Form Approved

OMB No. 0920-0612

Exp. 03/31/2013

**Screening and Assessment MDE  
Field Descriptions**

**MDE Manual**

**Version 8.0**

**Current as of September 30, 2012**

Public reporting burden of this collection of information is estimated to average 16 hours per program, 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, GA 30333. Attn: PRA (0920-0612). Do not send the completed form to this address.

Part A: Summary of MDEs in Screening and Assessment File

| **Item Number** | **Variable Name** | **Position** | **Variable Label** | **Type** |
| --- | --- | --- | --- | --- |
| 0a | MDEVer | 1-3 | MDE version | Numeric |
| 1a | StFIPS | 4-5 | State/Tribal FIPS code | Character |
| 1b | HdFIPS | 6-8 | FIPS county code (provider) | Character |
| 1c | EnrollSiteID | 9-13 | Enrollment site ID | Character |
| 1d | ScreenSiteID | 14-18 | Screening site ID | Character |
| 2a | NRec | 19-24 | Unique screening record ID number | Numeric |
| *2b* | *Disp* | *25* | *Disposition status (not required for MDE ver 8.0)\** | *Numeric* |
| 3a | EncodeID | 26-40 | Unique participant ID number | Character |
| 3b | CntyFIPS | 41-43 | County of residence | Character |
| 3c | ZIP | 44-48 | ZIP code of residence | Character |
| 3d | DOB | 49-56 | Date of birth | Numeric |
| 3e | Latino | 57 | Hispanic or Latino origin | Numeric |
| 3f | Race1 | 58 | First race listed | Numeric |
| 3g | Race2 | 59 | Second race listed | Numeric |
| 3h | Race3 | 60 | Third race listed | Numeric |
| 3i | Race4 | 61 | Fourth race listed | Numeric |
| 3j | Race5 | 62 | Fifth race listed | Numeric |
| *3k* | *Race6* | *63* | *Sixth race listed (not required for MDE ver 8.0)\** | *Numeric* |
| 3l | Education | 64-65 | Education (highest grade completed) | Numeric |
| *4a* | *AssessDate* | *66-73* | *Assessment Date (not required for MDE ver 8.0)\** | *Numeric* |
| 5a | SRHC | 74 | Have you ever been told by a doctor, nurse, or other health professional that your blood cholesterol is high? | Numeric |
| 5b | SRHB | 75 | Have you ever been told by a doctor, nurse, or other health professional that you have high blood pressure? | Numeric |
| 5c | SRD | 76 | Have you ever been told by a doctor, nurse, or other health professional that you have diabetes? | Numeric |
| 5d | SRHA | 77 | 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? | Numeric |
| 6a | FAMHAM | 78 | Has your father, brother, or son had a stroke or heart attack before age 55? | Numeric |
| 6b | FAMHAF | 79 | Has your mother, sister, or daughter had a stroke or heart attack before age 65? | Numeric |
| 6c | FAMD | 80 | 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? | Numeric |
| 7a | HCMeds | 81 | Are you taking any medicine prescribed by your doctor, nurse, or other health professional for your high cholesterol? | Numeric |
| 7b | HBPMeds | 82 | Are you taking any medicine prescribed by your doctor, nurse, or other health professional for your high blood pressure? | Numeric |
| 7c | DMeds | 83 | Are you taking any medicine prescribed by your doctor, nurse, or other health professional for your diabetes? | Numeric |
| 8a | Smoker | 84 | Do you now smoke cigarettes every day, some days, or not at all? | Numeric |
| 8b | Sechand | 189-190 | Not counting decks, porches, or garages, during the past 7 days on how many days did someone other than you smoke tobacco inside your home while you were at home? | Numeric |
| *9a* | *Weightdate* | *85-92* | *Height and weight measurement date (not required for MDE ver 8.0)\** | *Numeric* |
| 9b | Height | 93-95 | Height | Numeric |
| *9c* | *Hgt\_Unit* | *96* | *Height unit (not required for MDE ver 8.0)\** | *Numeric* |
| 9d | Weight | 97-99 | Weight | Numeric |
| *9e* | *Wgt\_Unit* | *100* | *Weight unit (not required for MDE ver 8.0)\** | *Numeric* |
| 10a | BPDate | 101-108 | Blood pressure measurement date (office visit date) | Numeric |
| 10b | SBP1 | 109-11 | Systolic #1, mm Hg | Numeric |
| 10c | DBP1 | 112-114 | Diastolic #1, mm Hg | Numeric |
| 10d | SBP2 | 115-117 | Systolic #2, mm Hg | Numeric |
| 10e | DBP2 | 118-120 | Diastolic #2, mm Hg | Numeric |
| 11a | TCDate | 121-128 | Cholesterol measurement date | Numeric |
| 11b | TotChol | 129-131 | Total cholesterol (fasting or nonfasting), mg/dL | Numeric |
| 11c | HDL | 132-134 | HDL cholesterol (fasting or nonfasting), mg/dL | Numeric |
| 11d | LDL | 135-137 | LDL cholesterol (fasting only), mg/dL | Numeric |
| 11e | Trigly | 138-141 | Triglycerides (fasting only), mg/dL | Numeric |
| 11f | TCFast | 142 | Fasting status for cholesterol measurement (at least 9 hours) | Numeric |
| 12a | BGDate | 143-150 | Glucose measurement date | Numeric |
| 12b | Glucose | 151-153 | Glucose (fasting or nonfasting), mg/dL | Numeric |
| 12c | BGFast | 154 | Fasting status for glucose (at least 8 hours) | Numeric |
| 12d | A1C | 155-158 | A1C, % | Numeric |
| 13a | BPAlert | 159 | If average SBP >180 or DBP >110, what is the status of the workup? | Numeric |
| 13b | BPDiDate | 160-167 | If average SBP >180 or DBP >110, diagnostic exam date. | Numeric |
| *13c* | *BPTreat* | *168* | *If average SBP >180 or DBP >110, what type of treatment was prescribed?*  *(not required for MDE ver 8.0)\** | *Numeric* |
| 13d | TCAlert | 169 | If TOTCHOL >400, what is the status of the workup? | Numeric |
| 13e | TCDiDate | 170-177 | If TOTCHOL >400, diagnostic exam date. | Numeric |
| *13f* | *TCTreat* | *178* | *If TOTCHOL >400, what type of treatment was prescribed? (not required for MDE ver 8.0)\** | *Numeric* |
| 13g | BGAlert | 179 | If GLUCOSE ≤50 or ≥275, what is the status of the workup? | Numeric |
| 13h | BGDiDate | 180-187 | If GLUCOSE ≤50 or ≥275, diagnostic exam date | Numeric |
| *13i* | *BGTreat* | *188* | *If GLUCOSE ≤50 or ≥275, what type of treatment was prescribed? (not required for MDE ver 8.0)\** | *Numeric* |

\* These MDEs are no longer required for WISEWOMAN MDE version 8.0. Grantees may input values into the field position for these outdated MDEs, but CDC will not edit or analyze these fields. Grantees that choose not to report the outdated MDEs may leave the field blank. Specifications for these outdated MDEs are in Appendix F.

Part B: Screening and Assessment MDE Specifications

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| Item 0a: MDEver | **MDE Version**  This variable indicates the version of the MDE that was used to collect and report data in the file. | | |
| **FORMAT** | **Type:** Numeric  **Length:** 3  **Leading Zeros:** No  **Other Format:** N/A | | **Justification:** Right  **Beginning Position:** 1  **Valid Range** See values; cannot be blank |
| **Denominator population** | All records in the Screening and Assessment file that are eligible for MDE submission | | |
| **VALUES AND DESCRIPTION** | **800 MDE version 8.0** | MDE version 8.0 should be used to collect and report data associated with screening visits conducted July 1, 2011, and after. | |
| **analysis and use** | To verify the MDE version used to collect and report data the file | | |
| **other information** | ***Guidance***  A crosswalk table between version 7.0 and version 8.0 is available in Appendix E.  A valid screening record includes measurements for the following: height, weight, first blood pressure diastolic, and first blood pressure systolic; the record must also have a participant response to at least one health history question (items 5a-8b). If a record does not meet these criteria and the program would like CDC to consider including it, the validation form in Appendix B should be used to validate both the record and missing measurement/health history question. | | |

Part B: Screening and Assessment MDE Specifications

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| Item 1a: StFIPS | **State/Tribal FIPS Code**  This variable indicates the FIPS or tribal program code for the state or tribe where the administration of the program is located. | | |
| **FORMAT** | **Type:** Character  **Length:** 2  **Leading Zeros:** Yes  **Other Format:** N/A | | **Justification:** Left  **Beginning Position:** 4  **Valid Range:** See values; cannot be blank |
| **Denominator population** | The denominator includes all WISEWOMAN participants. A participant is a woman who receives at least one NBCCEDP service (enrolled in NBCCEDP); has received all the following screenings from the WISEWOMAN Program: height, weight, first blood pressure diastolic measurement, and first blood pressure systolic measurement; and has responded to at least one health history question. (For items 5a-8b, there must be at least one response that is not coded as ‘7 Don’t know,’ ‘8 Don’t want to answer,’ or ‘9 No answer recorded.’) | | |
| **VALUES and description** | **06 California (CA)** | A screening that occurred in California | |
| **09 Connecticut (CT)** | A screening that occurred in Connecticut | |
| **17 Illinois (IL)** | A screening that occurred in Illinois | |
| **19 Iowa (IA)** | A screening that occurred in Iowa | |
| **25 Massachusetts (MA)** | A screening that occurred in Massachusetts | |
| **26 Michigan (MI)** | A screening that occurred in Michigan | |
| **27 Minnesota (MN)** | A screening that occurred in Minnesota | |
| **29 Missouri (MO)** | A screening that occurred in Missouri | |
| **31 Nebraska (NE)** | A screening that occurred in Nebraska | |
| **37 North Carolina (NC)** | A screening that occurred in North Carolina | |
| **41 Oregon (OR)** | A screening that occurred in Oregon | |
| **42 Pennsylvania (PA)** | A screening that occurred in Pennsylvania | |
| **45 South Carolina (SC)** | A screening that occurred in South Carolina | |
| **46 South Dakota (SD)** | A screening that occurred in South Dakota | |
| **49 Utah (UT)** | A screening that occurred in Utah | |
| **50 Vermont (VT)** | A screening that occurred in Vermont | |
| **51 Virginia (VA)** | A screening that occurred in Virginia | |
| **54 West Virginia (WV)** | A screening that occurred in West Virginia | |
| **55 Wisconsin (WI)** | A screening that occurred in Wisconsin | |
| **85 Southeast Alaska Regional Health Consortium (SEARHC)** | A screening that occurred within the tribal area of SEARHC | |
| **92 Southcentral Foundation (SCF)** | A screening that occurred within the tribal area of SCF | |
| **analysis and use** | To calculate the number of women screened by each state or tribal program  To assess the reach of the WISEWOMAN Program both nationally and within a particular state or tribe | | |
| **other information** | ***Guidance***  The state FIPS codes are the Federal Information Processing Standard codes developed by the National Institute of Standards and Technology. The tribal program codes are codes assigned by CDC to be used by tribal programs in lieu of FIPS.  ***Additional edits***  Programs should always record the FIPS code for the state or tribe where their program is located. This may differ from the FIPS code for the participant’s state or tribe of residence if the participant resides in a state or tribe different from where the program is located. The validation tool will flag as an error any FIPS code not the same as where the program is located. | | |

**Part B: Screening and Assessment MDE Specifications**

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| Item 1b: HdFIPS | **FIPS County Code (Provider)**  This indicates the FIPS county code of the provider that conducts the WISEWOMAN screening office visit. | | |
| **FORMAT** | **Type:** Character  **Length:** 3  **Leading Zeros:** Yes  **Other Format:** N/A | | **Justification:** Left  **Beginning Position:** 6  **Valid Range:** Valid FIPS county code for state programs or ANSI code for tribal programs; cannot be blank |
| **Denominator population** | The denominator includes all WISEWOMAN participants. A participant is a woman who receives at least one NBCCEDP service (enrolled in NBCCEDP); has received all the following screenings from the WISEWOMAN Program: height, weight, first blood pressure diastolic measurement, and first blood pressure systolic measurement; and has responded to at least one health history question. (For items 5a-8b, there must be at least one response that is not coded as ‘7 Don’t know,’ ‘8 Don’t want to answer,’ or ‘9 No answer recorded.’) | | |
| **VALUES and description** | **FIPS County Code** | Three-digit (character) value representing the county of the provider that conducts the screening office visit  All state programs should use FIPS county codes to indicate county; tribes should use ANSI codes assigned | |
|  | **ANSI Code** | Three-digit (character) value representing the geographic area of the provider that conducts the screening office visit  All tribal programs should use the last three digits of the ANSI county codes to indicate geographic area | |
| **analysis and use** | To assess whether programs and specific providers are meeting screening goals in targeted geographic areas  To identify geographic areas where women have access to the WISEWOMAN Program  To assist in identifying areas where there may be potential transportation barriers to accessing WISEWOMAN services  To provide information for GIS analysis | | |
| **other information** | ***Guidance***  The county FIPS codes are the Federal Information Processing Standard codes developed by the National Institute of Standards and Technology. There are three-digit codes for each county in a state.  Tribal programs should use the last three digits of the ANSI codes instead of FIPS county codes. ANSI codes are the American National Standards Institute codes, which were developed by the American National Standards Institute. They are five-digit codes that represent states, counties, and statistically equivalent areas, along with American Indian and Alaska Native areas. | | |

**Part B: Screening and Assessment MDE Specifications**

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| Item 1c: EnrollSiteID | **Enrollment Site ID**  This variable indicates the site of a woman’s enrollment into the WISEWOMAN Program. | | |
| **FORMAT** | **Type:** Character  **Length:** 5  **Leading Zeros:** N/A  **Other Format:** N/A | | **Justification:** Left  **Beginning Position:** 9  **Valid Range:** Valid code for an enrollment site; cannot be blank |
| **Denominator population** | The denominator includes all WISEWOMAN participants. A participant is a woman who receives at least one NBCCEDP service (enrolled in NBCCEDP); has received all the following screenings from the WISEWOMAN Program: height, weight, first blood pressure diastolic measurement, and first blood pressure systolic measurement; and has responded to at least one health history question. (For items 5a-8b, there must be at least one response that is not coded as ‘7 Don’t know,’ ‘8 Don’t want to answer,’ or ‘9 No answer recorded.’) | | |
| **VALUES and description** | **Enrollment Site ID** | Five-digit (character) value representing the ID code of the enrollment site, as developed and assigned by the grantee | |
| **analysis and use** | To identify sites where outreach and enrollment are occurring  To identify sites where the Program is being administered and participants are tracked  To track the number of WISEWOMAN participants enrolled at each WISEWOMAN enrollment site | | |
| **other information** | ***Guidance***  The enrollment site ID will differ from the screening site ID (1d: ScreenSiteID) if the participant was enrolled and screened at different locations. If the participant was enrolled and screened at the same site, the enrollment site ID and screening site ID will be the same. | | |

**Part B: Screening and Assessment MDE Specifications**

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| Item 1d: ScreenSiteID | **Screening Site ID**  This variable indicates the site where a woman received her WISEWOMAN screening. | | |
| **FORMAT** | **Type:** Character  **Length:** 5  **Leading Zeros:** N/A  **Other Format:** N/A | | **Justification:** Left  **Beginning Position:** 14  **Valid Range:** Valid code for a screening site; cannot be blank |
| **Denominator population** | The denominator includes all WISEWOMAN participants. A participant is a woman who receives at least one NBCCEDP service (enrolled in NBCCEDP); has received all the following screenings from the WISEWOMAN Program: height, weight, first blood pressure diastolic measurement, and first blood pressure systolic measurement; and has responded to at least one health history question. (For items 5a-8b, there must be at least one response that is not coded as ‘7 Don’t know,’ ‘8 Don’t want to answer,’ or ‘9 No answer recorded.’) | | |
| **VALUES and description** | **Screening Site ID** | Five-digit (character) value representing the ID code of the provider who conducts the screening office visit, as developed and assigned by the grantee | |
| **analysis and use** | To identify the geographic locations of sites providing screening services to participants  To track the number of WISEWOMAN participants screened at each WISEWOMAN screening site  To describe differences in participant demographics or other characteristics by screening site  To provide information for GIS analysis  To identify the number of screening providers in a given geographic area | | |
| **other information** | ***Guidance***  The screening site ID will differ from the enrollment site ID (1c: EnrollSiteID) if the participant was enrolled and screened at different locations. If the participant was enrolled and screened at the same site, the enrollment site ID and screening site ID will be the same. | | |

**Part B: Screening and Assessment MDE Specifications**

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| Item 2a: NRec | **Unique Screening Record ID Number**  This variable indicates the unique placement of a record within the Screening and Assessment file. | | |
| **FORMAT** | **Type:** Numeric  **Length:** 6  **Leading Zeros:** No  **Other Format:** N/A | | **Justification:** Right  **Beginning Position:** 19  **Valid Range:** 1 to number in sequence of last record in file; cannot be blank |
| **Denominator population** | All records in the Screening and Assessment file that are eligible for MDE submission | | |
| **VALUES and description** | **Unique Screening Record ID Number** | Six-digit (numeric) value representing the sequence number of a record  This value must be unique for each record in the Screening and Assessment file. If a record ID number is a duplicate within the Screening and Assessment file, the validation tool will flag it as an error | |
| **analysis and use** | To track the order of records within the Screening and Assessment file | | |
| **other information** | ***Guidance***  NRec should be unique across all submitted MDE data files. Programs should continue numbering sequentially from the previous submission.  A valid screening record includes measurements for the following: height, weight, first blood pressure diastolic, and first blood pressure systolic; the record must also have a participant response to at least one health history question (items 5a-8b). If a record does not meet these criteria and the program would like CDC to consider including it, the validation form in Appendix B should be used to validate both the record and the missing measurement/health history question. | | |

**Part B: Screening and Assessment MDE Specifications**

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| Item 3a: EncodeID | **Unique Participant ID Number**  This variable indicates a woman’s unique identification number. | | |
| **FORMAT** | **Type:** Character  **Length:** 15  **Leading Zeros:** N/A  **Other Format:** N/A | | **Justification:** Left  **Beginning Position:** 26  **Valid Range:** Cannot be blank |
| **Denominator population** | The denominator includes all WISEWOMAN participants. A participant is a woman who receives at least one NBCCEDP service (enrolled in NBCCEDP); has received all the following screenings from the WISEWOMAN Program: height, weight, first blood pressure diastolic measurement, and first blood pressure systolic measurement; and has responded to at least one health history question. (For items 5a-8b, there must be at least one response that is not coded as ‘7 Don’t know,’ ‘8 Don’t want to answer,’ or ‘9 No answer recorded.’) | | |
| **VALUES and description** | **Unique Participant ID Number** | Up to 15-digit (character) value representing the unique identifier for a participant | |
| **analysis and use** | To assess the number of unique women served by the WISEWOMAN Program  To track participants over time  To link baseline screenings with rescreenings  To link participant screening information to the Lifestyle Intervention (LSI) file | | |
| **other information** | ***Guidance***  A participant’s unique ID should be the same for NBCCEDP and WISEWOMAN.  A participant’s unique ID should not change over time. If it does change, the program should provide the data contractor and Project Officer with a list of IDs that have changed at the time  of data submission and upload a crosswalk of the previous participant unique IDs to the new participant unique IDs (see Appendix B).  If a participant’s Social Security number is used as her unique ID, it must be encoded.  A participant’s unique ID must be the same in the Screening and Assessment file and the LSI file. | | |

**Part B: Screening and Assessment MDE Specifications**

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| Item 3b: CntyFIPS | **County of Residence**  This variable indicates the county of residence of the WISEWOMAN participant. | | |
| **FORMAT** | **Type:** Character  **Length:** 3  **Leading Zeros:** Yes  **Other Format:** N/A | | **Justification:** Left  **Beginning Position:** 41  **Valid Range:** Valid FIPS county code for state programs or valid ANSI code for tribal programs; cannot be blank |
| **Denominator population** | The denominator includes all WISEWOMAN participants. A participant is a woman who receives at least one NBCCEDP service (enrolled in NBCCEDP); has received all the following screenings from the WISEWOMAN Program: height, weight, first blood pressure diastolic measurement, and first blood pressure systolic measurement; and has responded to at least one health history question. (For items 5a-8b, there must be at least one response that is not coded as ‘7 Don’t know,’ ‘8 Don’t want to answer,’ or ‘9 No answer recorded.’) | | |
| **VALUES and description** | **FIPS County Code** | Three-digit (character) value representing the participant’s county of residence  All programs in the continental United States should use FIPS county codes  Tribal programs should use the last three digits of the relevant ANSI code | |
| **analysis and use** | To assess whether programs are meeting screening goals in targeted geographic areas  To identify the reach of the WISEWOMAN Program  To assist in identifying areas where there may be potential transportation barriers to accessing WISEWOMAN services  To provide information for GIS analysis | | |
| **other information** | ***Guidance***  This county FIPS codes are the Federal Information Processing Standard codes developed by the National Institute of Standards and Technology. There are three-digit codes for each county in a state. This field must be imported from NBCCEDP data.  Tribal programs should use the last three digits of the ANSI code. ANSI codes are the American National Standards Institute codes, which were developed by the American National Standards Institute. They are five-digit codes that represent states, counties, and statistically equivalent areas, along with American Indian and Alaska Native areas.  Both county of residence and ZIP code of residence (3c: ZIP) are required. ZIP code of residence should correspond to the county code of residence, in that the ZIP code must represent a valid geographic area within the county.  If a participant does not reside in the state where the program is located, the county code from her actual state of residence should be recorded.  ***Additional edits***  County of participant’s residence must be recorded. | | |

**Part B: Screening and Assessment MDE Specifications**

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| Item 3c: ZIP | **ZIP Code of Residence**  This variable indicates the participant’s ZIP code of residence. | | |
| **FORMAT** | **Type:** Character  **Length:** 5  **Leading Zeros:** Yes  **Other Format:** N/A | | **Justification:** Left  **Beginning Position:** 44  **Valid Range:** Valid ZIP code; cannot be blank |
| **Denominator population** | The denominator includes all WISEWOMAN participants. A participant is a woman who receives at least one NBCCEDP service (enrolled in NBCCEDP); has received all the following screenings from the WISEWOMAN Program: height, weight, first blood pressure diastolic measurement, and first blood pressure systolic measurement; and has responded to at least one health history question. (For items 5a-8b, there must be at least one response that is not coded as ‘7 Don’t know,’ ‘8 Don’t want to answer,’ or ‘9 No answer recorded.’) | | |
| **VALUES and description** | **ZIP Code of Residence** | Valid five-digit (character) ZIP code | |
|  | **99999** | No ZIP code recorded  The validation tool will flag this value as an error | |
| **analysis and use** | To assess whether programs are meeting screening goals in targeted geographic areas  To identify the reach of the WISEWOMAN Program  To identify participant county of residence outside program state boundaries  To provide information for GIS analysis | | |
| **other information** | ***Guidance***  This field should be imported from the NBCCEDP data. If the field is missing in the NBCCEDP data, a valid ZIP code should be provided.  Both county of residence (3b: CntyFIPS) and ZIP code of residence are required. ZIP code of residence should correspond to the county code of residence, in that the ZIP code must represent a valid geographic area within the county.  ZIP code of residence must be recorded regardless of whether or not the woman resides in the same state as the program. This information will be used in conjunction with county of residence to identify the area of residence for a woman.  If a participant does not reside in the same state as the program, the ZIP code from her actual state of residence should be recorded. | | |

**Part B: Screening and Assessment MDE Specifications**

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| Item 3d: DOB | **Date of Birth**  This variable indicates the participant’s date of birth. | | |
| **FORMAT** | **Type:** Numeric  **Length:** 8  **Leading Zeros:** Yes  **Other Format:** MM01CCYY date | | **Justification:** Right  **Beginning Position:** 49  **Valid Range:** Valid date; cannot be blank |
| **Denominator population** | The denominator includes all WISEWOMAN participants. A participant is a woman who receives at least one NBCCEDP service (enrolled in NBCCEDP); has received all the following screenings from the WISEWOMAN Program: height, weight, first blood pressure diastolic measurement, and first blood pressure systolic measurement; and has responded to at least one health history question. (For items 5a-8b, there must be at least one response that is not coded as ‘7 Don’t know,’ ‘8 Don’t want to answer,’ or ‘9 No answer recorded.’) | | |
| **VALUES and description** | **Date of Birth** | Date of birth in MM01CCYY format  Day of birth should always be coded as ‘01’  Example: September 18, 1965 = 09011965 | |
| **analysis and use** | To calculate the age of the participant. Age will be calculated using the month and year of birth and office visit date (10a: BPDate)  To assess whether the participants are within the Program’s priority age group | | |
| **other information** | ***Guidance***  The priority population for the WISEWOMAN Program is women aged 40 to 64. Services provided to women outside the priority age range will be monitored by CDC.  To meet new CDC confidentiality requirements for data submissions, programs should **not** submit the participant’s actual day of birth; ‘01’ should be used for day of birth in transmitted data.  ***Cross edits***  The validation tool will flag participants younger than 40 or older than 64 for a quality check.  *Quality check:* BPDATE - DOB <40 **OR** BPDATE - DOB >64  ***Additional edits***  To protect participant confidentiality, the day of birth must always be ’01.’ The validation tool will flag as an error any day-of-birth value not coded as ’01.’ | | |

**Part B: Screening and Assessment MDE Specifications**

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| Item 3e: Latino | **Hispanic or Latino Origin**  This variable indicates whether the participant is of Hispanic or Latino origin. | | |
| **FORMAT** | **Type:** Numeric  **Length:** 1  **Leading Zeros:** No  **Other Format:** N/A | | **Justification:** Right  **Beginning Position:** 57  **Valid Range:** See values; cannot be blank |
| **Denominator population** | The denominator includes all WISEWOMAN participants. A participant is a woman who receives at least one NBCCEDP service (enrolled in NBCCEDP); has received all the following screenings from the WISEWOMAN Program: height, weight, first blood pressure diastolic measurement, and first blood pressure systolic measurement; and has responded to at least one health history question. (For items 5a-8b, there must be at least one response that is not coded as ‘7 Don’t know,’ ‘8 Don’t want to answer,’ or ‘9 No answer recorded.’) | | |
| **VALUES and description** | **1 Yes** | Participant reports that she is of Hispanic or Latino origin | |
|  | **2 No** | Participant reports that she is not of Hispanic or Latino origin | |
|  | **7 Unknown** | Participant is unsure whether she is of Hispanic or Latino origin | |
|  | **9 No answer recorded** | Participant has not reported whether she is of Hispanic or Latino origin  The validation tool will flag this value as an error | |
| **analysis and use** | To assess the race/ethnicity of WISEWOMAN participants  To understand and analyze screening, lifestyle interventions, and other variables by ethnicity | | |
| **other information** | ***Guidance***  This field is imported from NBCCEDP data. Missing values are recoded as ‘9 No answer recorded.’  ***Cross edits***  At least one race or Hispanic ethnicity should be reported. If at least one race or Hispanic ethnicity is not reported, the validation tool will flag this field as an error.  *Error:* LATINO, RACE1-RACE5 *all* = (7, 9)  If a participant is non-Hispanic, she should identify with at least one race. If a non-Hispanic participant does not identify with at least one race, the validation tool will flag this field as an error.  *Error:* LATINO = 2 **AND** RACE1-RACE5 *all* = 7or 9  ***Additional edits***  See related cross edit for item 3f: Race1. | | |

**Part B: Screening and Assessment MDE Specifications**

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| Item 3f: Race1 | **Race: First Race**  This variable indicates a race with which the participant identifies. | | |
| **FORMAT** | **Type:** Numeric  **Length:** 1  **Leading Zeros:** No  **Other Format:** N/A | | **Justification:** Right  **Beginning Position:** 58  **Valid Range:** See values; cannot be blank |
| **Denominator population** | The denominator includes all WISEWOMAN participants. A participant is a woman who receives at least one NBCCEDP service (enrolled in NBCCEDP); has received all the following screenings from the WISEWOMAN Program: height, weight, first blood pressure diastolic measurement, and first blood pressure systolic measurement; and has responded to at least one health history question. (For items 5a-8b, there must be at least one response that is not coded as ‘7 Don’t know,’ ‘8 Don’t want to answer,’ or ‘9 No answer recorded.’) | | |
| **VALUES and description** | **1 White** | Participant identifies White as a race | |
| **2 Black or African American** | Participant identifies Black or African American as a race | |
| **3 Asian** | Participant identifies Asian as a race | |
| **4 Native Hawaiian or Other Pacific Islander** | Participant identifies Native Hawaiian or Other Pacific Islander as a race | |
| **5 American Indian or Alaska Native** | Participant identifies American Indian or Alaska Native as a race | |
| **7 Unknown** | Participant does not know her race or does not identify with any of the races listed above  If a participant is Hispanic and does not identify a race, this code should be used | |
| **9 No answer recorded** | Race information is missing for the participant  Any race information gathered should be entered beginning with the Race1 field.  See cross edits related to this value. | |
| **analysis and use** | To assess the race/ethnicity of WISEWOMAN participants  To understand and analyze screening, lifestyle interventions, and other variables by race | | |
| **other information** | ***Guidance***  This field is imported from NBCCEDP data; missing values are recorded as ‘9 No answer recorded.’  If a participant identifies more than one race, one race is recorded here and other races she identifies are recorded in subsequent race fields (3g: Race2 - 3j: Race5).  ***Cross edits***  First race should always be recorded unless the participant identifies as Hispanic. In cases where the participant is Hispanic, first race is permitted to be unknown or not recorded. In all other cases where first race is unknown or not recorded, this field will be flagged as an error.  *Error:* RACE1 = 9 **AND** LATINO ≠ 1  First race should be completed before the other race fields. This field will be flagged as an error if it is unknown or not recorded, while other race fields contain values of ‘1 White,’ ‘2 Black or African American,’ ‘3 Asian,’ ‘4 Native Hawaiian or other Pacific Islander,’ or ‘5 American Indian or Alaska Native.  *Error:* RACE1 = 7 or 9 **AND** RACE2-RACE5 ≠ (7, 9)  ***Additional edits***  See related cross edits for item 3e: Latino. | | |

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| Item 3g: Race2 | **Race: Second Race**  This variable indicates a race with which the participant identifies in cases where a participant is multiracial. | | |
| **FORMAT** | **Type:** Numeric  **Length:** 1  **Leading Zeros:** No  **Other Format:** N/A | | **Justification:** Right  **Beginning Position:** 59  **Valid Range:** See values; cannot be blank |
| **Denominator population** | The denominator includes all WISEWOMAN participants. A participant is a woman who receives at least one NBCCEDP service (enrolled in NBCCEDP); has received all the following screenings from the WISEWOMAN Program: height, weight, first blood pressure diastolic measurement, and first blood pressure systolic measurement; and has responded to at least one health history question. (For items 5a-8b, there must be at least one response that is not coded as ‘7 Don’t know,’ ‘8 Don’t want to answer,’ or ‘9 No answer recorded.’) | | |
| **VALUES and description** | **1 White** | Participant identifies White as a race  Participant who has identified two or more races can have this value | |
| **2 Black or African American** | Participant identifies Black or African American as a race  Participant who has identified two or more races can have this value | |
| **3 Asian** | Participant identifies Asian as a race  Participant who has identified two or more races can have this value | |
| **4 Native Hawaiian or Other Pacific Islander** | Participant identifies Native Hawaiian or Other Pacific Islander as a race  Participant who has identified two or more races can have this value | |
| **5 American Indian or Alaska Native** | Participant identifies American Indian or Alaska Native as a race  Participant who has identified two or more races can have this value | |
| **7 Unknown** | Participant does not know her race or does not identify with any of the races listed above | |
| **9 No answer recorded** | If race information is missing for Race2  Participant has not identified any race  Participant has identified one race and does not identify other races  If a participant does not identify a second race, ‘9 No answer recorded’ should be used for this field and all subsequent race fields | |
| **analysis and use** | To assess the race/ethnicity of WISEWOMAN participants. Participants with more than one race will be identified as multiracial, not as members of the specific races identified  To understand and analyze screening, lifestyle interventions, and other variables by race | | |
| **other information** | ***Guidance***  This field is imported from NBCCEDP data; missing values are recorded as ‘9 No answer recorded.’  This race field should be populated before the third through fifth race fields (3h: Race3-3j: Race5).  If a participant identifies two races, one race is recorded in Race1 and a second race is recorded here. If she identifies more than two races, other races identified are recorded in subsequent race fields as applicable (3h: Race3-3j: Race5).  ***Additional edits***  See related cross edits for items 3e: Latino and 3f: Race1. | | |

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| Item 3g: Race3 | **Race: Third Race**  This variable indicates a race with which the participant identifies in cases where a participant is multiracial. | | |
| **FORMAT** | **Type:** Numeric  **Length:** 1  **Leading Zeros:** No  **Other Format:** N/A | | **Justification:** Right  **Beginning Position:** 60  **Valid Range:** See values; cannot be blank |
| **Denominator population** | The denominator includes all WISEWOMAN participants. A participant is a woman who receives at least one NBCCEDP service (enrolled in NBCCEDP); has received all the following screenings from the WISEWOMAN Program: height, weight, first blood pressure diastolic measurement, and first blood pressure systolic measurement; and has responded to at least one health history question. (For items 5a-8b, there must be at least one response that is not coded as ‘7 Don’t know,’ ‘8 Don’t want to answer,’ or ‘9 No answer recorded.’) | | |
| **VALUES and description** | **1 White** | Participant identifies White as a race  Participant who has identified three or more races can have this value | |
| **2 Black or African American** | Participant identifies Black or African American as a race  Participant who has identified three or more races can have this value | |
| **3 Asian** | Participant identifies Asian as a race  Participant who has identified three or more races can have this value | |
| **4 Native Hawaiian or Other Pacific Islander** | Participant identifies Native Hawaiian or Other Pacific Islander as a race  Participant who has identified three or more races can have this value | |
| **5 American Indian or Alaska Native** | Participant identifies American Indian or Alaska Native as a race  Participant who has identified three or more races can have this value | |
| **7 Unknown** | Participant does not know her race or does not identify with any of the races listed above | |
| **9 No answer recorded** | If race information is missing for Race3  Participant has not identified any race  Participant has identified one or two races and does not identify other races  If a participant does not identify a third race, ‘9 No answer recorded’ should be used for this field and all subsequent race fields | |
| **analysis and use** | To assess the race/ethnicity of WISEWOMAN participants. Participants with more than one race will be identified as multiracial, not as members of the specific races identified  To understand and analyze screening, lifestyle interventions, and other variables by race | | |
| **other information** | ***Guidance***  This field is imported from NBCCEDP data; missing values are recorded as ‘9 No answer recorded.’  This race field should be populated before the fourth and fifth race fields (3i: Race4, 3j: Race5).  If a participant identifies three races, one race is recorded in Race1, a second race in Race2, and a third here. If she identifies more than three races, other races identified are recorded in subsequent race fields as applicable (3i: Race4, 3j: Race5).  ***Additional edits***  See related cross edits for items 3e: Latino and 3f: Race1. | | |

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| Item 3i: Race4 | **Race: Fourth Race**  This variable indicates a race with which the participant identifies in cases where a participant is multiracial. | | |
| **FORMAT** | **Type:** Numeric  **Length:** 1  **Leading Zeros:** No  **Other Format:** N/A | | **Justification:** Right  **Beginning Position:** 61  **Valid Range:** See values; cannot be blank |
| **Denominator population** | The denominator includes all WISEWOMAN participants. A participant is a woman who receives at least one NBCCEDP service (enrolled in NBCCEDP); has received all the following screenings from the WISEWOMAN Program: height, weight, first blood pressure diastolic measurement, and first blood pressure systolic measurement; and has responded to at least one health history question. (For items 5a-8b, there must be at least one response that is not coded as ‘7 Don’t know,’ ‘8 Don’t want to answer,’ or ‘9 No answer recorded.’) | | |
| **VALUES and description** | **1 White** | Participant identifies White as a race  Participant who has identified four or more races can have this value | |
| **2 Black or African American** | Participant identifies Black or African American as a race  Participant who has identified four or more races can have this value | |
| **3 Asian** | Participant identifies Asian as a race  Participant who has identified four or more races can have this value | |
| **4 Native Hawaiian or Other Pacific Islander** | Participant identifies Native Hawaiian or Other Pacific Islander as a race  Participant who has identified four or more races can have this value | |
| **5 American Indian or Alaska Native** | Participant identifies American Indian or Alaska Native as a race  Participant who has identified four or more races can have this value | |
| **7 Unknown** | Participant does not know her race or does not identify with any of the races listed above | |
| **9 No answer recorded** | If race information is missing for Race4  Participant has not identified any race  Participant has identified one to three races and does not identify other races  If a participant does not identify a fourth race, ‘9 No answer recorded’ should be used for this field and all subsequent race fields | |
| **analysis and use** | To assess the race/ethnicity of WISEWOMAN participants. Participants with more than one race will be identified as multiracial, not as members of the specific races identified  To understand and analyze screening, lifestyle interventions, and other variables by race | | |
| **other information** | ***Guidance***  This field is imported from NBCCEDP data; missing values are recorded as ‘9 No answer recorded.’  This race field should be populated before the fifth race field (3j: Race5).  If a participant identifies four races, one race is recorded in Race1, a second race in Race2, a third in Race3, and a fourth in here. If she identifies more than four races, other races identified are recorded in the subsequent race field as applicable (3j: Race5).  ***Additional edits***  See related cross edits for items 3e: Latino and 3f: Race1. | | |

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| Item 3j: Race5 | **Race: Fifth Race**  This variable indicates a race with which the participant identifies in cases where a participant is multiracial. | | |
| **FORMAT** | **Type:** Numeric  **Length:** 1  **Leading Zeros:** No  **Other Format:** N/A | | **Justification:** Right  **Beginning Position:** 62  **Valid Range:** See values; cannot be blank |
| **Denominator population** | The denominator includes all WISEWOMAN participants. A participant is a woman who receives at least one NBCCEDP service (enrolled in NBCCEDP); has received all the following screenings from the WISEWOMAN Program: height, weight, first blood pressure diastolic measurement, and first blood pressure systolic measurement; and has responded to at least one health history question. (For items 5a-8b, there must be at least one response that is not coded as ‘7 Don’t know,’ ‘8 Don’t want to answer,’ or ‘9 No answer recorded.’) | | |
| **VALUES and description** | **1 White** | Participant identifies White as a race  Participant who has identified five races can have this value | |
| **2 Black or African American** | Participant identifies Black or African American as a race  Participant who has identified five races can have this value | |
| **3 Asian** | Participant identifies Asian as a race  Participant who has identified five races can have this value | |
| **4 Native Hawaiian or Other Pacific Islander** | Participant identifies Native Hawaiian or Other Pacific Islander as a race  Participant who has identified five races can have this value | |
| **5 American Indian or Alaska Native** | Participant identifies American Indian or Alaska Native as a race  Participant who has identified five races can have this value | |
| **7 Unknown** | Participant does not know her race or does not identify with any of the races listed above | |
| **9 No answer recorded** | If race information is missing for Race5  Participant has not identified any race  Participant has identified one to four races and does not identify other races  If a participant does not identify a fifth race, ‘9 No answer recorded’ should be used for this field. | |
| **analysis and use** | To assess the race/ethnicity of WISEWOMAN participants. Participants with more than one race will be identified as multiracial, not as members of the specific races identified  To understand and analyze screening, lifestyle interventions, and other variables by race | | |
| **other information** | ***Guidance***  This field is imported from NBCCEDP data; missing values are recorded as ‘9 No answer recorded.’  This race field should be populated after other race fields (3f: Race1-3i: Race4).  If a participant identifies five races, one race is recorded in Race1, a second race in Race2, a third in Race3, a fourth in Race4, and a fifth in here.  ***Additional edits***  See related cross edits for items 3e: Latino and 3f: Race1. | | |

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| Item 3l: Education | **Education (highest grade completed)**  This variable indicates the highest grade the participant completed. | | |
| **FORMAT** | **Type:** Numeric  **Length:** 2  **Leading Zeros:** No  **Other Format:** N/A | | **Justification:** Right  **Beginning Position:** 64  **Valid Range:** See values; cannot be blank |
| **Denominator population** | The denominator includes all WISEWOMAN participants. A participant is a woman who receives at least one NBCCEDP service (enrolled in NBCCEDP); has received all the following screenings from the WISEWOMAN Program: height, weight, first blood pressure diastolic measurement, and first blood pressure systolic measurement; and has responded to at least one health history question. (For items 5a-8b, there must be at least one response that is not coded as ‘7 Don’t know,’ ‘8 Don’t want to answer,’ or ‘9 No answer recorded.’) | | |
| **VALUES and description** | **1 <9th grade** | Participant reports that she did not attend high school | |
| **2 Some high school** | Participant reports she attended high school, but did not graduate | |
| **3 High school graduate or equivalent** | Participant reports that she graduated from high school or has the equivalent of a high school diploma, and she did not attend any college or higher education | |
| **4 Some college or higher** | Participant reports that she attended one or more years of college and/or graduate school (e.g., college graduate, graduate degree) | |
| **7 Don’t know** | Participant reports that she does not know the highest grade she completed  The validation tool will flag this value as a quality check | |
| **8 *Don’t want to answer*** | Participant does not want to answer the highest grade she completed  The validation tool will flag this value as a quality check | |
| **9 No answer recorded** | Education information is missing for the participant  The validation tool will flag this value as an error | |
| **analysis and use** | To assess the educational attainment of women in the WISEWOMAN population  To understand screening, lifestyle interventions (LSIs), and other variables by education status  To help determine the literacy level needed for materials developed for recruitment, risk reduction counseling, health education/LSIs and community-based referral | | |
| **other information** | ***Guidance***  Response options in italics should not be read if this question is asked orally; if this question is completed through a data collection form presented to participants, response options in italics should appear.  Codes and response options highlighted in gray should not appear on the data collection forms presented to participants. They are provided for funded program use only. | | |

**Part B: Screening and Assessment MDE Specifications**

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| Item 5a: SRHC | **Have you ever been told by a doctor, nurse, or other health professional that your blood cholesterol is high?**  This variable indicates whether the participant has ever been told that she has high cholesterol. | | |
| **FORMAT** | **Type:** Numeric  **Length:** 1  **Leading Zeros:** No  **Other Format:** N/A | | **Justification:** Right  **Beginning Position:** 74  **Valid Range:** See values; cannot be blank |
| **Denominator population** | The denominator includes all WISEWOMAN participants. A participant is a woman who receives at least one NBCCEDP service (enrolled in NBCCEDP); has received all the following screenings from the WISEWOMAN Program: height, weight, first blood pressure diastolic measurement, and first blood pressure systolic measurement; and has responded to at least one health history question. (For items 5a-8b, there must be at least one response that is not coded as ‘7 Don’t know,’ ‘8 Don’t want to answer,’ or ‘9 No answer recorded.’) | | |
| **VALUES and description** | **1 Yes** | Participant has been told previously that her blood cholesterol is high | |
|  | **2 No** | Participant has never been told that her blood cholesterol is high | |
|  | **7 Don’t know** | Participant does not know whether she has ever been told that her blood cholesterol is high  The validation program will flag this value for a quality check | |
|  | **8 *Don’t want to answer*** | Participant does not want to answer whether she has ever been told that her blood cholesterol is high  The validation tool will flag this value for a quality check | |
|  | **9 No answer recorded** | No answer recorded  The validation tool will flag this value as an error | |
| **analysis and use** | To understand the cardiovascular disease risk factors of both individual participants and the overall WISEWOMAN population  To assess the number of cases of high blood cholesterol that have been previously diagnosed as opposed to newly detected cases among the WISEWOMAN population  To assess control of and improvements in cholesterol for newly and previously diagnosed women | | |
| **other information** | ***Guidance***  Response options in italics should not be read if this question is asked orally; if this question is completed through a data collection form presented to participants, response options in italics should appear.  Codes and response options highlighted in gray should not appear on the data collection forms presented to participants. They are provided for funded program use only.  Some programs may have access to participants’ medical charts. In some cases, the medical chart may show that a participant’s diagnosis for high blood cholesterol is inconsistent with her self-report. In these instances, if the medical record indicates that she has high blood cholesterol, the program should recode this field as ‘1 Yes.’ | | |

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| Item 5b: SRHB | **Have you ever been told by a doctor, nurse, or other health professional that you have high blood pressure?**  This variable indicates whether the participant has ever been told that she has high blood pressure. | | |
| **FORMAT** | **Type:** Numeric  **Length:** 1  **Leading Zeros:** No  **Other Format:** N/A | | **Justification:** Right  **Beginning Position:** 75  **Valid Range:** See values; cannot be blank |
| **Denominator population** | The denominator includes all WISEWOMAN participants. A participant is a woman who receives at least one NBCCEDP service (enrolled in NBCCEDP); has received all the following screenings from the WISEWOMAN Program: height, weight, first blood pressure diastolic measurement, and first blood pressure systolic measurement; and has responded to at least one health history question. (For items 5a-8b, there must be at least one response that is not coded as ‘7 Don’t know,’ ‘8 Don’t want to answer,’ or ‘9 No answer recorded.’) | | |
| **VALUES and description** | **1 Yes** | Participant has been told previously that her blood pressure is high or that she has hypertension | |
|  | **2 No** | Participant has never been told that her blood pressure is high or that she has hypertension | |
|  | **7 Don’t know** | Participant does not know whether she has ever been told that her blood pressure is high or whether she has been told that she has hypertension  The validation program will flag this value for a quality check | |
|  | **8 *Don’t want to answer*** | Participant does not want to answer whether she has ever been told that her blood pressure is high or whether she has been told that she has hypertension  The validation program will flag this value for a quality check | |
|  | **9 No answer recorded** | No answer recorded  The validation tool will flag this value as an error | |
| **analysis and use** | To understand the cardiovascular disease risk factors of both individual participants and the overall WISEWOMAN population  To assess the number of cases of high blood pressure that have been previously diagnosed as opposed to newly detected cases among the WISEWOMAN population  To assess control of and improvements in blood pressure for newly and previously diagnosed women | | |
| **other information** | ***Guidance***  Response options in italics should not be read if this question is asked orally; if this question is completed through a data collection form presented to participants, response options in italics should appear.  Codes and response options highlighted in gray should not appear on the data collection forms presented to participants. They are provided for funded program use only.  Some programs may have access to participants’ medical charts. In some cases, the medical chart may show that a participant’s diagnosis for hypertension is inconsistent with her self-report. In these instances, if the medical record indicates that she has hypertension, the program should recode this field as ‘1 Yes.’ | | |

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| Item 5c: SRD | **Have you ever been told by a doctor, nurse, or other health professional that you have diabetes?**  This variable indicates whether the participant has ever been told that she has diabetes. | | |
| **FORMAT** | **Type:** Numeric  **Length:** 1  **Leading Zeros:** No  **Other Format:** N/A | | **Justification:** Right  **Beginning Position:** 76  **Valid Range:** See values; cannot be blank |
| **Denominator population** | The denominator includes all WISEWOMAN participants. A participant is a woman who receives at least one NBCCEDP service (enrolled in NBCCEDP); has received all the following screenings from the WISEWOMAN Program: height, weight, first blood pressure diastolic measurement, and first blood pressure systolic measurement; and has responded to at least one health history question. (For items 5a-8b, there must be at least one response that is not coded as ‘7 Don’t know,’ ‘8 Don’t want to answer,’ or ‘9 No answer recorded.’) | | |
| **VALUES and description** | **1 Yes** | Participant has been told previously that she has diabetes, and it is ascertained that it was not gestational diabetes; participant with this response is considered a known diabetic  ***This response should indicate a diagnosis of diabetes beyond pregnancy*** | |
|  | **2 No** | Participant has never been told that she has diabetes | |
|  | **3 Yes - Gestational (pregnancy) diabetes only** | Participant has been told that she had gestational (pregnancy) diabetes but is not currently a diabetic  ***This response should indicate a diagnosis of diabetes only during pregnancy*** | |
|  | **7 Don’t know** | Participant does not know whether she has ever been told that she has diabetes  The validation program will flag this value for a quality check | |
|  | **8 *Don’t want to answer*** | Participant does not want to answer whether she has ever been told that she has diabetes  The validation program will flag this value for a quality check | |
|  | **9 No answer recorded** | No answer recorded  The validation tool will flag this value as an error | |
| **analysis and use** | To understand the cardiovascular disease risk factors of both individual participants and the overall WISEWOMAN population  To assess the number of cases of diabetes that have been previously diagnosed as opposed to newly detected cases among the WISEWOMAN population  To differentiate participants who are currently diabetic from participants who are at high risk for diabetes because of previous gestational diabetes  To assess control of and improvements in diabetes for newly and previously diagnosed women | | |
| **other information** | ***Guidance***  Response options in italics should not be read if this question is asked orally; if this question is completed through a data collection form presented to participants, response options in italics should appear.  Codes and response options highlighted in gray should not appear on the data collection forms presented to participants. They are provided for funded program use only.  Some programs may have access to a participant’s medical chart. In some cases, the medical chart may show that a participant’s diagnosis for diabetes is inconsistent with her self-report. In these instances, if the medical record indicates that she has diabetes, the program should recode this field as ‘1 Yes.’ Accordingly, if the medical record indicates that she has had gestational diabetes, the program should recode this field as ‘3 Yes-Gestational (pregnancy) diabetes only.’  ***Additional edits***  See related cross edits for items 12b: Glucose and 12d: A1C. | | |

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| Item 5d: SRHA | **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?**  This variable indicates whether the participant has ever been told that she has had a heart attack (also called myocardial infarction), angina, coronary heart disease, or stroke. | | |
| **FORMAT** | **Type:** Numeric  **Length:** 1  **Leading Zeros:** No  **Other Format:** N/A | | **Justification:** Right  **Beginning Position:** 77  **Valid Range:** See values; cannot be blank |
| **Denominator population** | The denominator includes all WISEWOMAN participants. A participant is a woman who receives at least one NBCCEDP service (enrolled in NBCCEDP); has received all the following screenings from the WISEWOMAN Program: height, weight, first blood pressure diastolic measurement, and first blood pressure systolic measurement; and has responded to at least one health history question. (For items 5a-8b, there must be at least one response that is not coded as ‘7 Don’t know,’ ‘8 Don’t want to answer,’ or ‘9 No answer recorded.’) | | |
| **VALUES and description** | **1 Yes** | Participant has been told previously that she has had a heart attack (also called myocardial infarction), angina, coronary heart disease, or stroke | |
|  | **2 No** | Participant has never been told that she has had a heart attack (also called myocardial infarction), angina, coronary heart disease, or stroke | |
|  | **7 Don’t know** | Participant does not know whether she has had a heart attack (also called myocardial infarction), angina, coronary heart disease, or stroke  The validation program will flag this value for a quality check | |
|  | **8 *Don’t want to answer*** | Participant does not want to answer whether she has had a heart attack (also called myocardial infarction), angina, coronary heart disease, or stroke  The validation program will flag this value for a quality check | |
|  | **9 No answer recorded** | No answer recorded  The validation tool will flag this value as an error | |
| **analysis and use** | To understand the history of cardiovascular disease among both individual participants and the overall WISEWOMAN population  To assess the number of participants who have been previously diagnosed as having cardiovascular disease | | |
| **other information** | ***Guidance***  Response options in italics should not be read if this question is asked orally; if this question is completed through a data collection form presented to participants, response options in italics should appear.  Codes and response options highlighted in gray should not appear on the data collection forms presented to participants. They are provided for funded program use only.  Some programs may have access to participants’ medical charts. In some cases, the medical chart may show that a participant’s diagnosis for heart attack (also called myocardial infarction), angina, coronary heart disease, or stroke is inconsistent with her self-report. In these instances, if the medical record indicates that she has had any one of these conditions, the program should recode this field as ‘1 Yes.’ | | |

**Part B: Screening and Assessment MDE Specifications**

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| Item 6a: FAMHAM | **Has your father, brother, or son had a stroke or heart attack before age 55?**  This variable indicates whether males in the participant’s family have a history of stroke or heart attack. | | |
| **FORMAT** | **Type:** Numeric  **Length:** 1  **Leading Zeros:** No  **Other Format:** N/A | | **Justification:** Right  **Beginning Position:** 78  **Valid Range:** See values; cannot be blank |
| **Denominator population** | The denominator includes all WISEWOMAN participants. A participant is a woman who receives at least one NBCCEDP service (enrolled in NBCCEDP); has received all the following screenings from the WISEWOMAN Program: height, weight, first blood pressure diastolic measurement, and first blood pressure systolic measurement; and has responded to at least one health history question. (For items 5a-8b, there must be at least one response that is not coded as ‘7 Don’t know,’ ‘8 Don’t want to answer,’ or ‘9 No answer recorded.’) | | |
| **VALUES and description** | **1 Yes** | Participant’s father, brother, or son had a stroke or heart attack before age 55 | |
|  | **2 No** | Participant’s father, brother, or son has *not* had a stroke or heart attack before age 55 | |
|  | **7 Don’t know** | Participant does not know whether her father, brother, or son had a stroke or heart attack before age 55 | |
|  | **8 *Don’t want to answer*** | Participant does not want to answer whether her father, brother, or son had a stroke or heart attack before age 55 | |
|  | **9 No answer recorded** | No answer recorded  The validation tool will flag this value as an error | |
| **analysis and use** | To identify and target participants at particularly high risk for early cardiovascular disease  To assess the cardiovascular disease risk factors of the overall WISEWOMAN population | | |
| **other information** | ***Guidance***  Response options in italics should not be read if this question is asked orally; if this question is completed through a data collection form presented to participants, response options in italics should appear.  Codes and response options highlighted in gray should not appear on the data collection forms presented to participants. They are provided for funded program use only.  If a participant reports that she doesn’t want to answer whether her father, brother, or son has had a stroke or heart attack before age 55, programs should have a discussion with her to verify the response.  Some programs may have access to participants’ medical charts. In some cases, the medical chart may show that a participant’s previous response about family history is inconsistent with the current response. In these instances, if the participant previously or currently indicates a father, brother, or son had a stroke or heart attack before age 55, the program should recode this field as ‘1 Yes.’ | | |

**Part B: Screening and Assessment MDE Specifications**

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| Item 6b: FAMHAF | **Has your mother, sister, or daughter had a stroke or heart attack before age 55?**  This variable indicates whether females in the participant’s family have a history of stroke or heart attack. | | |
| **FORMAT** | **Type:** Numeric  **Length:** 1  **Leading Zeros:** No  **Other Format:** N/A | | **Justification:** Right  **Beginning Position:** 79  **Valid Range:** See values; cannot be blank |
| **Denominator population** | The denominator includes all WISEWOMAN participants. A participant is a woman who receives at least one NBCCEDP service (enrolled in NBCCEDP); has received all the following screenings from the WISEWOMAN Program: height, weight, first blood pressure diastolic measurement, and first blood pressure systolic measurement; and has responded to at least one health history question. (For items 5a-8b, there must be at least one response that is not coded as ‘7 Don’t know,’ ‘8 Don’t want to answer,’ or ‘9 No answer recorded.’) | | |
| **VALUES and description** | **1 Yes** | Participant’s mother, sister, or daughter had a stroke or heart attack before age 55 | |
|  | **2 No** | Participant’s mother, sister, or daughter has *not* had a stroke or heart attack before age 55 | |
|  | **7 Don’t know** | Participant does not know whether her mother, sister, or daughter had a stroke or heart attack before age 55 | |
|  | **8 *Don’t want to answer*** | Participant does not want to answer whether her mother, sister, or daughter had a stroke or heart attack before age 55 | |
|  | **9 No answer recorded** | No answer recorded  The validation tool will flag this value as an error | |
| **analysis and use** | To identify and target participants at particularly high risk for early cardiovascular disease  To assess the cardiovascular disease risk factors of the overall WISEWOMAN population | | |
| **other information** | ***Guidance***  Response options in italics should not be read if this question is asked orally; if this question is completed through a data collection form presented to participants, response options in italics should appear.  Codes and response options highlighted in gray should not appear on the data collection forms presented to participants. They are provided for funded program use only.  If a participant reports that she doesn’t want to answer whether her mother, sister, or daughter has had a stroke or heart attack before age 55, programs should have a discussion with her to verify the response.  Some programs may have access to participants’ medical charts. In some cases, the medical chart may show that a participant’s previous response about family history is inconsistent with the current response. In these instances, if the participant previously or currently indicates a mother, sister, or daughter has had a stroke or heart attack before age 55, the program should recode this field as ‘1 Yes.’ | | |

**Part B: Screening and Assessment MDE Specifications**

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| Item 6c: FAMD | **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?**  This variable indicates whether the participant has a family history of diabetes. | | |
| **FORMAT** | **Type:** Numeric  **Length:** 1  **Leading Zeros:** No  **Other Format:** N/A | | **Justification:** Right  **Beginning Position:** 80  **Valid Range:** See values; cannot be blank |
| **Denominator population** | The denominator includes all WISEWOMAN participants. A participant is a woman who receives at least one NBCCEDP service (enrolled in NBCCEDP); has received all the following screenings from the WISEWOMAN Program: height, weight, first blood pressure diastolic measurement, and first blood pressure systolic measurement; and has responded to at least one health history question. (For items 5a-8b, there must be at least one response that is not coded as ‘7 Don’t know,’ ‘8 Don’t want to answer,’ or ‘9 No answer recorded.’) | | |
| **VALUES and description** | **1 Yes** | Participant’s parent, sibling, or child has been told that he/she has diabetes | |
|  | **2 No** | Participant’s parent, sibling, and/or child has *not* been told that he/she has diabetes | |
|  | **7 Don’t know** | Participant does not know whether her parent, sibling, and/or child has been told that he/she has diabetes | |
|  | **8 *Don’t want to answer*** | Participant does not want to answer whether her parents, sibling, and/or child has been told that he/she has diabetes | |
|  | **9 No answer recorded** | No answer recorded  The validation tool will flag this value as an error | |
| **analysis and use** | To identify and target participants who are at particularly high risk for diabetes  To identify the risk of diabetes in the overall WISEWOMAN population | | |
| **other information** | ***Guidance***  Response options in italics should not be read if this question is asked orally; if this question is completed through a data collection form presented to participants, response options in italics should appear.  Codes and response options highlighted in gray should not appear on the data collection forms presented to participants. They are provided for funded program use only.  If a participant reports that she doesn’t want to answer whether her parent, sibling, and/or child has diabetes, programs should have a discussion with her to verify the response.  Some programs may have access to participants’ medical charts. In some cases, the medical chart may show that a participant’s previous response about family history is inconsistent with the current response. In these instances, if the participant previously or currently indicates a parent, sibling, and/or child has diabetes, the program should recode this field as ‘1 Yes.’ | | |

**Part B: Screening and Assessment MDE Specifications**

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| Item 7a: HCMeds | **Are you taking any medicine prescribed by your doctor, nurse, or other health professional for your high cholesterol?**  This variable indicates whether the participant is taking prescribed medication for high cholesterol. | | |
| **FORMAT** | **Type:** Numeric  **Length:** 1  **Leading Zeros:** No  **Other Format:** N/A | | **Justification:** Right  **Beginning Position:** 81  **Valid Range:** See values; cannot be blank |
| **Denominator population** | The denominator includes all WISEWOMAN participants. A participant is a woman who receives at least one NBCCEDP service (enrolled in NBCCEDP); has received all the following screenings from the WISEWOMAN Program: height, weight, first blood pressure diastolic measurement, and first blood pressure systolic measurement; and has responded to at least one health history question. (For items 5a-8b, there must be at least one response that is not coded as ‘7 Don’t know,’ ‘8 Don’t want to answer,’ or ‘9 No answer recorded.’) | | |
| **VALUES and description** | **1 Yes** | Participant is taking prescribed medication for high cholesterol | |
|  | **3 No** | Participant is not taking prescribed medication for high cholesterol | |
|  | **7 Don’t know/Not sure** | Participant does not know whether she is taking prescribed medication for high cholesterol  The validation program will flag this value for a quality check | |
|  | **8 *Don’t want to answer*** | Participant does not want to answer whether she is taking prescribed medication for high cholesterol  The validation program will flag this value for a quality check | |
|  | **9 No answer recorded** | No answer recorded  The validation tool will flag this value as an error | |
| **analysis and use** | To understand the cardiovascular disease risk factors of both individual participants and the overall WISEWOMAN population  To assess the number of cases of high blood cholesterol that have been previously diagnosed as opposed to newly detected cases among the WISEWOMAN population  To assess the control and management of cholesterol among participants who have high cholesterol | | |
| **other information** | ***Guidance***  Response options in italics should not be read if this question is asked orally; if this question is completed through a data collection form presented to participants, response options in italics should appear.  Codes and response options highlighted in gray should not appear on the data collection forms presented to participants. They are provided for funded program use only.  If a participant reports that she doesn’t know whether she is taking medication for high cholesterol or doesn’t want to answer whether she is taking medication for high cholesterol, programs should have a discussion with her to verify the response. | | |

**Part B: Screening and Assessment MDE Specifications**

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| Item 7b: HBPMeds | **Are you taking any medicine prescribed by your doctor, nurse, or other health professional for your high blood pressure?**  This variable indicates whether the participant is taking prescribed medication for high blood pressure. | | |
| **FORMAT** | **Type:** Numeric  **Length:** 1  **Leading Zeros:** No  **Other Format:** N/A | | **Justification:** Right  **Beginning Position:** 82  **Valid Range:** See values; cannot be blank |
| **Denominator population** | The denominator includes all WISEWOMAN participants. A participant is a woman who receives at least one NBCCEDP service (enrolled in NBCCEDP); has received all the following screenings from the WISEWOMAN Program: height, weight, first blood pressure diastolic measurement, and first blood pressure systolic measurement; and has responded to at least one health history question. (For items 5a-8b, there must be at least one response that is not coded as ‘7 Don’t know,’ ‘8 Don’t want to answer,’ or ‘9 No answer recorded.’) | | |
| **VALUES and description** | **1 Yes** | Participant is taking prescribed medication for high blood pressure/hypertension | |
|  | **3 No** | Participant is not taking prescribed medication for high blood pressure/hypertension | |
|  | **7 Don’t know/Not sure** | Participant does not know whether she is taking prescribed medication for high blood pressure/hypertension  The validation program will flag this value for a quality check | |
|  | **8 *Don’t want to answer*** | Participant does not want to answer whether she is taking prescribed medication for high blood pressure/hypertension  The validation program will flag this value for a quality check | |
|  | **9 No answer recorded** | No answer recorded  The validation tool will flag this value as an error | |
| **analysis and use** | To understand the cardiovascular disease risk factors of both individual participants and the overall WISEWOMAN population  To assess the number of cases of high blood pressure that have been previously diagnosed as opposed to newly detected cases among the WISEWOMAN population  To assess the control and management of high blood pressure/hypertension among participants who have high blood pressure | | |
| **other information** | ***Guidance***  Response options in italics should not be read if this question is asked orally; if this question is completed through a data collection form presented to participants, response options in italics should appear.  Codes and response options highlighted in gray should not appear on the data collection forms presented to participants. They are provided for funded program use only. | | |

**Part B: Screening and Assessment MDE Specifications**

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| Item 7c: DMeds | **Are you taking any medicine prescribed by your doctor, nurse, or other health professional for your diabetes?**  This variable indicates whether the participant is taking prescribed medication for diabetes. | | |
| **FORMAT** | **Type:** Numeric  **Length:** 1  **Leading Zeros:** No  **Other Format:** N/A | | **Justification:** Right  **Beginning Position:** 83  **Valid Range:** See values; cannot be blank |
| **Denominator population** | The denominator includes all WISEWOMAN participants. A participant is a woman who receives at least one NBCCEDP service (enrolled in NBCCEDP); has received all the following screenings from the WISEWOMAN Program: height, weight, first blood pressure diastolic measurement, and first blood pressure systolic measurement; and has responded to at least one health history question. (For items 5a-8b, there must be at least one response that is not coded as ‘7 Don’t know,’ ‘8 Don’t want to answer,’ or ‘9 No answer recorded.’) | | |
| **VALUES and description** | **1 Yes** | Participant is taking prescribed medication for diabetes  Participant with this response is considered a known diabetic | |
|  | **3 No** | Participant is not taking prescribed medication for diabetes | |
|  | **7 Don’t know/Not sure** | Participant does not know whether she is taking prescribed medication for diabetes  The validation program will flag this value for a quality check | |
|  | **8 *Don’t want to answer*** | Participant does not want to answer whether she is taking prescribed medication for diabetes  The validation program will flag this value for a quality check | |
|  | **9 No answer recorded** | No answer recorded  The validation tool will flag this value as an error | |
| **analysis and use** | To understand the cardiovascular disease risk factors of both individual participants and the overall WISEWOMAN population  To assess the number of cases of diabetes that have been previously diagnosed as opposed to newly detected cases among the WISEWOMAN population  To assess diabetes control and management among participants who have diabetes | | |
| **other information** | ***Guidance***  Response options in italics should not be read if this question is asked orally; if this question is completed through a data collection form presented to participants, response options in italics should appear.  Codes and response options highlighted in gray should not appear on the data collection forms presented to participants. They are provided for funded program use only.  If a participant reports that she doesn’t know whether she is taking medication for diabetes or doesn’t want to answer whether she is taking medication for diabetes, programs should have a discussion with the participant to verify the response.  ***Additional edits***  See related cross edits for items 12b: Glucose and 12d: A1C. | | |

**Part B: Screening and Assessment MDE Specifications**

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| Item 8a: Smoker | **Do you now smoke cigarettes every day, some days or not at all?**  This variable indicates whether the participant smokes cigarettes every day, some days, or not at all. | | |
| **FORMAT** | **Type:** Numeric  **Length:** 1  **Leading Zeros:** No  **Other Format:** N/A | | **Justification:** Right  **Beginning Position:** 84  **Valid Range:** See values; cannot be blank |
| **Denominator population** | The denominator includes all WISEWOMAN participants. A participant is a woman who receives at least one NBCCEDP service (enrolled in NBCCEDP); has received all the following screenings from the WISEWOMAN Program: height, weight, first blood pressure diastolic measurement, and first blood pressure systolic measurement; and has responded to at least one health history question. (For items 5a-8b, there must be at least one response that is not coded as ‘7 Don’t know,’ ‘8 Don’t want to answer,’ or ‘9 No answer recorded.’) | | |
| **VALUES and description** | **1 Every day** | Participant smokes every day | |
|  | **2 Some days** | Participant smokes some days | |
|  | **3 Not at all** | Participant does not smoke at all | |
|  | **7 Don’t know/Not sure** | Participant does not know whether she smokes  The validation tool will flag this value as an error | |
|  | **8 *Don’t want to answer*** | Participant does not want to answer whether she smokes  The validation program will flag this value for a quality check | |
|  | **9 No answer recorded** | No answer recorded  The validation tool will flag this value as an error | |
| **analysis and use** | To understand the cardiovascular disease risk factors of both individual participants and the overall WISEWOMAN population  To identify participants who might benefit from smoking cessation counseling and tobacco cessation resources (quit line and community-based) | | |
| **other information** | ***Guidance***  Response options in italics should not be read if this question is asked orally; if this question is completed through a data collection form presented to participants, response options in italics should appear.  Codes and response options highlighted in gray should not appear on the data collection forms presented to participants. They are provided for funded program use only.  Participants should know whether they smoke. If they self report that they don’t know whether they smoke, the program should recode this field as ‘8 Refused.’ | | |

**Part B: Screening and Assessment MDE Specifications**

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| Item 8b: Sechand | **Not counting decks, porches, or garages, during the past 7 days, on how many days did someone other than you smoke tobacco inside your home while you were at home?**  This variable indicates whether the participant has been exposed to secondhand smoke in her home during the past 7 days. | | |
| **FORMAT** | **Type:** Numeric  **Length:** 2  **Leading Zeros:** Yes  **Other Format:** N/A | | **Justification:** Right  **Beginning Position:** 189\*  **Valid Range:** See values; cannot be blank |
| **Denominator population** | The denominator includes all WISEWOMAN participants. A participant is a woman who receives at least one NBCCEDP service (enrolled in NBCCEDP); has received all the following screenings from the WISEWOMAN Program: height, weight, first blood pressure diastolic measurement, and first blood pressure systolic measurement; and has responded to at least one health history question. (For items 5a-8b, there must be at least one response that is not coded as ‘7 Don’t know,’ ‘8 Don’t want to answer,’ or ‘9 No answer recorded.’) | | |
| **VALUES and description** | **Number of days** | A one-digit (numeric) value indicating the number of days out of the past seven that someone other than the participant smoked tobacco inside the participant’s home (not counting decks, porches, or garages) while she was home. Values may be 1, 2, 3, 4, 5, 6, and 7  The validation tool will flag responses greater than 7 (excluding 22, 77, 88, and 99) as an error | |
|  | **00 None** | In the past seven days, no one other than the participant smoked inside the participant’s home (not counting decks, porches, or garages) while she was home | |
|  | **77 Don’t know** | Participant does not know whether someone smoked in her home (not counting decks, porches, or garages) while she was home in the past seven days  The validation tool will flag this value for a quality check | |
|  | **88 *Don’t want to answer*** | Participant does not want to answer whether someone smoked in her home (not counting decks, porches, or garages) while she was home in the past seven days  The validation tool will flag this value for a quality check | |
|  | **99 No answer recorded** | No answer recorded  The validation tool will flag this value as an error | |
| **analysis and use** | To understand the cardiovascular disease risk factors of both individual participants and the overall WISEWOMAN population  To assess environmental factors contributing to participants’ risk levels  To help assess use of community-based referral resources and risk reduction counseling for those exposed to secondhand smoke | | |
| **other information** | ***Guidance***  Response options in italics should not be read if this question is asked orally; if this question is completed through a data collection form presented to participants, response options in italics should appear.  Codes and response options highlighted in gray should not appear on the data collection forms presented to participants. They are provided for funded program use only.  The National Adult Tobacco Survey routinely collects data on secondhand smoke exposure using this question.  All participants should be asked this question, regardless of their smoking status.  If a participant responds with a value greater than seven days, reports that she doesn’t know, or refuses to answer, a discussion with the participant should be conducted to verify the response.  **\*Note that the beginning position of this field is 189. In the submission file, this field does not immediately follow item 8a, which is located at position 84.** | | |

**Part B: Screening and Assessment MDE Specifications**

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| Item 9b: Height | **Height**  This variable indicates the participant’s height in inches. | | |
| **FORMAT** | **Type:** Numeric  **Length:** 3  **Leading Zeros:** No  **Other Format:** N/A | | **Justification:** Right  **Beginning Position:** 93  **Valid Range:** 54-78; cannot be blank |
| **Denominator population** | The denominator includes all WISEWOMAN participants. A participant is a woman who receives at least one NBCCEDP service (enrolled in NBCCEDP); has received all the following screenings from the WISEWOMAN Program: height, weight, first blood pressure diastolic measurement, and first blood pressure systolic measurement; and has responded to at least one health history question. (For items 5a-8b, there must be at least one response that is not coded as ‘7 Don’t know,’ ‘8 Don’t want to answer,’ or ‘9 No answer recorded.’) | | |
| **VALUES and description** | **Height in inches** | Up to two-digit (numeric) value representing the participant’s height; the first position of the field will always be blank  The validation tool will flag heights between 54" and 58" or 74" and 78" for quality checks and program verification. See Appendix B for the procedure for validating out-of-range values. Any values outside  54"-78" will be considered an error  Example: 62" (5 feet, 2 inches) = 62 | |
|  | **777 Unable to obtain** | Height measurement was attempted, but measurement results were not obtained. See Appendix B for the procedure for documenting the reason that the measurement was not obtained  The validation tool will flag this value as an error | |
|  | **888 Client refused** | Participant refuses to have her height measurement taken  The validation tool will flag this value as an error | |
|  | **999 No measurement recorded** | Height measurement was not performed  The validation tool will flag this value as an error | |
| **analysis and use** | To calculate the BMI of WISEWOMAN participants  To understand the cardiovascular disease risk factors of both individual participants and the overall WISEWOMAN population | | |
| **other information** | ***Guidance***  Codes and response options highlighted in gray should not appear on the data collection forms completed by the provider. They are provided for funded program use only.  All height measurements should be recorded in inches.  A height measurement is required for a record to count as a valid screening record. If Height is coded as ‘888 Client refused’ or ‘999 No measurement recorded,’ the record will **not** count as a valid screening record, and the record will not count toward meeting a program’s screening goal (performance measure #1).  If exceptional circumstances do not allow height measurement, these reasons should be documented as instructed in Appendix B. | | |

**Part B: Screening and Assessment MDE Specifications**

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| Item 9d: Weight | **Weight**  This variable indicates the participant’s weight in pounds. | | |
| **FORMAT** | **Type:** Numeric  **Length:** 3  **Leading Zeros:** No  **Other Format:** N/A | | **Justification:** Right  **Beginning Position:** 97  **Valid Range:** 75-460; cannot be blank |
| **Denominator population** | The denominator includes all WISEWOMAN participants. A participant is a woman who receives at least one NBCCEDP service (enrolled in NBCCEDP); has received all the following screenings from the WISEWOMAN Program: height, weight, first blood pressure diastolic measurement, and first blood pressure systolic measurement; and has responded to at least one health history question. (For items 5a-8b, there must be at least one response that is not coded as ‘7 Don’t know,’ ‘8 Don’t want to answer,’ or ‘9 No answer recorded.’) | | |
| **VALUES and description** | **Weight in pounds** | Up to three-digit (numeric) value representing the participant’s weight  The validation tool will flag weights between 75 and 90 lb or 350 and 460 lb for quality checks and program verification. See Appendix B for the procedure for validating out-of-range values. Any values outside 75-460 lb will be considered an error  Example: 98 lb = 98 | |
|  | **777 Unable to obtain** | Weight measurement was attempted, but measurement results were not obtained  The validation tool will flag this value as a quality check. See Appendix B for the procedure for documenting the reason that the measurement was not obtained | |
|  | **888 Client refused** | Participant refuses to have her weight measurement taken  The validation tool will flag this value as a quality check | |
|  | **999 No measurement recorded** | Weight measurement was not performed  The validation tool will flag this value as an error | |
| **analysis and use** | To calculate the BMI of WISEWOMAN participants  To understand the cardiovascular disease risk factors of both individual participants and the overall WISEWOMAN population | | |
| **other information** | ***Guidance***  Codes and response options highlighted in gray should not appear on the data collection forms completed by the provider. They are provided for funded program use only.  A weight measurement is required for a record to count as a valid screening record. If Weight is coded as ‘888 Client refused’ or ‘999 No measurement recorded,’ the record will **not** count as a valid screening record, and the record will not count toward meeting a program’s screening goal (performance measure #1).  If exceptional circumstances do not allow weight measurement, these reasons should be documented as instructed in Appendix B. | | |

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| Item 10a: BPDate | **Blood Pressure Measurement Date (Office Visit Date)**  This variable indicates the date of the office visit when a blood pressure measurement is obtained. | | |
| **FORMAT** | **Type:** Numeric  **Length:** 8  **Leading Zeros:** Yes  **Other Format:** MMDDCCYY | | **Justification:** Right  **Beginning Position:** 101  **Valid Range:** Valid date; must be blank if SBP1, DBP1, SBP2, and DBP2 *all* = 777, 888, 999 |
| **Denominator population** | The denominator includes all WISEWOMAN participants. A participant is a woman who receives at least one NBCCEDP service (enrolled in NBCCEDP); has received all the following screenings from the WISEWOMAN Program: height, weight, first blood pressure diastolic measurement, and first blood pressure systolic measurement; and has responded to at least one health history question. (For items 5a-8b, there must be at least one response that is not coded as ‘7 Don’t know,’ ‘8 Don’t want to answer,’ or ‘9 No answer recorded.’) | | |
| **VALUES and description** | **Blood pressure measurement date/Office visit date** | Valid date in MMDDCCYY format  Date of the office visit and when a blood pressure measurement is obtained  Example: September 10, 2011 = 09102011 | |
| **analysis and use** | To identify the date of the office visit and blood pressure measurements  To facilitate analysis of changes in blood pressure over time  To calculate other service time frames, including time to rescreening, lifestyle intervention sessions, alert referrals, and labs  To calculate performance measure #2: Program provides evidence that 35% of WISEWOMAN participants are rescreened no more than 18 months after their WISEWOMAN baseline screening | | |
| **other information** | ***Guidance***  If a blood pressure measurement was not obtained at the time of the office visit and obtained at a referral visit within 30 days of the visit, the date of the office visit should be recorded here.  If a blood pressure measurement is attempted but not obtained at the office visit or within 30 days of the office visit, the date of the office visit date should be recorded here.  Blood pressure measurement date also represents the date of the office visit. As a result, if blood pressure measurements are marked as being unable to obtain” or refused (SBP1, DBP1, SBP2, **and** DBP2 all = 777 or 888), the date of office visit should be entered. An explanation for the inability to obtain the blood pressure measurements or refusal of blood pressure measurements should be documented using the validation form in Appendix B.  Since all screening measurements and assessments are to be used to determine participation in the lifestyle intervention and referrals to community-based resources, it is expected that all labs and other screening services will be completed within as short a time frame as possible. Thirty days is the recommended time frame in which blood pressure measurements should be done prior to or after the office visit unless specified by the program’s medical advisory group or medical clinic.  ***Cross edits***  Since blood pressure measurement date now also represents office visit date, this field should never be blank. If blood pressure measurement/office visit date is left blank, the validation tool will flag it as an error.  *Error:* BPDATE = .  ***Additional edits***  Blood pressure should have been measured on the current date or earlier.  *Error:* BPDATE > [current date]  See related cross edits for items 3d: DOB, 11a: TCDate, 12a: BGDate, and 13b: BPDiDate. | | |

**Part B: Screening and Assessment MDE Specifications**

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| Item 10b: SBP1 | **Systolic Blood Pressure #1**  This variable indicates the participant’s first systolic blood pressure reading. | | |
| **FORMAT** | **Type:** Numeric  **Length:** 3  **Leading Zeros:** No  **Other Format:** N/A | | **Justification:** Right  **Beginning Position:** 109  **Valid Range:** 74-260; cannot be blank |
| **Denominator population** | The denominator includes all WISEWOMAN participants. A participant is a woman who receives at least one NBCCEDP service (enrolled in NBCCEDP); has received all the following screenings from the WISEWOMAN Program: height, weight, first blood pressure diastolic measurement, and first blood pressure systolic measurement; and has responded to at least one health history question. (For items 5a-8b, there must be at least one response that is not coded as ‘7 Don’t know,’ ‘8 Don’t want to answer,’ or ‘9 No answer recorded.’) | | |
| **VALUES and description** | **Systolic blood pressure in mm Hg** | Up to three-digit (numeric) value representing the participant’s first systolic blood pressure in mm Hg  The validation tool will flag systolic blood pressure values between 230 and 260 mm Hg for quality checks and program verification. Values outside 74-260 mm Hg will be flagged as errors. See Appendix B for the procedure for validating out-of-range values  If a blood pressure measurement was not obtained at the time of the office visit and obtained at a referral visit within 30 days of the visit, the blood pressure measurement from the referral should be recorded here  Example: 90 mm Hg = 90 | |
|  | **777 Unable to obtain** | First systolic blood pressure measurement was attempted, but results were not obtained due to technical difficulties or errors  See Appendix B for the procedure for documenting the reason that the measurement could not be obtained  The validation tool will flag this value as an error | |
|  | **888 Client refused** | Participant refuses to have her first systolic blood pressure measurement taken  The validation tool will flag this value as an error | |
|  | **999 No measurement recorded** | First systolic blood pressure measurement was not performed or not recorded  The validation tool will flag this value as an error | |
| **analysis and use** | To identify those at increased risk for cardiovascular conditions, including heart attack, heart failure, stroke, and kidney disease  To identify participants who would benefit from lifestyle interventions  To identify participants unaware that they have high blood pressure for referral to medical management  To determine control and management of blood pressure  To identify participants who require further diagnostic evaluation  To identify hypertension risk of the WISEWOMAN population | | |
| **other information** | ***Guidance***  Codes and response options highlighted in gray should not appear on the data collection forms completed by the provider. They are provided for funded program use only.  A first systolic blood pressure measurement is required for a record to count as a valid screening record. If first systolic blood pressure is coded as ‘888 Client refused’ or ‘999 No measurement recorded,’ the record will **not** count as a valid screening record, and the record will not count toward meeting a program’s screening goal (performance measure #1).  If exceptional circumstances do not allow a first blood pressure measurement (cases where first blood pressure measurement is coded as ‘777 Unable to obtain’), these reasons should be documented as instructed in Appendix B.  ***Cross edits***  First blood pressure should be recorded before second blood pressure. If a second systolic blood pressure measurement is recorded, but a first systolic blood pressure measurement has not been recorded, the validation tool will flag this field for an error.  *Error:* (SBP1 = 777, 888, or 999) **AND (**SBP2 ≠ 777, 888, or 999)  ***Additional edits***  See related cross edits for items 10a: BPDate, 10c: DBP1, 13a: BPAlert, and 13b: BPDiDate. | | |

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| Item 10c: DBP1 | **Diastolic Blood Pressure #1**  This variable indicates the participant’s first diastolic blood pressure reading. | | |
| **FORMAT** | **Type:** Numeric  **Length:** 3  **Leading Zeros:** No  **Other Format:** N/A | | **Justification:** Right  **Beginning Position:** 112  **Valid Range:** 2-156; cannot be blank |
| **Denominator population** | The denominator includes all WISEWOMAN participants. A participant is a woman who receives at least one NBCCEDP service (enrolled in NBCCEDP); has received all the following screenings from the WISEWOMAN Program: height, weight, first blood pressure diastolic measurement, and first blood pressure systolic measurement; and has responded to at least one health history question. (For items 5a-8b, there must be at least one response that is not coded as ‘7 Don’t know,’ ‘8 Don’t want to answer,’ or ‘9 No answer recorded.’) | | |
| **VALUES and description** | **Diastolic blood pressure in mm Hg** | Up to three-digit (numeric) value representing the participant’s diastolic blood pressure in mm Hg  The validation tool will flag first diastolic blood pressure values between 2-12 mm Hg or 122-156 mm Hg for quality checks and program verification. Values outside 2-156 mm Hg will be considered errors. See Appendix B for the procedure for validating out-of-range values  If a blood pressure measurement was not obtained at the time of the office visit and obtained at a referral visit within 30 days of the visit, the blood pressure measurement from the referral should be recorded here  Example: 85 mm Hg = 85 | |
|  | **777 Unable to obtain** | First diastolic blood pressure measurement was attempted, but results were not obtained due to technical difficulties or errors. See Appendix B for the procedure for documenting the reason that the measurement could not be obtained  The validation tool will flag this value as an error | |
|  | **888 Client refused** | Participant refuses to have her first diastolic blood pressure measurement taken  The validation tool will flag this value as an error | |
|  | **999 No measurement recorded** | First diastolic blood pressure measurement was not performed or not recorded  The validation tool will flag this value as an error | |
| **analysis and use** | To identify those at increased risk for cardiovascular conditions, including heart attack, heart failure, stroke, and kidney disease  To identify participants who would benefit from lifestyle interventions  To identify participants unaware that they have high blood pressure for referral to medical management  To determine control and management of blood pressure  To identify participants who require further diagnostic evaluation  To identify hypertension risk of the WISEWOMAN population | | |
| **other information** | ***Guidance***  Codes and response options highlighted in gray should not appear on the data collection forms completed by the provider. They are provided for funded program use only.  A first diastolic blood pressure measurement is required for a record to count as a valid screening record. If first diastolic blood pressure is coded as ‘888 Client refused’ or ‘999 No measurement recorded,’ the record will **not** count as a valid screening record, and the record will not count toward meeting a program’s screening goal (performance measure #1).  If exceptional circumstances do not allow a first blood pressure measurement (cases where first blood pressure measurement is coded as ‘777 Unable to obtain’), these reasons should be documented as instructed in Appendix B.  ***Cross edits***  First blood pressure should be recorded before second blood pressure. If a second diastolic blood pressure measurement is recorded, but a first diastolic blood pressure measurement has not been recorded, the validation tool will flag this field for an error.  *Error:* (DBP1 = 777, 888, or 999) **AND (**DBP2 ≠ 777, 888, or 999)  If a provider is unable to obtain systolic blood pressure, diastolic blood pressure should also not have been obtained. If only one of the first blood pressure measurements is coded as ’777 Unable to obtain,’ then the validation tool will flag this field as an error.  *Error:* (SBP1 = 777 **AND** DBP1 ≠ 777) **OR** (SBP1 ≠ 777 **AND** DBP1 = 777)  ***Additional edits***  See related cross edits for items 10a: BPDate, 13a: BPAlert, and 13b: BPDiDate. | | |

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| Item 10d: SBP2 | **Systolic Blood Pressure #2**  This variable indicates the participant’s second systolic blood pressure reading. | | |
| **FORMAT** | **Type:** Numeric  **Length:** 3  **Leading Zeros:** No  **Other Format:** N/A | | **Justification:** Right  **Beginning Position:** 115  **Valid Range:** 74-260; cannot be blank |
| **Denominator population** | The denominator includes all WISEWOMAN participants. A participant is a woman who receives at least one NBCCEDP service (enrolled in NBCCEDP); has received all the following screenings from the WISEWOMAN Program: height, weight, first blood pressure diastolic measurement, and first blood pressure systolic measurement; and has responded to at least one health history question. (For items 5a-8b, there must be at least one response that is not coded as ‘7 Don’t know,’ ‘8 Don’t want to answer,’ or ‘9 No answer recorded.’) | | |
| **VALUES and description** | **Systolic blood pressure in mm Hg** | Up to three-digit (numeric) value representing the participant’s second systolic blood pressure in mm Hg  The validation tool will flag systolic blood pressure values between 230 and 260 mm Hg for quality checks and program verification. Values outside 74-260 mm Hg will be flagged as errors. See Appendix B for the procedure for validating out-of-range values  If a blood pressure measurement was not obtained at the time of the office visit and obtained at a referral visit within 30 days of the visit, the blood pressure measurement from the referral should be recorded here  Example: 90 mm Hg = 90 | |
|  | **777 Unable to obtain** | Second systolic blood pressure measurement was attempted, but results were not obtained due to technical difficulties or errors  See Appendix B for the procedure for documenting the reason that the measurement was not obtained  The validation tool will flag this value as an error | |
|  | **888 Client refused** | Participant refuses to have her second systolic blood pressure measurement taken  The validation tool will flag this value as an error | |
|  | **999 No measurement recorded** | Second systolic blood pressure measurement was not performed or not recorded  The validation tool will flag this value as an error | |
| **analysis and use** | To identify those at increased risk for cardiovascular conditions, including heart attack, heart failure, stroke, and kidney disease  To identify participants who would benefit from lifestyle interventions  To identify participants unaware that they have high blood pressure for referral to medical management  To determine control and management of blood pressure among those currently being treated  To identify participants who require further diagnostic evaluation  To identify hypertension risk in the WISEWOMAN population | | |
| **other information** | ***Guidance***  Codes and response options highlighted in gray should not appear on the data collection forms completed by the provider. They are provided for funded program use only.  ***Additional edits***  See related cross edits for items 10a: BPDate, 10b: SBP1, 10e: DBP2, 13a: BPAlert, and 13b: BPDiDate. | | |

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| Item 10e: DBP2 | **Diastolic Blood Pressure #2**  This variable indicates the participant’s second diastolic blood pressure reading. | | |
| **FORMAT** | **Type:** Numeric  **Length:** 3  **Leading Zeros:** No  **Other Format:** N/A | | **Justification:** Right  **Beginning Position:** 118  **Valid Range:** 2-156; cannot be blank |
| **Denominator population** | The denominator includes all WISEWOMAN participants. A participant is a woman who receives at least one NBCCEDP service (enrolled in NBCCEDP); has received all the following screenings from the WISEWOMAN Program: height, weight, first blood pressure diastolic measurement, and first blood pressure systolic measurement; and has responded to at least one health history question. (For items 5a-8b, there must be at least one response that is not coded as ‘7 Don’t know,’ ‘8 Don’t want to answer,’ or ‘9 No answer recorded.’) | | |
| **VALUES and description** | **Diastolic blood pressure in mm Hg** | Up to three-digit (numeric) value representing the participant’s diastolic blood pressure in mm Hg  The validation tool will flag second diastolic blood pressure values between 2 and 12 mm Hg or 122 and 156 mm Hg for quality checks and program verification. Values outside 2-156 mm Hg will be considered errors. See Appendix B for the procedure for validating out-of-range values  If a blood pressure measurement was not obtained at the time of the office visit and obtained at a referral visit within 30 days of the visit, the blood pressure measurement from the referral should be recorded here  Example: 85 mm Hg = 85 | |
|  | **777 Unable to obtain** | Second diastolic blood pressure measurement was attempted, but results were not obtained due to technical difficulties or errors  See Appendix B for the procedure for documenting the reason that the measurement was not obtained  The validation tool will flag this value as an error | |
|  | **888 Client refused** | Participant refuses to have her second diastolic blood pressure measurement taken  The validation tool will flag this value as an error | |
|  | **999 No measurement recorded** | Second diastolic blood pressure measurement was not performed or not recorded  The validation tool will flag this value as an error | |
| **analysis and use** | To identify those at increased risk for cardiovascular conditions, including heart attack, heart failure, stroke, and kidney disease  To identify participants who would benefit from lifestyle interventions  To identify participants unaware that they have high blood pressure for referral to medical management  To determine control and management of blood pressure  To identify participants who require further diagnostic evaluation  To identify hypertension risk of the WISEWOMAN population | | |
| **other information** | ***Guidance***  Codes and response options highlighted in gray should not appear on the data collection forms completed by the provider. They are provided for funded program use only.  ***Cross edits***  If a provider is unable to obtain systolic blood pressure, diastolic blood pressure should also not have been obtained. If only one of the second blood pressure measurements is coded as ’777 Unable to obtain,’ then the validation tool will flag this field as an error.  *Error:* (SBP2 = 777 **AND** DBP2 ≠ 777) **OR** (SBP2 ≠ 777 **AND** DBP2 = 777)  ***Additional edits***  See related cross edits for items 10a: BPDate, 10c: DBP1, 13a: BPAlert, and 13b: BPDiDate. | | |

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| Item 11a: TCDate | **Cholesterol Measurement Date**  This variable indicates the date that the cholesterol measurements were taken. | | |
| **FORMAT** | **Type:** Numeric  **Length:** 8  **Leading Zeros:** Yes  **Other Format:** MMDDCCYY | | **Justification:** Right  **Beginning Position:** 121  **Valid Range:** Valid date; must be blank if TotChol, and HDL, LDL, and Trigly *all* = 888/8888 or 999/9999 |
| **Denominator population** | The denominator includes all WISEWOMAN participants. A participant is a woman who receives at least one NBCCEDP service (enrolled in NBCCEDP); has received all the following screenings from the WISEWOMAN Program: height, weight, first blood pressure diastolic measurement, and first blood pressure systolic measurement; and has responded to at least one health history question. (For items 5a-8b, there must be at least one response that is not coded as ‘7 Don’t know,’ ‘8 Don’t want to answer,’ or ‘9 No answer recorded.’) | | |
| **VALUES and description** | **Screening Date** | Valid date in MMDDCCYY format  The date recorded in this field must be the date that the total and HDL cholesterol values were taken; total cholesterol and HDL measurements are minimum requirements for every participant  If a lipid panel is completed as part of the screening process, the  date recorded must be the date that the lipid panel was done  Example: September 10, 2011 = 09102011 | |
| **analysis and use** | To determine the date of the cholesterol measurements  To facilitate analysis of changes in cholesterol over time | | |
| **other information** | ***Cross edits***  Cholesterol measurement date should not be blank if there is evidence of an attempt to measure cholesterol. If the cholesterol measurement date is blank when there is evidence of an attempt to measure cholesterol, the validation tool will flag this field as an error.  *Error:* TCDATE = .**AND**(TOTCHOL, HDL, LDL, **OR** TRIGLY ≠ (888/8888, 999/9999))  ***Additional edits***  Cholesterol should have been measured on the current date or earlier. If the cholesterol measurement date is in the future, the validation tool will flag it as an error.  *Error:* TCDATE < [current date]  Cholesterol measurements should be completed in the closest time frame possible to the office visit, preferably within 30 days before or after. If cholesterol measurements are taken more than 30 days before or after the office visit, the validation tool will flag this field for a quality check.  *Quality check:* TCDATE – BPDATE >30 **OR** BPDATE – TCDATE >30  See related cross edits for item 13e: TCDiDate. | | |

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| Item 11b: TotChol | **Total Cholesterol (fasting or nonfasting)**  This variable indicates the participant’s total cholesterol level. | | |
| **FORMAT** | **Type:** Numeric  **Length:** 3  **Leading Zeros:** No  **Other Format:** N/A | | **Justification:** Right  **Beginning Position:** 129  **Valid Range:** 44-702 mg/dL; cannot be blank |
| **Denominator population** | The denominator includes all WISEWOMAN participants. A participant is a woman who receives at least one NBCCEDP service (enrolled in NBCCEDP); has received all the following screenings from the WISEWOMAN Program: height, weight, first blood pressure diastolic measurement, and first blood pressure systolic measurement; and has responded to at least one health history question. (For items 5a-8b, there must be at least one response that is not coded as ‘7 Don’t know,’ ‘8 Don’t want to answer,’ or ‘9 No answer recorded.’) | | |
| **VALUES and description** | **Total cholesterol in mg/dL** | Up to three-digit (numeric) value representing the participant’s total cholesterol in mg/dL  The validation tool will flag total cholesterol values that are between 44 and 60 mg/dL or 400 and 702 mg/dL for quality checks and program verification. Values outside 44-702 will be considered errors. See Appendix B for the procedure for validating out-of-range values  Example: 90 mg/dL = 90 | |
|  | **777 Inadequate blood sample** | Total cholesterol measurement was attempted, but results were not obtained due to technical difficulties or errors  This may include issues such as (1) two or more failed venipuncture attempts; (2) insufficient amount of blood, type of test tube; (3) sample submitted to laboratory, test not done due to erroneous or missing laboratory request or other paperwork  See Appendix B for the procedure for documenting the reason that the measurement was not obtained  The validation tool will flag this value for a quality check | |
|  | **888 Client refused** | Participant refuses to have her blood drawn for cholesterol measurements  If the participant refuses to go to the lab, the participant can be considered to have refused  If the participant does not go to the scheduled lab appointment after follow-up has been attempted, the participant can be considered to have refused  The validation tool will flag this value for a quality check | |
|  | **999 No measurement recorded** | No total cholesterol measurement was taken or recorded  The validation tool will flag this value as an error | |
| **analysis and use** | To identify participants who are unaware that they have high or borderline high cholesterol and need preventive services or referral to medical management  To determine cholesterol control and management  To assess the percentage of WISEWOMAN participants who have high cholesterol or borderline high cholesterol  To assess the risk in the WISEWOMAN population for cardiovascular disease | | |
| **other information** | ***Guidance***  Codes and response options highlighted in gray should not appear on the data collection forms completed by the provider. They are provided for funded program use only.  Total cholesterol measurement may be taken as fasting or nonfasting. At a minimum, every participant must have a total cholesterol and HDL cholesterol (11c: HDL) value recorded. If the participant was fasting and had a lipid panel completed at the baseline or rescreening visit, then LDL (11d: LDL) and triglyceride (11e: Trigly) values can also be recorded in addition to total and HDL cholesterol.  ***Additional edits***  See related cross edits for items 11a: TCDate, 11f: TCFast, 13d: TCAlert, and 13e: TCDiDate. | | |

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| Item 11c: HDL | **HDL Cholesterol (fasting or nonfasting)**  This variable indicates the participant’s HDL cholesterol level. | | |
| **FORMAT** | **Type:** Numeric  **Length:** 3  **Leading Zeros:** No  **Other Format:** N/A | | **Justification:** Right  **Beginning Position:** 132  **Valid Range:** 7-196; cannot be blank |
| **Denominator population** | The denominator includes all WISEWOMAN participants. A participant is a woman who receives at least one NBCCEDP service (enrolled in NBCCEDP); has received all the following screenings from the WISEWOMAN Program: height, weight, first blood pressure diastolic measurement, and first blood pressure systolic measurement; and has responded to at least one health history question. (For items 5a-8b, there must be at least one response that is not coded as ‘7 Don’t know,’ ‘8 Don’t want to answer,’ or ‘9 No answer recorded.’) | | |
| **VALUES and description** | **HDL cholesterol in mg/dL** | Up to three-digit (numeric) value representing the participant’s HDL cholesterol in mg/dL  The validation tool will flag HDL cholesterol values that are between 155 and 196 mg/dL for quality checks and program verification. Values outside 7-196 mg/dL will be considered errors. See Appendix B for the procedure for validating out-of-range values  Example: 90 mg/dL = 90 | |
|  | **777 Inadequate blood sample** | HDL cholesterol measurement was attempted, but results were not obtained due to technical difficulties or errors  This may include issues such as (1) two or more failed venipuncture attempts; (2) insufficient amount of blood, type of test tube; (3) sample submitted to laboratory, test not done due to erroneous or missing laboratory request or other paperwork  See Appendix B for the procedure for documenting the reason that the measurement was not obtained  The validation program will flag this value for a quality check | |
|  | **888 Client refused** | Participant refuses to have her blood drawn for cholesterol measurements  If the participant refuses to go to the lab, the participant can be considered to have refused  If the participant does not go to the scheduled lab appointment after follow-up has been attempted, the participant can be considered to have refused  The validation program will flag this value for a quality check | |
|  | **999 No measurement recorded** | No HDL cholesterol measurement was taken or recorded  The validation tool will flag this value as an error | |
| **analysis and use** | To identify participants who are unaware that they have low HDL cholesterol and need preventive services or referral to medical management  To assess the percentage of WISEWOMAN participants who have high cholesterol or borderline high cholesterol  To assess the risk of the WISEWOMAN population for cardiovascular disease | | |
| **other information** | ***Guidance***  Codes and response options highlighted in gray should not appear on the data collection forms completed by the provider. They are provided for funded program use only.  HDL cholesterol measurement may be taken as fasting or nonfasting. At a minimum, every participant must have a total cholesterol (11b: TotChol) and HDL cholesterol value recorded. If the participant was fasting and had a lipid panel completed at the baseline or rescreening visit, then LDL (11d: LDL) and triglyceride (11e: Trigly) values can also be recorded in addition to total and HDL cholesterol.  In cases where the Cholestech machine does not report HDL values lower than 15, the guidance is to code the participant’s HDL as ‘777 Inadequate blood sample.’ This indicates that a measurement was attempted, but results were not obtained due to technical difficulties or errors.  ***Additional edits***  See related cross edits for items 11a: TCDate and 11f: TCFast. | | |

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| Item 11d: LDL | **LDL Cholesterol (fasting)**  This variable indicates a fasting participant’s LDL cholesterol level. | | |
| **FORMAT** | **Type:** Numeric  **Length:** 3  **Leading Zeros:** No  **Other Format:** N/A | | **Justification:** Right  **Beginning Position:** 135  **Valid Range:** 20-380; cannot be blank |
| **Denominator population** | The denominator includes all WISEWOMAN participants. A participant is a woman who receives at least one NBCCEDP service (enrolled in NBCCEDP); has received all the following screenings from the WISEWOMAN Program: height, weight, first blood pressure diastolic measurement, and first blood pressure systolic measurement; and has responded to at least one health history question. (For items 5a-8b, there must be at least one response that is not coded as ‘7 Don’t know,’ ‘8 Don’t want to answer,’ or ‘9 No answer recorded.’) | | |
| **VALUES and description** | **LDL cholesterol in mg/dL** | Up to three-digit (numeric) value representing a fasting participant’s LDL cholesterol in mg/dL  The validation tool will flag LDL cholesterol values that are between 344 and 380 mg/dL for quality checks and program verification. Values outside 20-380 mg/DL will be considered errors. See Appendix B for the procedure for validating out-of-range values  For *nonfasting* participants, the validation tool will flag any value in this field for a quality check  Example: 90 mg/dL = 90 | |
|  | **777 Inadequate blood sample** | LDL cholesterol measurement was attempted, but results were not obtained due to technical difficulties or errors  This may include issues such as (1) two or more failed venipuncture attempts; (2) insufficient amount of blood, type of test tube; (3) sample submitted to laboratory, test not done due to erroneous or missing laboratory request or other paperwork  This response should be used for participants who were confirmed to be fasting, but their LDL cholesterol was unable to be obtained  For *nonfasting* participants, the validation tool will flag this value for a quality check because all nonfasting participants should have their LDL cholesterol coded as ‘999 No measurement recorded’ | |
|  | **888 Client refused** | Participant refuses to receive a lipid panel that would include LDL measurements  This response should be used for participants who were confirmed to be fasting, but refused a lipid panel  For *nonfasting* participants, the validation tool will flag this value for a quality check because all nonfasting participants should have their LDL cholesterol coded as ‘999 No measurement recorded’ | |
|  | **999 No measurement recorded** | No LDL cholesterol measurement was taken or recorded  Nonfasting participants should always have this value | |
| **analysis and use** | --- | | |
| **other information** | ***Guidance***  Codes and response options highlighted in gray should not appear on the data collection forms completed by the provider. They are provided for funded program use only.  LDL cholesterol must be a fasting measurement. At a minimum, every participant must have a total cholesterol (11b: TotChol) and HDL cholesterol (11c: HDL) value recorded. If the participant was fasting and had a lipid panel completed at the baseline or rescreening visit, then LDL and triglycerides (11e: Trigly) values can also be recorded in addition to total and HDL cholesterol.  If an LDL measurement is recorded when the participant was not confirmed to be fasting, programs should check with providers to determine whether the participant actually was fasting.  ***Cross edits***  Providers should only order a lipid panel for participants who confirm that they are fasting. Participants who were not fasting, do not know their fasting status, or whose fasting status was not recorded should not have LDL measurements, and should be coded as ‘999 No measurement recorded.’ Other LDL values for these participants will be flagged for a quality check.  *Quality check:* (TCFAST ≠ 1 **OR** 6) **AND** LDL ≠ 999  ***Additional edits***  See related cross edits for items 11a: TCDate and 11f: TCFast. | | |

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| Item 11e: Trigly | **Triglycerides (fasting)**  This variable indicates a fasting participant’s triglycerides measurement. | | |
| **FORMAT** | **Type:** Numeric  **Length:** 4  **Leading Zeros:** No  **Other Format:** N/A | | **Justification:** Right  **Beginning Position:** 138  **Valid Range:** 12-3000; cannot be blank |
| **Denominator population** | The denominator includes all WISEWOMAN participants. A participant is a woman who receives at least one NBCCEDP service (enrolled in NBCCEDP); has received all the following screenings from the WISEWOMAN Program: height, weight, first blood pressure diastolic measurement, and first blood pressure systolic measurement; and has responded to at least one health history question. (For items 5a-8b, there must be at least one response that is not coded as ‘7 Don’t know,’ ‘8 Don’t want to answer,’ or ‘9 No answer recorded.’) | | |
| **VALUES and description** | **Triglycerides in mg/dL** | Up to four-digit (numeric) value representing a fasting participant’s triglycerides measurement in mg/dL  The validation tool will flag triglycerides values that are between 1,000 and 3,000 mg/dL for quality checks and program verification*.* Values outside 12-3000 mg/dL will be considered errors. See Appendix B for the procedure for validating out-of-range values  For *nonfasting* participants, the validation tool will flag any value in this field for a quality check  Example: 90 mg/dL = 90 | |
|  | **7777 Inadequate blood sample** | Triglycerides measurement was attempted, but results were not obtained due to technical difficulties or errors  This may include issues such as (1) two or more failed venipuncture attempts; (2) insufficient amount of blood, type of test tube; (3) sample submitted to laboratory, test not done due to erroneous or missing laboratory request or other paperwork  This response should be used for participants who were confirmed to be fasting, but their triglycerides measurement could not be obtained  For *nonfasting* participants, the validation tool will flag this value for a quality check because all nonfasting participants should have their triglycerides measurement coded as ‘9999 No measurement recorded’ | |
|  | **8888 Client refused** | Fasting participant refuses to receive a lipid panel that would include triglycerides measurements  This response should be used for participants who were confirmed to be fasting, but refused a lipid panel  For *nonfasting* participants, the validation tool will flag this value for a quality check because all nonfasting participants should have their triglycerides measurement coded as ‘9999 No measurement recorded’ | |
|  | **9999 No measurement recorded** | No triglycerides measurement was taken or recorded  Nonfasting participants should always have this value | |
| **analysis and use** | --- | | |
| **other information** | ***Guidance***  Codes and response options highlighted in gray should not appear on the data collection forms completed by the provider. They are provided for funded program use only.  Triglycerides must be a fasting measurement. At a minimum, every participant must have a total cholesterol (11b: TotChol) and HDL cholesterol (11c: HDL) value recorded. If the participant was fasting and had a lipid panel completed at the baseline or rescreening visit, then LDL (11d: LDL) and triglycerides values can also be recorded in addition to total and HDL cholesterol.  If a triglyceride measurement is recorded when the participant was not confirmed to be fasting, programs should check with providers to determine whether the participant actually was fasting.  ***Cross edits***  Providers should only order a lipid panel for participants who confirm that they are fasting. Participants who were not fasting, do not know their fasting status or whose fasting status was not recorded should not have triglycerides measurements, and should be coded as ‘9999 No measurement recorded.’ Other triglycerides values for these participants will be flagged for a quality check.  *Quality check:* (TCFAST ≠ 1 **OR** 6) **AND** TRIGLY ≠ 9999  ***Additional edits***  See related cross edits for items 11a: TCDate and 11f: TCFast. | | |

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| Item 11f: TCFast | **Fasting Status for Cholesterol Measurements**  This variable indicates whether a participant fasted for at least nine hours prior to having blood drawn for cholesterol measurements. | | |
| **FORMAT** | **Type:** Numeric  **Length:** 1  **Leading Zeros:** No  **Other Format:** N/A | | **Justification:** Right  **Beginning Position:** 142  **Valid Range:** See values; cannot be blank |
| **Denominator population** | The denominator includes all WISEWOMAN participants. A participant is a woman who receives at least one NBCCEDP service (enrolled in NBCCEDP); has received all the following screenings from the WISEWOMAN Program: height, weight, first blood pressure diastolic measurement, and first blood pressure systolic measurement; and has responded to at least one health history question. (For items 5a-8b, there must be at least one response that is not coded as ‘7 Don’t know,’ ‘8 Don’t want to answer,’ or ‘9 No answer recorded.’) | | |
| **VALUES and description** | **1 Yes** | Participant fasted for at least nine hours prior to having blood drawn | |
|  | **2 No** | Participant did not fast for at least nine hours prior to having blood drawn | |
|  | **6 No cholesterol results available (inadequate blood sample or unable to obtain for total cholesterol, HDL cholesterol, LDL cholesterol, and triglycerides)** | No cholesterol measurements were available, because either (1) the blood sample was inadequate, or (2) values could not be obtained due to technical difficulties or errors  This value should be marked only if 11b: TotChol, 11c: HDL, 11d: LDL, and 11e: Trigly all are equal to 777/7777 | |
|  | **7 Don’t know** | Participant states she does not know whether she fasted for at least nine hours prior to having blood drawn  The validation tool will flag this value for a quality check | |
|  | **8 Client refused** | Participant refuses blood work  If a participant refuses to go to the lab, the participant can be considered to have refused blood work  If the participant does not go to the scheduled lab appointment after follow-up has been attempted, the participant can be considered to have refused blood work  This value should be marked only if 11b: TotChol, 11c: HDL, 11d: LDL, and 11e: Trigly all are equal to 888/8888  The validation tool will flag this value for a quality check | |
|  | **9 No answer recorded** | No answer recorded  Provider failed to confirm fasting status or no information is available from the provider  This value should be marked if 11b: TotChol, 11c: HDL, 11d: LDL, and 11e: Trigly all are equal to 999/9999  The validation tool will flag this value for a quality check | |
| **analysis and use** | To facilitate accurate identification of participants who have high cholesterol or borderline high cholesterol | | |
| **other information** | ***Guidance***  Codes and response options highlighted in gray should not appear on the data collection forms completed by the provider. They are provided for funded program use only.  If a participant reports that she doesn’t know or refuses blood work, programs should have a discussion with the participant to verify the response.  ***Cross edits***  If not all cholesterol measurements were obtained because of an inadequate blood sample or technical difficulties or errors, cholesterol fasting status should be coded as ‘6 No cholesterol results available.’ If not all cholesterol measurements were obtained due to an inadequate blood sample or technical difficulties or errors and fasting status is not coded as ‘6 No cholesterol results available,’ the validation tool will flag this field for a quality check. The validation tool will also flag this field for a quality check if cholesterol fasting status is coded as ‘6 No cholesterol results available’ when at least one cholesterol measurement is not coded as ‘777/7777 Inadequate blood sample.’  *Quality check:* (TCFAST ≠ 6**AND** TOTCHOL, HDL, LDL, TRIGLY all = 777/7777) **OR** (TCFAST = 6 **AND** TOTCHOL, HDL, LDL, TRIGLY *all* ≠ 777/7777)  If a participant refused blood work, then cholesterol fasting status should also indicate that the participant refused. If cholesterol fasting status is not coded as ‘8 Client refused’ when the participant refused blood work for cholesterol measurements, the validation tool will flag this field for a quality check.  *Quality check:* (TCFAST ≠ 8 **AND** TOTCHOL, HDL, LDL, TRIGLY *all*  = 888/8888) **OR** (TCFAST = 8 **AND** TOTCHOL, HDL, LDL, TRIGLY *all* ≠ 888/8888)  If no cholesterol measurements were recorded, then cholesterol fasting status should also not be recorded. If cholesterol fasting status is recorded when no cholesterol measurements are recorded, the validation tool will flag this for a quality check.  *Quality check:* TCFAST ≠ 9 **AND** TOTCHOL, HDL, LDL, TRIGLY *all* = 999/9999  ***Additional edits***  See related cross edits for items 11d: LDL and 11e: Trigly. | | |

**Part B: Screening and Assessment MDE Specifications**

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| Item 12a: BGDate | **Glucose Measurement Date**  This variable indicates the date that the glucose or A1C measurements were taken. | | |
| **FORMAT** | **Type:** Numeric  **Length:** 8  **Leading Zeros:** Yes  **Other Format:** MMDDCCYY | | **Justification:** Right  **Beginning Position:** 143  **Valid Range:** Valid date; must be blank if Glucose and A1C = 666/6666, 888/8888, or 999/9999; may be blank if Glucose = 800 |
| **Denominator population** | The denominator includes all WISEWOMAN participants. A participant is a woman who receives at least one NBCCEDP service (enrolled in NBCCEDP); has received all the following screenings from the WISEWOMAN Program: height, weight, first blood pressure diastolic measurement, and first blood pressure systolic measurement; and has responded to at least one health history question. (For items 5a-8b, there must be at least one response that is not coded as ‘7 Don’t know,’ ‘8 Don’t want to answer,’ or ‘9 No answer recorded.’) | | |
| **VALUES and description** | **Screening Date** | Valid date in MMDDCCYY format  Example: September 10, 2011 = 09102011 | |
| **analysis and use** | To determine the date of the glucose measurements  To facilitate analysis of changes in glucose measurements over time | | |
| **other information** | ***Cross edits***  The glucose measurement date should not be blank if there is evidence of an attempt to measure glucose (12b: Glucose) or A1C (12d: A1C). If glucose measurement date is blank when there is evidence of an attempt to measure glucose or A1C, the validation tool will flag this field as an error.  *Error:* BGDATE = . **AND** (GLUCOSE ≠ (666, 888, 999) **OR** A1C ≠ (6666, 8888, 9999))  Glucose measurements should be completed in the closest time frame possible to the office visit, preferably within 30 days before or after. If glucose measurements are taken more than 30 days before or after the office visit, the validation tool will flag this field for a quality check.  *Quality check:* BGDATE – BPDATE >30 **OR** BPDATE – BGDATE >30  ***Additional edits***  Glucose should have been measured on the current date or earlier.  *Error:* BGDATE < [current date]  See related cross edits for item 13h: BGDiDate. | | |

**Part B: Screening and Assessment MDE Specifications**

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| Item 12b: Glucose | **Glucose (fasting or nonfasting)**  This variable indicates the participant’s glucose measurement. | | |
| **FORMAT** | **Type:** Numeric  **Length:** 3  **Leading Zeros:** No  **Other Format:** N/A | | **Justification:** Right  **Beginning Position:** 151  **Valid Range:** 37-571; cannot be blank |
| **Denominator population** | The denominator includes all WISEWOMAN participants. A participant is a woman who receives at least one NBCCEDP service (enrolled in NBCCEDP); has received all the following screenings from the WISEWOMAN Program: height, weight, first blood pressure diastolic measurement, and first blood pressure systolic measurement; and has responded to at least one health history question. (For items 5a-8b, there must be at least one response that is not coded as ‘7 Don’t know,’ ‘8 Don’t want to answer,’ or ‘9 No answer recorded.’) | | |
| **VALUES and description** | **Total glucose in mg/dL** | Up to three-digit (numeric) value representing the participant’s glucose level in mg/dL  The validation tool will flag glucose values that are between 37 and 50 mg/dL or 275 and 571 mg/dL for quality checks and program verification. Values outside 37-571 will be considered errors. See Appendix B for the procedure for validating out-of-range values  Example: 90 mg/dL = 90 | |
|  | **666 Participant has a previous diagnosis of diabetes—glucose reading not necessary** | Participant has previously been diagnosed with diabetes; a glucose reading is not necessary | |
|  | **700 A1C taken for screening purposes** | A laboratory A1C reading was taken instead of glucose reading for screening purposes  Note that A1C is permitted to be taken for screening purposes for all participants | |
|  | **777 Inadequate blood sample** | Glucose measurement was attempted, but results were not obtained due to technical difficulties or errors  See Appendix B for the procedure for documenting the reason that the measurement was not obtained  This value should be used for participants whose glucose level is suspected to be less than 50 mg/dL but cannot be read by the Cholestech machine  This may include issues such as (1) two or more failed venipuncture attempts; (2) insufficient amount of blood, type of test tube; (3) sample submitted to laboratory, test not done due to erroneous or missing laboratory request or other paperwork  The validation tool will flag this value for a quality check | |
|  | **800 Participant has previous diagnosis of diabetes—A1C measured by another provider** | Participant has a previous diagnosis of diabetes, and her A1C was measured by another provider  If A1C percentage (12d: A1C) has a measurement, and the measurement is from another provider, use this value  If A1C percentage (12d: A1C) is coded as ‘9999 No measurement recorded,’ and the participant reports that her diabetes is being regularly monitored by an alternate medical provider, use this value | |
|  | **888 Client refused** | Participant refuses to have her blood drawn for glucose measurements  If the participant refuses to go to the lab, the participant can be considered to have refused  If the participant does not go to the scheduled lab appointment after follow-up has been attempted, the participant can be considered to have refused | |
|  | **999 No measurement recorded** | No glucose measurement was taken or record | |
| **analysis and use** | To use in conjunction with fasting status for glucose measurements (12c: BGFast) and A1C percentage (12d: A1C) to accurately assess a participant’s blood glucose  To identify participants who have pre-diabetes and diabetes  To understand the overall rate of diabetes among the WISEWOMAN population | | |
| **other information** | ***Guidance***  Codes and response options highlighted in gray should not appear on the data collection form completed by the provider. They are provided for funded program use only.  Programs may record both a glucose and A1C measurement for a participant. Having values for both Glucose and A1C will not result in an error. A1C measurement is never required.  Diabetic participants should not have a blood glucose drawn. For these participants, programs may choose to take an A1C measurement, which provides information used to monitor the control of diabetes. An A1C measurement should not be used to identify if a participant has diabetes.  In cases where the Cholestech machine does not report glucose values lower than 50, the guidance is to code the participant’s glucose as ‘777 Inadequate blood sample.’ This indicates that a measurement was attempted, but results were not obtained due to technical difficulties or errors.  ***Cross edits***  If participant has not been previously diagnosed with diabetes, the provider must attempt a glucose or A1C measurement (12d: A1C). If a glucose or A1C measurement is not attempted, the validation tool will flag this field as an error.  *Error:* GLUCOSE = 999 **AND** A1C = 9999 **AND** SRD = 2 **AND** DMEDS = 3  If a participant has not previously been diagnosed with diabetes, she should not be marked as being a known diabetic for this field. If a participant has not previously been diagnosed with diabetes and is marked as being a diabetic for the purposes of this variable, the validation tool will flag this field as an error.  *Error:* (GLUCOSE = 666 **OR** GLUCOSE = 800) **AND** (SRD ≠ 1 **AND** DMEDS ≠ 1 )  If a provider indicates that a participant has had an A1C taken for screening purposes, a valid A1C measurement (12d: A1C) should be recorded. If a valid A1C measurement is not recorded, the validation tool will flag this field as an error.  *Error:* GLUCOSE = 700 **AND** (A1C <2.8 **OR** A1C >16.2)  Providers should attempt to measure either glucose or A1C (12d: A1C). If the participant refuses both a blucose and A1C measurement, the validation tool will flag this field for a quality check.  *Quality check:* GLUCOSE = 888 **AND** AIC = 8888  ***Additional edits***  See related cross edits for items 12a: BGDate, 12c: BGFast, 13g: BGAlert, and 13h: BGDiDate. | | |

**Part B: Screening and Assessment MDE Specifications**

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| Item 12c: BGFast | **Fasting Status for Glucose Measurements**  This variable indicates whether a participant fasted for at least eight hours prior to having blood drawn for glucose measurements. | | |
| **FORMAT** | **Type:** Numeric  **Length:** 1  **Leading Zeros:** No  **Other Format:** N/A | | **Justification:** Right  **Beginning Position:** 154  **Valid Range:** See values; cannot be blank |
| **Denominator population** | The denominator includes all WISEWOMAN participants. A participant is a woman who receives at least one NBCCEDP service (enrolled in NBCCEDP); has received all the following screenings from the WISEWOMAN Program: height, weight, first blood pressure diastolic measurement, and first blood pressure systolic measurement; and has responded to at least one health history question. (For items 5a-8b, there must be at least one response that is not coded as ‘7 Don’t know,’ ‘8 Don’t want to answer,’ or ‘9 No answer recorded.’) | | |
| **VALUES and description** | **1 Yes** | Participant fasted for at least eight hours prior to having blood drawn | |
|  | **2 No** | Participant did not fast for at least eight hours prior to having blood drawn | |
|  | **6 No glucose results available (previously diagnosed diabetes, A1C taken for screening purposes, or inadequate blood sample, for glucose)** | No glucose measurement is available because participant has a previous diagnosis of diabetes, A1C was taken for monitoring purposes, inadequate blood sample, or values could not be obtained because of technical difficulties or errors  This value should be marked if Glucose is equal to 666, 700, 777, or 800 | |
|  | **7 Don’t know** | The participant states she does not know whether she fasted for at least eight hours prior to having blood drawn and  This field should **not** be used if the provider did not gather the information about fasting status  The validation tool will flag this value for a quality check | |
|  | **8 Client refused** | Participant refuses blood work  If a participant refuses to go to the lab, the participant can be considered to have refused blood work  If the participant does not go to the scheduled lab appointment after follow-up has been attempted, the participant can be considered to have refused blood work  This value should be marked only if Glucose = 888  The validation tool will flag this value for a quality check | |
|  | **9 No answer recorded** | No answer recorded  Provider failed to confirm fasting status or no information is available from the provider  This value should be marked if Glucose = 999  The validation tool will flag this value for a quality check | |
| **analysis and use** | To facilitate accurate identification of participants who have pre-diabetes and diabetes | | |
| **other information** | ***Guidance***  Codes and response options highlighted in gray should not appear on the data collection forms completed by the provider. They are provided for funded program use only.  If a participant reports that she doesn’t know her fasting status, programs should have a discussion with her to verify the response.  ***Cross edits***  If a glucose measurement (12b: Glucose) was not obtained because of participant is a known diabetic, A1C was taken for screening purposes, or an inadequate blood sample or technical difficulties or errors, glucose fasting status should be coded as ‘6 No glucose results available.’ If a glucose measurement was not obtained for these reasons and fasting status is not coded as ‘6 No glucose results available,’ the validation tool will flag this field for a quality check. The validation tool will also flag this field for a quality check if glucose fasting status is coded as ‘6 No glucose results available’ when a glucose measurement was taken, refused, or not recorded.  *Quality check:* (BGFAST ≠ 6 **AND** GLUCOSE in [666, 700, 777, 800)) **OR** (BGFAST = 6 **AND** GLUCOSE *all* ≠ (666, 700, 777, 800))  If a participant refused blood work, then glucose fasting status should also indicate that the participant refused. If glucose fasting status is not coded as ‘8 Client refused’ when the participant refused blood work for glucose measurements, the validation tool will flag this field for a quality check.  *Quality check:* (BGFAST ≠ 8 **AND** GLUCOSE = 888) **OR** (BGFAST = 8 **AND** GLUCOSE ≠ 888)  If no glucose measurement was recorded, then glucose fasting status should also not be recorded. If glucose fasting status is recorded when no glucose measurement is recorded, the validation tool will flag this field for a quality check.  *Quality check:* BGFAST ≠ 9 **AND** GLUCOSE = 999 | | |

**Part B: Screening and Assessment MDE Specifications**

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| Item 12d: A1C | **A1C Percentage**  This variable indicates the participant’s A1C percentage (if measured). | | |
| **FORMAT** | **Type:** Numeric  **Length:** 4  **Leading Zeros:** No  **Other Format:** N/A | | **Justification:** Right  **Beginning Position:** 155  **Valid Range:** 2.8-16.2; cannot be blank; decimal point counts as part of the length |
| **Denominator population** | The denominator includes all WISEWOMAN participants. A participant is a woman who receives at least one NBCCEDP service (enrolled in NBCCEDP); has received all the following screenings from the WISEWOMAN Program: height, weight, first blood pressure diastolic measurement, and first blood pressure systolic measurement; and has responded to at least one health history question. (For items 5a-8b, there must be at least one response that is not coded as ‘7 Don’t know,’ ‘8 Don’t want to answer,’ or ‘9 No answer recorded.’) | | |
| **VALUES and description** | **A1C percentage** | Numeric value representing the participant’s A1C percentage. A1C should be reported to one decimal point  If A1C was measured by another provider, input the value if it is available  The validation tool will flag A1C values that are between 2.8% and 4.0% or 13.0% and 16.2% for quality checks and program verification. Values outside 2.8%-16.2% will be considered errors. See Appendix B for the procedure for validating out-of-range values  Example: 8.5% = 8.5 (where the decimal place counts as part of the variable length) | |
|  | **6666 No previous diagnosis of diabetes** | Participant has not previously been diagnosed with diabetes (5c: SRD ≠ 1 and 7c: DMeds ≠ 1), and A1C was not measured | |
|  | **7777 Inadequate blood sample** | A1C measurement was attempted, but results were not obtained due to technical difficulties or errors | |
|  | **8888 Client refused** | Participant refuses to have an A1C test  If a participant refuses to go to the lab, the participant can be considered to have refused  If a participant does not go to the scheduled lab appointment after follow-up has been attempted, the participant can be considered to have refused | |
|  | **9999 No measurement recorded** | No A1C measurement was taken or recorded | |
| **analysis and use** | To identify participants who have diabetes and refer them for medical management  To identify participants who have higher-than-optimal A1C levels and would benefit from preventive services such as lifestyle interventions  To assess the cardiovascular disease risk factors in the WISEWOMAN population | | |
| **other information** | ***Guidance***  Codes and response options highlighted in gray should not appear on the data collection forms completed by the provider. They are provided for funded program use only.  Programs may record both a glucose and A1C measurement for a participant. Having values for both Glucose and A1C will not result in an error. A1C measurement is never required.  Diabetic participants should not have a blood glucose drawn. For these participants, programs may choose to take an A1C measurement, which provides information used to monitor the control of diabetes. An A1C measurement should not be used to identify if a participant has diabetes.  Note that WISEWOMAN does not designate an alert value for A1C, because the A1C value itself is a three-month average and is not accurate enough to identify that an individual’s life is in imminent danger and requires urgent care.  ***Cross edits***  If a participant has previously been diagnosed with diabetes, she should not be marked as being a non-diabetic. If a participant has been previously diagnosed with diabetes and she is marked as being a non-diabetic, the validation tool will flag it as an error.  *Error:* A1C = 6666 **AND** (SRD = 1 **OR** DMEDS = 1)  ***Additional edits***  See related cross edits for items 12a: BGDate and 12b: Glucose. | | |

**Part B: Screening and Assessment MDE Specifications**

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| Item 13a: BPAlert | **If average SBP >180 or DBP >110, what is the status of the workup?**  This variable indicates the status of a participant’s blood pressure workup. | | |
| **FORMAT** | **Type:** Numeric  **Length:** 1  **Leading Zeros:** No  **Other Format:** N/A | | **Justification:** Right  **Beginning Position:** 159  **Valid Range:** See values; cannot be blank |
| **Denominator population** | The denominator includes all WISEWOMAN participants. A participant is a woman who receives at least one NBCCEDP service (enrolled in NBCCEDP); has received all the following screenings from the WISEWOMAN Program: height, weight, first blood pressure diastolic measurement, and first blood pressure systolic measurement; and has responded to at least one health history question. (For items 5a-8b, there must be at least one response that is not coded as ‘7 Don’t know,’ ‘8 Don’t want to answer,’ or ‘9 No answer recorded.’) | | |
| **VALUES and description** | **1 Workup pending** | Workup has been scheduled, but not yet performed  This value is to be used only for internal program tracking purposes and would not be appropriate for submission to CDC  If a workup has not been completed after three months, it should be coded as ‘8 Client refused workup’ or ‘9 Workup not completed, client lost to follow-up’ as appropriate  The validation tool will flag this value as an error | |
|  | **2 Workup complete** | Workup for participant with alert blood pressure reading is complete  For participants with this value who were not seen within seven days of the date of their blood pressure measurement (10a: BPDate), programs should submit a written explanation related to efforts to ensure timely referral. See Appendix B for procedures for submitting this information | |
|  | **3 Workup not medically indicated, client being treated** | Workup is not indicated for participant with an alert blood pressure reading, because participant is already being treated and prefers to see the treating provider  For participants with this value, programs should submit a written explanation related to efforts to ensure timely referral. See Appendix B for procedures for submitting this information | |
|  | **6 Not an alert reading** | Participant did not have an alert blood pressure reading | |
|  | **7 No blood pressure value recorded** | Participant did not have a valid blood pressure reading | |
|  | **8 Client refused workup** | Participant had an alert blood pressure reading but refused workup  For alert participants with this value, programs should submit a written explanation related to efforts to ensure timely referral. See cross edits in the Other Information Section below | |
|  | **9 Workup not completed, client lost to follow-up** | Participant had an alert blood pressure reading but was lost to follow-up, and workup was not completed  *Lost to follow-up* is defined as a participant who did not attend her scheduled workup within three months after a screening visit and could not be reached to reschedule another appointment  For alert participants with this value, programs should submit a written explanation related to efforts to ensure timely referral. See cross edits in the Other Information Section below  The validation tool will flag this value as an error, but the error may be overwritten if acceptable documentation is submitted | |
| **analysis and use** | To assess whether participants with alert blood pressure readings are receiving follow-up | | |
| **other information** | ***Guidance***  Codes and response options highlighted in gray should not appear on the data collection forms completed by the provider. They are provided for funded program use only.  A participant is classified as having an alert blood pressure reading if the average of her two systolic blood pressure readings (10b: SBP1 and 10d: SBP2) is greater than 180 mm Hg *or* if the average of her two diastolic blood pressure readings (10c: DBP1 and 10e: DBP2) is greater than 110 mm Hg. If a second blood pressure was not taken, then the first reading should be used to determine whether a participant has an alert value.  ***Cross edits***  If average systolic or diastolic blood pressure is an alert value, then this field should not be recorded as a non-alert value. If a participant with an alert value is recorded as a non-alert value, the validation tool will flag this field as an error.  *Error****:*** (((SBP1 + SBP2)/2) >180) **OR** ((DBP1 + DBP2)/2) >110)) **AND** BPALERT ≠ (2, 3, 8, 9)  If average systolic or diastolic blood pressure is *not* an alert value, then this field should be coded ‘6 Not an alert reading.’ If this code is not selected for participants who do not have an alert value, the validation tool will flag this field as an error.  *Error:* (((SBP1 + SBP2)/2) ≤180) **OR** ((DBP1 + DBP2)/2) ≤110)) **AND** BPALERT ≠ 6  If first systolic and diastolic blood pressure measurements were not obtained, blood pressure workup status should be coded ‘7 No blood pressure value recorded.’ If this code is not selected for participants who have no valid blood pressure measurements, the validation tool will flag this field as an error.  *Error:* SBP1 = 777, 888, or 999 **AND** DBP1 = 777, 888, or 999 **AND** BPALERT ≠ 7  If average systolic or diastolic blood pressure is an alert value, then the blood pressure workup status should be obtained. If the alert participant is coded as ‘8 Client refused workup’ or ‘9 Workup not completed, client lost to follow-up’, the validation tool will flag this field as an error. For participants with these values, programs should submit a written explanation related to efforts to ensure timely referral. The error may be overwritten if acceptable documentation is submitted. See Appendix B for procedures for submitting this information.  *Error:* (((SBP1 + SBP2)/2) >180) **OR** ((DBP1 + DBP2)/2) >110)) **AND** BPALERT = (8, 9)  ***Additional edits***  See related cross edit for item 13b: BPDiDate. | | |

**Part B: Screening and Assessment MDE Specifications**

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| Item 13b: BPDiDate | **If Average SBP >180 or DBP >110, Diagnostic Exam Date**  This variable indicates the diagnostic exam date for a participant with an alert blood pressure reading. | | |
| **FORMAT** | **Type:** Numeric  **Length:** 8  **Leading Zeros:** Yes  **Other Format:** MMDDCCYY | | **Justification:** Right  **Beginning Position:** 160  **Valid Range:** Valid date; must be blank if BPAlert = 6 or 7; cannot be blank if BPAlert = 2, 3, 8, or 9 |
| **Denominator population** | Participants who have an alert blood pressure value are included in the denominator. A participant is a woman who receives at least one NBCCEDP service (enrolled in NBCCEDP); has received all the following screenings from the WISEWOMAN Program: height, weight, first blood pressure diastolic measurement, and first blood pressure systolic measurement; and has responded to at least one health history question. (For items 5a-8b, there must be at least one response that is not coded as ‘7 Don’t know,’ ‘8 Don’t want to answer,’ or ‘9 No answer recorded.’) | | |
| **VALUES and description** | **Blood Pressure Diagnostic Exam Date** | Valid date in MMDDCCYY format  If follow-up information is provided for this referral, the follow-up diagnostic exam date can be entered  Example: September 10, 2011 = 09102011 | |
| **analysis and use** | To assess whether providers are performing timely diagnostic exams for participants with alert blood pressure values  To determine whether programs are meeting the guideline of diagnostic exams within one week of the workup for alert participants  To assist in calculating performance measure #6: Program provides evidence that 100% of women who have an alert screening value are seen by a health care provider within one week of screening (or documentation reflects why this did not happen) | | |
| **other information** | ***Guidance***  A participant is classified as having an alert blood pressure reading if the average of her two systolic blood pressure readings (10b: SBP1 and 10d: SBP2) is greater than 180 mm Hg or the average of her two diastolic blood pressure readings (10c: DBP1 and 10e: DBP2) is greater than 110 mm Hg. If a second blood pressure was not taken, then the first reading should be used to determine whether a participant has an alert value.  Only participants who are coded as having an alert blood pressure reading (13a: BPAlert = ‘2 Workup complete,’ ‘3 Workup not medically indicated, client being treated’ ‘8 Client refused workup,’ or ‘9 Workup not completed, client lost to follow-up’) can have a blood pressure diagnostic exam date.  If a participant with an alert blood pressure value has a blood pressure workup status (13a: BPAlert) coded as ‘‘2 Workup complete,’ this field must be completed with the date of the diagnostic exam.  If a participant with an alert blood pressure value has a blood pressure workup status (13a: BPAlert) coded as ‘‘3 Workup not medically indicated, client being treated,’ and the program is unable to obtain the date of her diagnostic exam, this field may be left blank provided that acceptable documentation is submitted. See Appendix B for procedures for submitting this information.  If a participant with an alert blood pressure value has a blood pressure workup status (13a: BPAlert) coded as ‘8 Client refused workup,’ this field should contain the date of refusal as defined by program protocol.  If a participant with an alert blood pressure value has a blood pressure workup status (13a: BPAlert) coded as ‘9 Workup not completed, client lost to follow-up,’ this field should contain the date that the program considered the participant lost to follow-up as defined by program protocol  ***Cross edits***  For participants with an alert blood pressure value who received a complete workup, the diagnostic exam date should be on or after the blood pressure measurement date. Otherwise, this field will be flagged as an error. The error may be overwritten if acceptable documentation is submitted. See Appendix B for procedures for submitting this information.  *Error:* ((((SBP1 + SBP2)/2) >180) **OR** ((DBP1 + DBP2)/2) >110) **AND** BPALERT = 2 **AND** BPDIDATE = [valid date] **AND** BPDATE = [valid date] **AND** BPDIDATE < BPDATE  A blood pressure diagnostic exam date should not be recorded if average systolic or diastolic blood pressure is not an alert value. If a blood pressure diagnostic exam date is recorded for a participant who does not have an alert blood pressure value, this field will be flagged as an error.  *Error:* ((((SBP1 + SBP2)/2) ≤180) **OR** ((DBP1 + DBP2)/2) ≤110) **AND** BPDIDATE = [valid date]  A blood pressure diagnostic exam date should be recorded only if first systolic or diastolic blood pressure was obtained. If a date is recorded when first systolic or diastolic blood pressure was not obtained, the validation tool will flag this field as an error.  *Error:* SBP1 = 777, 888, or 999 **AND** DBP1 = 777, 888, or 999 **AND** BPDIDATE = [valid date]  For participants with an alert blood pressure value who received a complete workup, a blood pressure diagnostic exam date should not be more than seven days later than the blood pressure measurement date. If the diagnostic exam date is more than seven days after the date that blood pressure measurements were taken, the validation tool will flag this field as an error. The error may be overwritten if acceptable documentation is submitted. See Appendix B for procedures for submitting this information.  *Error:* ((((SBP1 + SBP2)/2) >180) **OR** ((DBP1 + DBP2)/2) >110) **AND** BPALERT = 2 **AND** BPDIDATE = [valid date] **AND** BPDATE = [valid date] **AND** BPDIDATE - BPDATE >7  A blood pressure diagnostic exam date should be recorded for participants with an alert blood pressure value when a workup is not medically indicated because the participant is being treated. This date should not be more than seven days after the blood pressure measurement date. If the blood pressure diagnostic exam date is missing or is more than seven days after the blood pressure measurement date, the validation tool will flag this field as an error. The error may be overwritten if acceptable documentation is submitted. See Appendix B for procedures for submitting this information.  *Error:* ((((SBP1 + SBP2)/2) >180) **OR** ((DBP1 + DBP2)/2) >110) **AND** BPALERT = 3 **AND** (BPDIDATE = [valid date] **AND** BPDATE = [valid date] **AND** ((BPDIDATE - BPDATE >7) **OR** BPDIDATE = . ) | | |

**Part B: Screening and Assessment MDE Specifications**

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| Item 13d: TCAlert | **If TOTCHOL >400, what is the status of the workup?**  This variable indicates the status of a participant’s cholesterol workup. | | |
| **FORMAT** | **Type:** Numeric  **Length:** 1  **Leading Zeros:** No  **Other Format:** N/A | | **Justification:** Right  **Beginning Position:** 169  **Valid Range:** See values; cannot be blank |
| **Denominator population** | The denominator includes all WISEWOMAN participants. A participant is a woman who receives at least one NBCCEDP service (enrolled in NBCCEDP); has received all the following screenings from the WISEWOMAN Program: height, weight, first blood pressure diastolic measurement, and first blood pressure systolic measurement; and has responded to at least one health history question. (For items 5a-8b, there must be at least one response that is not coded as ‘7 Don’t know,’ ‘8 Don’t want to answer,’ or ‘9 No answer recorded.’) | | |
| **VALUES and description** | **1 Workup pending** | Workup has been scheduled but not yet performed  This value is to be used only for internal program tracking purposes and would not be appropriate for submission to CDC  If a workup has not been completed after three months, it should be coded as ‘8 Client refused workup’ or ‘9 Workup not completed, client lost to follow-up’ as appropriate  The validation tool will flag this value as an error | |
|  | **2 Workup complete** | Workup for participant with alert cholesterol reading is complete  For participants with this value who were not seen within seven days of their cholesterol measurement (11a: TCDate), programs should submit a written explanation related to efforts to ensure timely referral. See Appendix B for procedures for submitting this information | |
|  | **3 Workup not medically indicated, client being treated** | Workup is not indicated for participant with an alert cholesterol reading, because participant is already being treated and prefers to see the treating provider  For participants with this value, programs should submit a written explanation related to efforts to ensure timely referral. See Appendix B for procedures for submitting this information | |
|  | **6 Not an alert reading** | Participant did not have an alert cholesterol reading | |
|  | **7 No total cholesterol value recorded** | Participant did not have a valid cholesterol reading | |
|  | **8 Client refused workup** | Participant had an alert cholesterol reading but refused workup  For alert participants with this value, programs should submit a written explanation related to efforts to ensure timely referral. See cross edits in the Other Information Section below | |
|  | **9 Workup not completed, client lost to follow-up** | Participant had an alert cholesterol reading but was lost to follow-up, and workup was not completed.  *Lost to follow-up* is defined as a participant who did not attend her scheduled workup within three months after a screening visit and could not be reached to reschedule another appointment  For alert participants with this value, programs should submit a written explanation related to efforts to ensure timely referral. See cross edits in the Other Information Section below  The validation tool will flag this value as an error, but the error may be overwritten if acceptable documentation is submitted | |
| **analysis and use** | To assess whether participants with alert cholesterol readings are receiving follow-up | | |
| **other information** | ***Guidance***  Codes and response options highlighted in gray should not appear on the data collection forms completed by the provider. They are provided for funded program use only.  A participant is classified as having an alert cholesterol reading if her total cholesterol is greater than 400 mg/dL.  ***Cross edits***  If total cholesterol is an alert value, then this field should not be recorded as a non-alert value. If a participant with an alert value is recorded as having a non-alert value, the validation tool will flag this field as an error.  *Error:* TOTCHOL >400 **AND** TCALERT ≠ (2, 3, 8, 9)  If total cholesterol is *not* an alert value, then this field should be coded ‘6 Not an alert reading.’ If this code is not selected for participants who do not have an alert value, the validation tool will flag this field as an error.  *Error:* TOTCHOL ≤400 **AND** TCALERT ≠ 6  If a total cholesterol measurement is not obtained, cholesterol workup status should be coded ‘7 No total cholesterol value recorded.’ If this code is not selected for participants who do not have a valid total cholesterol value, the validation tool will flag this field as an error.  *Error:* TOTCHOL = 777, 888, or 999 **AND** TCALERT ≠ 7  If total cholesterol is an alert value, then the cholesterol workup status should be obtained. If the alert participant is coded as ‘8 Client refused workup’ or ‘9 Workup not completed, client lost to follow-up’, the validation tool will flag this field as an error. For participants with these values, programs should submit a written explanation related to efforts to ensure timely referral. The error may be overwritten if acceptable documentation is submitted. See Appendix B for procedures for submitting this information.  *Error:* TOTCHOL >400 **AND** TCALERT = (8, 9)  ***Additional edits***  See related cross edits for item 13e: TCDiDate. | | |

**Part B: Screening and Assessment MDE Specifications**

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| Item 13e: TCDiDate | **If TOTCHOL >400, Diagnostic Exam Date**  This variable indicates the diagnostic exam date for a participant with an alert cholesterol reading. | | |
| **FORMAT** | **Type:** Numeric  **Length:** 8  **Leading Zeros:** Yes  **Other Format:** MMDDCCYY | | **Justification:** Right  **Beginning Position:** 170  **Valid Range:** Valid date; must be blank if TCAlert = 6 or 7; cannot be blank if TCAlert = 2, 3, 8, or 9 |
| **Denominator population** | Participants who have an alert cholesterol value are included in the denominator. A participant is a woman who receives at least one NBCCEDP service (enrolled in NBCCEDP); has received all the following screenings from the WISEWOMAN Program: height, weight, first blood pressure diastolic measurement, and first blood pressure systolic measurement; and has responded to at least one health history question. (For items 5a-8b, there must be at least one response that is not coded as ‘7 Don’t know,’ ‘8 Don’t want to answer,’ or ‘9 No answer recorded.’) | | |
| **VALUES and description** | **Cholesterol Diagnostic Exam Date** | Valid date in MMDDCCYY format  If follow-up information is provided for this referral, the follow-up diagnostic exam date can be entered  Example: September 10, 2011 = 09102011 | |
| **analysis and use** | To assess whether providers are performing timely diagnostic exams for participants with alert cholesterol values  To determine whether programs are meeting the guideline of diagnostic exams within one week of the workup for alert participants  To assist in calculating performance measure #6: Program provides evidence that 100% of women who have an alert screening value are seen by a health care provider within one week of screening (or documentation reflects why this did not happen) | | |
| **other information** | ***Guidance***  A participant is classified as having an alert cholesterol reading if her total cholesterol is greater than 400 mg/dL.  Only participants who are coded as having an alert total cholesterol reading (13d: TCAlert = ‘2 Workup complete,’ ‘3 Workup not medically indicated, client being treated’ ‘8 Client refused workup,’ or ‘9 Workup not completed, client lost to follow-up’) can have a total cholesterol diagnostic exam date.  If a participant with an alert cholesterol value has a cholesterol workup status (13d: TCAlert) coded as ‘‘2 Workup complete,’ this field must be completed with the date of the diagnostic exam.  If a participant with an alert total cholesterol value has a total cholesterol workup status (13d: TCAlert) coded as ‘‘3 Workup not medically indicated, client being treated,’ and the program is unable to obtain the date of her diagnostic exam, this field may be left blank provided that acceptable documentation is submitted. See Appendix B for procedures for submitting this information.  If a participant with an alert total cholesterol value has a total cholesterol workup status (13d: TCAlert) coded as ‘8 Client refused workup,’ this field should contain the date of refusal as defined by program protocol.  If a participant with an alert total cholesterol value has a total cholesterol workup status (13d: TCAlert) coded as ‘9 Workup not completed, client lost to follow-up,’ this field should contain the date that the program considered the participant lost to follow-up as defined by program protocol.  ***Cross edits***  For participants with an alert total cholesterol value who received a complete workup, the diagnostic exam date should be on or after the cholesterol measurement date. Otherwise, this field will be flagged as an error. The error may be overwritten if acceptable documentation is submitted. See Appendix B for procedures for submitting this information.  *Error:* TOTCHOL >400 **AND** TCALERT = 2 **AND** TCDIDATE = [valid date] **AND** TCDATE = [valid date] **AND** TCDIDATE < TCDATE  A cholesterol diagnostic exam date should not be recorded if total cholesterol is not an alert value. If a cholesterol diagnostic exam date is recorded for a participant who does not have an alert cholesterol value, this field will be flagged as an error.  *Error:* TOTCHOL ≤400 **AND** TCDIDATE = [valid date]  A cholesterol diagnostic exam date should only be recorded if total cholesterol was obtained. If a date is recorded when total cholesterol was not obtained, the validation tool will flag this field as an error.  *Error:* TOTCHOL = 777, 888, or 999 **AND** TCDIDATE = [valid date]  For participants with an alert total cholesterol value who received a complete workup, a cholesterol diagnostic exam date should not be more than seven days later than the cholesterol measurement date. If the diagnostic exam date is more than seven days after the date that cholesterol measurements were taken, the validation tool will flag this field as an error. The error may be overwritten if acceptable documentation is submitted. See Appendix B for procedures for submitting this information.  *Error:* TOTCHOL >400 **AND** TCALERT = 2 **AND** TCDIDATE = [valid date] **AND** TCDATE = [valid date] **AND** TCDIDATE - TCDATE >7  A cholesterol diagnostic exam date should be recorded for participants with an alert total cholesterol value when a workup is not medically indicated because the participant is being treated. This date should not be more than seven days after the cholesterol measurement date. If the cholesterol diagnostic exam date is missing or is more than seven days after the cholesterol measurement date, the validation tool will flag this field as an error. The error may be overwritten if acceptable documentation is submitted. See Appendix B for procedures for submitting this information.  *Error:* TOTCHOL >400 **AND** TCALERT = 3 **AND** TCDIDATE = [valid date] **AND** TCDATE = [valid date] **AND** ((TCDIDATE - TCDATE >7) **OR** TCDIDATE = .) | | |

**Part B: Screening and Assessment MDE Specifications**

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| Item 13g: BGAlert | **If GLUCOSE ≤50 or GLUCOSE ≥275, what is the status of the workup?**  This variable indicates the status of a participant’s blood glucose workup. | | |
| **FORMAT** | **Type:** Numeric  **Length:** 1  **Leading Zeros:** No  **Other Format:** N/A | | **Justification:** Right  **Beginning Position:** 179  **Valid Range:** See values; cannot be blank |
| **Denominator population** | The denominator includes all WISEWOMAN participants. A participant is a woman who receives at least one NBCCEDP service (enrolled in NBCCEDP); has received all the following screenings from the WISEWOMAN Program: height, weight, first blood pressure diastolic measurement, and first blood pressure systolic measurement; and has responded to at least one health history question. (For items 5a-8b, there must be at least one response that is not coded as ‘7 Don’t know,’ ‘8 Don’t want to answer,’ or ‘9 No answer recorded.’) | | |
| **VALUES and description** | **1 Workup pending** | Workup has been scheduled, but not yet performed  This value should be used only for internal program tracking purposes and would not be appropriate for submission to CDC  If a workup has not been completed after three months, it should be coded as ‘8 Client refused workup’ or ‘9 Workup not completed, client lost to follow-up’ as appropriate  The validation tool will flag this value as an error | |
|  | **2 Workup complete** | Workup for participant with an alert glucose reading is complete  For participants with this value who were not seen within seven days of their glucose measurement (12a: BGDate), programs should submit a written explanation related to efforts to ensure timely referral. See Appendix B for procedures for submitting this information | |
|  | **3 Workup not medically indicated, client being treated** | Workup is not indicated for participant with an alert glucose reading, because participant is already being treated and prefers to see the treating provider  For participants with this value, programs should submit a written explanation related to efforts to ensure timely referral. See Appendix B for procedures for submitting this information | |
|  | **6 Not an alert reading** | Participant does not have an alert glucose reading | |
|  | **7 No blood glucose value recorded** | Participant does not have a valid glucose reading | |
|  | **8 Client refused workup** | Participant had an alert glucose reading but refused workup  For alert participants with this value, programs should submit a written explanation related to efforts to ensure timely referral | |
|  | **9 Workup not completed, client lost to follow-up** | Participant had an alert glucose reading but was lost to follow-up, and workup was not completed  *Lost to follow-up* is defined as a participant who did not attend her scheduled workup within three months after a screening visit and was unable to be reached to reschedule another appointment  For alert participants with this value, programs should submit a written explanation related to efforts to ensure timely referral. See cross edits in the Other Information Section below  The validation tool will flag this value as an error, but the error may be overwritten if acceptable documentation is submitted | |
| **analysis and use** | To assess whether participants with alert blood glucose readings are receiving follow-up | | |
| **other information** | ***Guidance***  Codes and response options highlighted in gray should not appear on the data collection forms completed by the provider. They are provided for funded program use only.  A participant is classified as having an alert blood glucose reading if her blood glucose is less than or equal to 50 mg/dL or greater than or equal to 275 mg/dL.  ***Cross edits***  If Glucose is an alert value, then this field should not be recorded as a non-alert value. If a participant with an alert value is recorded as a non-alert value, the validation tool will flag this field as an error.  *Error:* (GLUCOSE ≤50 **OR** GLUCOSE ≥275) **AND** BGALERT ≠ (2, 3, 8, 9)  If Glucose is not an alert value, then this field should be coded ‘6 Not an alert reading.’ If this code is not selected for participants who do not have an alert value, the validation tool will flag this field as an error.  *Error:* 50< GLUCOSE <275 **AND** BGALERT ≠ 6  If a glucose measurement is not obtained, glucose workup status should be coded ‘7 No blood glucose value recorded.’ If this code is not selected for participants who do not have a glucose measurement, the validation tool will flag this field as an error.  *Error:* GLUCOSE = 666, 700, 777, 800, 888, or 999 **AND** BGALERT ≠ 7  If Glucose is an alert value, then the glucose workup status should be obtained. If the alert participant is coded as ‘8 Client refused workup’ or ‘9 Workup not completed, client lost to follow-up’, the validation tool will flag this field as an error. For participants with these values, programs should submit a written explanation related to efforts to ensure timely referral. The error may be overwritten if acceptable documentation is submitted. See Appendix B for procedures for submitting this information.  *Error:* (GLUCOSE ≤50 **OR** GLUCOSE ≥275) **AND** BGALERT = (8, 9)  ***Additional edits***  See related cross edits for item 13h: BGDiDate. | | |

**Part B: Screening and Assessment MDE Specifications**

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| Item 13h: BGDiDate | **If GLUCOSE ≤50 or GLUCOSE ≥275, Diagnostic Exam Date**  This variable indicates the diagnostic exam date for a participant with an alert blood glucose reading. | | |
| **FORMAT** | **Type:** Numeric  **Length:** 8  **Leading Zeros:** Yes  **Other Format:** MMDDCCYY | | **Justification:** Right  **Beginning Position:** 180  **Valid Range:** Valid date; must be blank if BGAlert = 6 or 7; cannot be blank if BGAlert = 2, 3, 8, or 9 |
| **Denominator population** | Participants who have an alert blood pressure value are included in the denominator. A participant is a woman who receives at least one NBCCEDP service (enrolled in NBCCEDP); has received all the following screenings from the WISEWOMAN Program: height, weight, first blood pressure diastolic measurement, and first blood pressure systolic measurement; and has responded to at least one health history question. (For items 5a-8b, there must be at least one response that is not coded as ‘7 Don’t know,’ ‘8 Don’t want to answer,’ or ‘9 No answer recorded.’) | | |
| **VALUES and description** | **Blood glucose diagnostic exam date** | Valid date in MMDDCCYY format  If follow-up information is provided for this referral, the follow-up diagnostic exam date can be entered  Example: September 10, 2011 = 09102011 | |
| **analysis and use** | To determine whether programs are meeting the guideline of diagnostic exams within one week of the workup for alert participants  To assist in calculating performance measure #6: Program provides evidence that 100% of women who have an alert screening value are seen by a health care provider within one week of screening (or documentation reflects why this did not happen) | | |
| **other information** | ***Guidance***  A participant is classified as having an alert blood glucose reading if her blood glucose is less than or equal to 50 mg/dL or greater than or equal to 275 mg/dL.  Only participants who are coded as having an alert blood glucose reading (13g: BGAlert = ‘2 Workup complete,’ ‘3 Workup not medically indicated, client being treated’ ‘8 Client refused workup,’ or ‘9 Workup not completed, client lost to follow-up’) should have a blood glucose diagnostic exam date.  If a participant with an alert blood glucose value has a blood glucose workup status (13g: BGAlert) coded as ‘‘3 Workup not medically indicated, client being treated,’ and the program is unable to obtain the date of her diagnostic exam, this field may be left blank provided that acceptable documentation is submitted. See Appendix B for procedures for submitting this information.  If a participant with an alert blood glucose value has a blood glucose workup status (13g: BGAlert) coded as ‘8 Client refused workup,’ this field should contain the date of refusal as defined by program protocol.  If a participant with an alert blood glucose value has a blood glucose workup status (13g: BGAlert) coded as ‘9 Workup not completed, client lost to follow-up,’ this field should contain the date that the program considered the participant lost to follow-up as defined by program protocol.  ***Cross edits***  For participants with an alert glucose value who received a complete workup, the diagnostic exam date should be on or after the glucose measurement date. Otherwise, this field will be flagged as an error. The error may be overwritten if acceptable documentation is submitted. See Appendix B for procedures for submitting this information.  *Error:* (GLUCOSE ≤50 **OR** GLUCOSE ≥275) **AND** BGDIDATE = [valid date] **AND** BGDATE = [valid date] **AND** BGDIDATE < BGDATE **AND** BGALERT = 2  A glucose diagnostic exam date should not be recorded if blood glucose is not an alert value. If a glucose diagnostic exam date is recorded for a participant who does not have an alert glucose value, this field will be flagged as an error.  *Error:* (50< GLUCOSE <275)**AND** BGDIDATE = [valid date]  A glucose diagnostic exam date should only be recorded if blood glucose was obtained. If a date is recorded when blood glucose was not obtained, the validation tool will flag this field as an error.  *Error:* GLUCOSE = 666, 700, 777, 800, 888, or 999 **AND** BGDIDATE = [valid date]  For participants with an alert glucose value who received a complete workup, a glucose diagnostic exam date should not be more than seven days later than the glucose measurement date. If the diagnostic exam date is more than seven days after the date that glucose measurements were taken, the validation tool will flag this field as an error. The error may be overwritten if acceptable documentation is submitted. See Appendix B for procedures for submitting this information.  *Error:* (GLUCOSE ≤50 **OR** GLUCOSE ≥275) **AND** BGDIDATE = [valid date] **AND** BGDATE = [valid date] **AND** BGDIDATE - BGDATE >7 **AND** BGALERT = 2  A glucose diagnostic exam date should be recorded for participants with an alert glucose value when a workup is not medically indicated because the participant is being treated. This date should not be more than seven days after the glucose measurement date. If the glucose diagnostic exam date is missing or is more than seven days after the glucose measurement date, the validation tool will flag this field as an error. The error may be overwritten if acceptable documentation is submitted. See Appendix B for procedures for submitting this information.  *Error:* (GLUCOSE ≤50 **OR** GLUCOSE ≥275) **AND** BGALERT = 3 **AND** (BGDIDATE = [valid date] **AND** BGDATE = [valid date] **AND** BGDIDATE - BGDATE >7) **OR** BGDIDATE = . | | |