Yes<br><b>2</b> No<br><b>7</b> Don't know<br><b>8</b> Don't want to answer<br><b>9</b> No answer recorded   |
| Explanation        | Indicate whether the participant's mother, sister, or daughter had a stroke or heart attack before age 65.<br><br>Codes and response options highlighted in grey should not appear on the data collection form presented to the participant. |
| Example            | None of the listed relatives had a stroke or heart attack before 65: 2   |

---

### Section 6: Assessment Information: Family Health History

|      |   |
|------|---|
| Item | <b>6c</b> : 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? |
|------|---|

## Part B: Screening and Assessment MDE Field Descriptions

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|                    |   |
|--------------------|---|
| 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           | <b>1</b> Yes<br><b>2</b> No<br><b>7</b> Don't know<br><b>8</b> Don't want to answer<br><b>9</b> No answer recorded  |
| Explanation        | Indicate whether the participant's parents, siblings, or children have been told that they have diabetes.<br><br>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 7: Assessment Information: Medication Status

|                    |   |
|--------------------|---|
| Item               | <b>7a:</b> 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           | <b>1</b> Yes, as prescribed<br><b>2</b> Yes, but did not take today<br><b>3</b> No<br><b>7</b> Don't know<br><b>8</b> Don't want to answer<br><b>9</b> No answer recorded |
| 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               | <b>7b:</b> 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           | <b>1</b> Yes, as prescribed<br><b>2</b> Yes, but did not take today<br><b>3</b> No<br><b>7</b> Don't know<br><b>8</b> Don't want to answer<br><b>9</b> No answer recorded  |
| Explanation        | Indicate whether the participant is currently taking medication for high blood pressure.<br>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               | <b>7c:</b> 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

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|             |   |
|-------------|---|
| Contents    | <b>1</b> Yes, as prescribed<br><b>2</b> Yes, but did not take today<br><b>3</b> No<br><b>7</b> Don't know<br><b>8</b> Don't want to answer<br><b>9</b> No answer recorded                                   |
| Explanation | Indicate whether the participant is currently taking medication for diabetes.<br>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               | <b>8a:</b> 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           | <b>1</b> Every day<br><b>2</b> Some days<br><b>3</b> Not at all<br><b>7</b> Don't know<br><b>8</b> Don't want to answer<br><b>9</b> No answer recorded                                    |
| Explanation        | Indicate whether the participant is now smoking cigarettes.<br>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

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|                    |  |
|--------------------|--|
| Justification      | Right  |
| Leading Zeros      | Yes  |
| Beginning Position | 85   |
| Edits              | AssessDate=WeightDate=BPDate<br>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.<br>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<br>888 Client refused<br>999 No measurement recorded   |
| Explanation        | Record the height of the participant.<br>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

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|                    |   |
|--------------------|---|
| Justification      | Right   |
| Leading Zeros      | No  |
| Beginning Position | 96  |
| Edits              | Valid range. Must be blank if height=777 or 888 or 999. |
| Contents           | 1 Inches<br>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.<br>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           | <b>777</b> Unable to obtain<br><b>888</b> Client refused<br><b>999</b> No measurement recorded  |
| Explanation        | Record the weight of the participant.<br>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

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|                    |   |
|--------------------|---|
| Beginning Position | 100   |
| Edits              | Valid range. Must be blank if weight=777 or 888 or 999. |
| Contents           | 1 Pounds<br>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<br>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.<br>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           | <b>777</b> Unable to obtain   |

## Part B: Screening and Assessment MDE Field Descriptions

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|             |  |
|-------------|--|
|             | <b>888</b> Client refused  |
|             | <b>999</b> No measurement recorded   |
| Explanation | Record the first systolic blood pressure reading.<br>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.<br>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           | <b>777</b> Unable to obtain<br><b>888</b> Client refused<br><b>999</b> No measurement recorded  |
| Explanation        | Record the first diastolic blood pressure reading.<br>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

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|             |  |
|-------------|--|
|             | 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<br>888 Client refused<br>999 No measurement recorded  |
| Explanation | Record the second systolic blood pressure reading.<br>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<br>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<br>888 Client refused<br>999 No measurement recorded  |
| Explanation        | Record the second diastolic blood pressure reading.<br>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<br>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.<br>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.<br>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           | <b>777</b> Inadequate blood sample<br><b>888</b> Client refused<br><b>999</b> 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.<br>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<br>888 Client refused<br>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

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|                    |   |
|--------------------|---|
| Leading Zeros      | No  |
| Beginning Position | 135   |
| Edits              | 20–380; cannot be blank.<br>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           | <b>777</b> Inadequate blood sample<br><b>888</b> Client refused<br><b>999</b> 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.<br><br>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.<br>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           | <b>7777</b> Inadequate blood sample<br><b>8888</b> Client refused<br><b>9999</b> No measurement recorded  |

## Part B: Screening and Assessment MDE Field Descriptions

|             |  |
|-------------|--|
| Explanation | <p>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.</p> <p>Codes and response options highlighted in grey should not appear on the data collection form completed by the provider.</p> |
|-------------|--|

Example Triglycerides: 350

### 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           | <p><b>1</b> Yes</p> <p><b>2</b> No</p> <p><b>6</b> No cholesterol results available (inadequate blood sample, client refused, or no measurement recorded for total cholesterol, HDL cholesterol, LDL cholesterol, and triglycerides)</p> <p><b>7</b> Don't know</p> <p><b>8</b> Client refused</p> <p><b>9</b> No answer recorded</p>   |
| Explanation        | <p>Indicate whether the participant fasted for at least 9 hours prior to having blood drawn for cholesterol measurements.</p> <p>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.</p> <p>Codes and response options highlighted in grey should not appear on the data collection form completed by the provider.</p> |
| Example            | Fasted for at least 9 hours: 1  |

## Part B: Screening and Assessment MDE Field Descriptions

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### 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<br>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.<br>If A1C was measured instead of glucose, the date of the A1C reading must be recorded in this field. |
| Example            | January 3, 2009: 01032009  |

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### 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.<br>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           | <b>666</b> Participant has a previous diagnosis of diabetes (SRD=1 or DMEDS=1 or 2); glucose reading not necessary<br><b>777</b> Inadequate blood sample<br><b>888</b> Client refused<br><b>999</b> 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.<br>Participants previously diagnosed with diabetes (defined as SRD=1 or DMEDS=1 or 2) should receive an A1C test instead of the glucose.<br>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.<br>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.<br>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)<br>7777 Inadequate blood sample<br>8888 Client refused<br>9999 No measurement recorded   |
| Explanation        | Record the participant's A1C reading if she was tested.<br><br>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).<br><br>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<br>2 Workup complete<br>3 Workup not medically indicated, client being treated<br>6 Not an alert reading (average SBP<=180 and average DBP<=110) |

## Part B: Screening and Assessment MDE Field Descriptions

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|             |  |
|-------------|--|
| 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&gt;180 or average DBP&gt;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   |

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### 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&gt;180 or average DBP&gt;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  |

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### 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

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|                    |  |
|--------------------|--|
| Length             | 1  |
| Type               | Numeric  |
| Justification      | Right  |
| Leading Zeros      | No   |
| Beginning Position | 168  |
| Edits              | Valid range, cannot be blank   |
| Contents           | 1 Medication<br>2 Therapeutic lifestyle changes (TLC) – this is NOT the same as the lifestyle intervention offered to WISEWOMAN participants<br>3 Both medication and TLC<br>4 Nothing prescribed<br>5 Already on meds<br>6 Not an alert reading (average SBP≤180 and average DBP≤110)<br>7 No blood pressure value recorded (SBP1 and DBP1=777, 888, or 999)<br>8 Client refused treatment<br>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   |

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### 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<br>2 Workup complete<br>3 Workup not medically indicated, client being treated |

## Part B: Screening and Assessment MDE Field Descriptions

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|             |  |
|-------------|--|
|             | 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   |

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### 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.<br>Date of the diagnostic exam must be after or on the same date as the date of the cholesterol measurement.<br>Field must be left blank if total cholesterol is not alert or was not recorded. |
| Example            | Diagnostic exam completed February 28, 2010: 02282010  |

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### 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   | <p>1 Medication</p> <p>2 Therapeutic lifestyle changes (TLC) - this is NOT the same as the lifestyle intervention offered to WISEWOMAN participants</p> <p>3 Both medication and TLC</p> <p>4 Nothing prescribed</p> <p>5 Already on meds</p> <p>6 Not an alert reading (TOTCHOL&lt;=400)</p> <p>7 No total cholesterol value recorded (TOTCHOL=777, 888, or 999)</p> <p>8 Client refused treatment</p> <p>9 Lost to follow-up</p> |
| Explanation  | Indicate the type of treatment prescribed to a participant with alert total cholesterol.   |
| Example  | Is already taking meds: 5  |
| <b>Section 13: Workup Information: Alert Follow-up</b> |  |
| 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   | <p>1 Workup pending</p> <p>2 Workup complete</p> <p>3 Workup not medically indicated, client being treated</p> <p>6 Not an alert reading (GLUCOSE&lt;=375)</p> <p>7 No blood glucose value recorded (GLUCOSE=666, 777, 888, or 999)</p> <p>8 Client refused workup</p> <p>9 Workup not completed, client lost to follow-up</p>   |
| 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

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### 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.<br>Date of the diagnostic exam must be after or on the same date as the date of the glucose measurement.<br>Field must be left blank if blood glucose is not alert or was not recorded. |
| Example            | Diagnostic exam completed February 28, 2010: 02282010  |

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### 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<br>2 Therapeutic lifestyle changes (TLC) - this is NOT the same as the lifestyle intervention offered to WISEWOMAN participants<br>3 Both medication and TLC<br>4 Nothing prescribed<br>5 Already on meds |

## Part B: Screening and Assessment MDE Field Descriptions

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|             |  |
|-------------|--|
|             | 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   |

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