Attachment C

Healthy Homes and Lead Poisoning Prevention
Surveillance System (HHLPPSS) Variables

**Healthy Homes and Lead Poisoning Prevention Surveillance System (HHLPPSS)
Variables**

Required Fields programs must submit to CDC quarterly

Individual-level Data (only for those with blood lead test)
Last Name
First Name
Middle Initial
ID
DOB (actual)
Age (reported from laboratory or provider)
Sex
Pregnant at time of test (if applicable)
Previous country of residence
Travel outside of US
Demographic Data
Ethnicity (see table below)
Race (see table below)
Address Data
Street Address
Address ID
City
County FIPS
State
Zip Code
Census Tract
Blood Lead Test Data
Specimen Source for lead test (sample type: venous blood, capillary blood, etc.)
Date sample collected (Sample Date)
Date sample analyzed (Sample Analyze Date)
Laboratory result report date (Result Report Date)
Numeric result comparator (less than, greater than)
Numeric result value
Numeric result units
Explanation for missing numeric result (e.g., clotting, quantity not sufficient, etc.)
Case Data
Date case closed
Closure reason
Child Risk Assessment Data
Investigation Data
Referral date for investigation
Date address investigation inspection completed
Investigation findings of sources
Investigation closure reason
Date remediation due

Date address hazard remediation or abatement completed	
Date clearance testing completed	
Clearance testing results	
Laboratory Data	
Name of Laboratory that reported test result	
Clinical Laboratory Improvement Amendment (CLIA) number	
Limit of Detection for blood lead testing	
Provider Data	
Provider/medical group State	
Provider/medical group City	
Provider/medical group County	

Ethnicity	
Hispanic/Latino	
Not Hispanic/Latino	

Race (More than one can be marked)	
American Indian or Alaskan Native	
Asian	
Black or African American	
Native Hawaiian or Other Pacific Islander	
White	

Healthy Homes Inspection Variables (This Section includes inspectors' assessment as well as questions home visitor would ask family in the course of the home visit, thus there are differences in formatting.)

Date of Inspection: _____

On what stories are household's bedrooms located? Check all that apply
[ ] Basement
[ ] 1st Floor
[ ] 2nd Floor
[ ] Higher (Specify) _____

How many people live in this household by age?
        Children (< 6) __
        Children (>= 6) __
        Adults (18-64) __
        Adults (>=65) __

Does anyone who lives in this home smoke?
(cigarettes, cigars, other tobacco products)

        [ ] Yes
        [ ] No

Do visitors to your home ever smoke in your home?   Y   N

Bathroom
Does bathtub/shower have non-slip surface?
        [ ] Yes
        [ ] No

        Bathroom Exhaust
            [] Exhaust fan not working or no exhaust fan or window present
            [] Exhaust fan working

Ceiling, Floors and Walls

        Bulging/Buckling
            [ ] Bulging, buckling or alignment problem
            [ ] No bulging, buckling or alignment problem

        Holes
            [ ] Large holes >= 8 ½ x 11 inches –OR- more than three tiles or panels missing –OR- there is a crack more than 1/8 inch wide and 11 inches long – OR – a hole penetrates the area above or adjacent
            [ ] Medium-sized holes present: Holes less than 8 ½ inches x 11 inches in area. –OR- no hole penetrates the area above or adjacent. –OR- no more than three titles or panels missing.
            [ ] Small holes present: Holes smaller than 8 ½ inches x ½ inches (do not count pinholes) in total hole area

        Peeling/Needs Paint
            [ ] >= 2 square feet damage: Peeling or deteriorated paint in any area   larger than 2 square feet in any room.

[ ] < 2 square damage: Peeling or deteriorated paint in any area smaller than 2 square feet in any room.
[ ] No damage/peeling paint

Water Stains/Water Damage
[ ] >= 4 square feet water stains/water damage: Any one ceiling, floor, or wall has evidence of water stains/water damage, a leak (such as a darkened area) over a large area (4 square feet or more). Water may or may not be visible.
[ ] < 4 square feet water stains/water damage: Any one ceiling, floor, or wall has evidence of water stains/water damage, a leak (such as a darkened area) over a small area (less than 4 square feet). Water may or may not be visible.
[ ] No water stains/damage

Condensation on Windows
[ ] Condensation on windows, doors, walls
[ ] No condensation on windows, doors, walls

Mold
[ ] >= 4 square feet visible mold present: Any one ceiling, floor, or wall has visible mold over a large area (4 square feet or more)
 [ ] < 4 square feet visible mold present: Any one ceiling, floor, or wall has visible mold over a small area (less than 4 square feet)
[ ] No mold observed.

Do you (inspector) smell a musty odor anywhere in the home?
[ ] Yes
[ ] No
[ ] n/a (cannot smell due to cold or other respiratory problem)

Electrical
Missing or Broken Electrical Covers
[ ] Exposed wiring: An open breaker port or exposed wiring
-OR-A cover is missing and electrical connections are exposed
[ ] None missing/broken/exposed

Child Tamper-resistant Outlet Covers
[ ] No tamper-resistant outlet   covers in units with young children
[ ] Installed tamper-resistant outlet covers in units with young children
[ ] Not applicable (no young children in unit)

Extension Cord Use
[ ] Extension cords not used properly: Extension cords under carpets or across doorways -OR-Too many appliances plugged into one extension cord.
[ ] Extension cords used properly: Extension cords not draped across doorways or under carpets and not overloaded with too many appliances.
[ ] No extension cord use.

Extension Cord Condition
[ ] Not Good: Extension cords cracked or frayed
[ ] Good: Extension cords cracked or frayed
[ ] No extension cord use

Water Heater
Water Temperature
[ ] Temperature set at or above 120 degrees F

[ ] No hot water
[ ] Temperature set below 120 degrees F

In the past 6 months, has anyone been scalded by the water in this home?
[ ] Yes
[ ] No

Did this require medical attention?

[ ] Yes
[ ] No

Smoke and Carbon Monoxide Alarm
Smoke Alarm
[ ] Not operational: At least one smoke alarm tested does not work as designed.
[ ] No smoke alarms present: No smoke alarm in unit
[ ] Operational: All smoke alarms in unit work as designed.

CO Alarm
[ ] Not operational: At least one CO alarm tested does not work as designed
[ ] No CO alarm present
[ ] Operational: All CO alarms work as designed.

Stairs
Stair Railings
[ ] Missing: No handrails present or present on only one side
[ ] Broken or insecure: Handrail damaged, loose or otherwise unusable or insecure.
[ ] Does not apply: No steps.
[ ] Railings on both sides appear secure.

Steps: Condition
[ ] One or more broken or missing
[ ] Not broken or missing
[ ] Does not apply: No steps

Steps: Covering
[ ] No covering on stairs
[ ] Covering on stairs is not firmly attached or is poor condition
[ ] Covering on stairs (e.g.. nonslip tread covers) is firmly attached and is in good condition.

Stair Gates
[ ] not present at top or bottom of stair or not secured to wall
[ ] gate secured to wall at top or bottom but not both
[ ] gate secured to wall at top and bottom of stair
Lighting
[ ] light present at top and bottom of stairs
[ ] light not present at top or bottom

Windows
Window Condition
[ ] One or more windows missing
[ ] One or more windows cracked or broken
[ ] One or more windows cannot be opened
[ ] All windows intact and can be opened

Injury Hazards

For the purposes of this form, injury is defined as cuts, punctures, scrapes, bruises, fractures, or similar accidents. In the last 6 months, has any child had an injury or accident in the home that resulted in a visit for medical care?"

    [ ] yes
    [ ] no
    [ ] not sure
    [ ] n/a (no children)

ChildProofing Measures - (if children age < 6 present in home)

    Window Cords -Strangulation Hazard
        [ ] Yes: Window cords looped or tied together
        [ ] No: Window cords not looped or tied together
      If yes hazard location:_____

    Window Guards >= 2nd floor
        [ ] Missing or not operational
        [ ] Present and operational

    Chemicals, Pesticides, Cleaning Supplies or Medications Stored Within Easy Reach of Children.
        [ ] Yes
        [ ] No

Poisoning Hazards
    Unvented Combustion Appliances
            [ ] Yes
            [ ] No

      If Yes, please check all that apply:
            [ ] fuel-fired space heaters
            [ ] gas clothes dryers
            [ ] gas logs
            [ ] charcoal
            [ ] stoves

Pest Hazards

    Do you see evidence of cockroaches (bodies or fecal pellets)
        [ ] Yes
        [ ] No
        [ ] Maybe

    Do you see evidence of rodents (bodies, fecal pellets or gnaw marks)?
    (*HH_Pest_Hazards_Rodents*)
        [] Yes
        [] No

Asthma

1) Has a doctor or other health professional EVER told you that [fill: S.C. name] had asthma?

1 Yes
2 No
7 Refused

9 Don't know

UniverseText: Sample children <6 years old

DURING THE PAST 12 MONTHS, has [fill: SC name] had an episode of asthma or an asthma attack?
1 Yes
2 No
7 Refused
9 Don't know
UniverseText: children <6 years old and doctor has informed that child had asthma

2) Has a doctor or other health professional EVER told you that [fill: S.C. name] had asthma?

1 Yes
2 No
7 Refused
9 Don't know

UniverseText: People ≥ 6 years old

DURING THE PAST 12 MONTHS.
DURING THE PAST 12 MONTHS, has [fill: SC name] had an episode of asthma or an asthma attack?
1 Yes
2 No
7 Refused
9 Don't know
UniverseText: People ≥6 years old and doctor has informed them they have asthma

Format for submitting data

Table: 1
Record Type: Basic Format

Position	Field Name	Valid Values - Description
1-3	fileid	File identifier for record type. ADD - address data CHI - child INV - investigation LAB - lab LNK - child to address link HHI – healthy housing inspection
4	action	Database action code. A - add record C - change/replace D - delete
5	qtr	Reporting quarter. All annual submissions should be "4" for fourth quarter. 1 - first quarter (1/01/yy - 3/31/yy) 2 - second quarter (4/01/yy - 6/30/yy) 3 - third quarter (7/01/yy - 9/30/yy) 4 - fourth quarter (10/01/yy - 12/31/yy)
6-7	rpt_yr	Reporting year. Last two digits of the reporting year. (Must be numeric.)

Position	Field Name	Valid Values - Description
8-12	pgmid	Program identifier. A unique identifier for the CLPPP (or lead database) submitting the data. The first two positions must contain the state FIPS (Federal Information Processing Standard) code. The next three positions are pre-assigned for STELLAR databases and must be unique for each lead database within a state (including databases other than STELLAR). You may obtain a program ID from the Lead Poisoning Prevention Branch (LPPB).
13-20	child_id	Child identifier. A unique identifier for a child; must be numeric and zero-filled. This would generally be a system-assigned sequential number within a database. The identifier is used in relational databases to eliminate redundant data. The child information exists only once, in one physical record, and is linked to related records by the child identifier. When records from two or more databases are combined, the combination of pgmid and child_id form a unique identifier within the combined database.
13-20	addr_id	Address identifier. A unique identifier for an address; must be numeric and zero-filled. This would generally be a system-assigned sequential number within a database. The identifier is used in relational databases to eliminate redundant data. The address information exists only once, in one physical record, and is linked to related records by the identifier. When records from two or more databases are combined, the combination of pgmid and addr_id form a unique identifier within the combined database.
21-249	All_the_rest	A variable format area. The contents and format depend on the value in the field fileid.

Table: 2
Record Type: Address
FileId: ADD

Position	Field Name	Valid Values - Description
1-12		Basic format as illustrated in Table 1. REQUIRED
13-20	Addr_id	See Table 1. REQUIRED
21-35	City	City name.
36-38	cnty_fips	County FIPS code. REQUIRED Numeric, zero-filled. A file of counties and assigned FIPS codes is available from Lead Poisoning Prevention Branch.
39-47	Zip	Zip code (5+4 format, no dash). Left justified, blank-fill or zero-fill.
48-49	State	State abbreviation.
50-56	census	Census tract. Left justified, blank-fill.
57	renovated	Residence renovated? 1 - yes, once 2 - no 3 - yes, more than once 9 - unknown

Position	Field Name	Valid Values - Description
58-65	start_ren	Date first renovation begun. (CCYYMMDD) Date must be present when renovated field (col 57) is coded 1 or 3. Date must be blank when renovated field is coded 2 or 9.
66-73	Comp_ren	Date latest renovation completed. (CCYYMMDD) Cannot be earlier than start_ren date. Leave blank if renovation is ongoing as of the end of the reporting year.
74-123	Addr_1	Left justified, blank-fill
124-173	Addr_2	Left justified, blank-fill
175-184	Apt_num	Left justified, blank-fill
185-209	*Prov_city	Provider City
210-212	*Prov_cnty_fip	Provider County FIPS code. Numeric, zero-filled. A file of counties and assigned FIPS codes is available from Lead Poisoning Prevention Branch.
213-214	*Prov_state	State abbreviation.

*If the child's address information is not available for the test and the provider's address information is available, give the provider city, county fips and state. If the child's address information for the test is available you can leave the fields blank.

Table: 3
Record Type: Child
FileId: CHI

Position	Field Name	Valid Values - Description
1-12		Basic format as illustrated in Table 1. REQUIRED
13-20	Child_id	See Table 1. REQUIRED
21-28	Dob	Child's date of birth. (CCYYMMDD) REQUIRED Birth date cannot be after the end of the reporting year. Child may not be older than 16 years at the start of the reporting year.
29	gender	1 - male 2 - female 9 - unknown
30	ethnic	**(Select only one)** 1 – Hispanic/Latino 2 - Not Hispanic/Latino
31	race	

Race (more than one can be selected)	Code
American Indian or Alaskan Native	1
Asian	2
Black or African American	3
Native Hawaiian or Other Pacific Islander	4
White	5

Position	Field Name	Valid Values - Description
32	chelated	1 - Yes 2 - No 9 - Unknown
33	chel_type	1 - Inpatient 3 - Both 2 - Outpatient 9 - Unknown Cannot be blank if chelated field =1. Cannot be 1, 2 or 3 if chelated =2 or 9.

34	fund_source	1 - Public, includes Medicaid	8 - Other
		2 - Private insurance	9 - Unknown
		3 - Parent self-pay	
		Cannot be blank if chelated field = 1 or 9.	
35	Nplsz	Non-paint lead source - other.	1 - Yes
			2 - No
			9 - Unknown
36	Nplsm	Non-paint lead source - traditional medicines.	
			1 - Yes
			2 - No
			9 - Unknown
37	Nplso	Non-paint lead source – occupation of household member.	
			1 - Yes
			2 - No
			9 - Unknown
38	Nplsh	Non-paint lead source - hobby of household member.	
			1 - Yes
			2 - No
			9 - Unknown
39	Nplsp	Non-paint lead source - pottery, imported or improperly fired	
			1 - Yes
			2 - No
			9 - Unknown
40	Nplsc	Non-paint lead source - child occupation.	
			1 - Yes
			2 - No
			9 - Unknown
41-70	Last_Name	Person's last name Left justified, blank filled	
71-100	First_Name	Person's first name Left justified, blank filled	
101-130	Mid_Name	Person's middle name Left justified, blank filled	
131	Pregnant	Pregnant at time of test 1 – Yes 2 – No 3 - N/A 9 – Unknown	
132	Travel	Travel outside of US 1 – Yes 2 – No 3 – Unknown	
133-182	Pre_Country	Previous Country of residence	
183-190	Case_Close	Date case closed if applicable (CCYYMMDD)	
191	Close_Reas	Case Closure Reasons if applicable A – Administratively Closed C – Closure Criteria Met E – Case Opened in Error L – Lost to Follow-up/Unable to Locate M – Moved out of Jurisdiction O – Out of Compliance R – Refused Follow-up	

Table: 4
Record Type: Investigation
FileId: INV

Position	Field Name	Valid Values - Description
1-12		Basic format as illustrated in Table 1. REQUIRED
13-20	addr_id	See Table 1. REQUIRED
21-28	date_ref	Date address referred for investigation. (CCYYMMDD) REQUIRED
29-36	insp_comp	Date address investigation inspection completed. (CCYYMMDD) May not be prior to date_ref.
37-44	abat_comp	Date address hazard remediation or abatement completed. (CCYYMMDD) May not be prior to insp_comp.
45-48	Year	Year the dwelling was constructed. (YYYY) Blank if unknown. May not be after reporting year.
49	ownership	1 - Private, owner-occupied 4 - Rental, Section 8 2 - Rental, privately owned 9 - Unknown 3 - Rental, publicly owned
50	dwell_type	1 - Attached, single family 5 - School 2 - Day care center 8 - Other 3 - Detached, single family 9 - Unknown 4 - Multi-unit
51	paint_haz	Dwelling with peeling, chipping, or flaking paint. (Must be 9 if insp_comp is blank.) 1-Yes, interior 3-Yes, both 9 - Not inspected 2-Yes, exterior 4 - No
52-56	Xrf	Highest XRF reading in mg/cm^2. (000.0) See Note below.
57-64	dust_floor	Highest floor dust sample reading. (000000.0) See Note below.
65	floor_msr	Unit of measure. U - μg/ft^2 Cannot be blank if dust_floor >0. P - ppm
66-73	dust_sill	Highest window sill dust sample reading. (000000.0) See Note below.
74	sill_msr	Unit of measure. U - μg/ft^2 Cannot be blank if dust_sill >0. P - ppm
75-82	dust_well	Highest window well dust sample reading. (000000.0) See Note below.
83	well_msr	Unit of measure. U - μg/ft^2 Cannot be blank if dust_well >0. P - ppm
84-91	Paint	Highest paint chip sample reading. (000000.0) See Note below.

92	paint_msr	Unit of measure. U - μg/ft^2 Cannot be blank if paint >0.
		                     P - ppm
		                     M - mg/cm^2

93-100	soil	Highest soil sample reading in ppm. (000000.0) See Note below.
101-108	water	Highest water sample reading in ppb. (000000.0) See Note below.

109	indhaz	Industrial hazard near dwelling. 1 - Yes
		                                                   2 - No
		                                                   9 – Unknown

110-117	Date_Due	Date remediation due. (CCYYMMDD)

118	Inv_clos_res	Investigation closure reason A – Administratively Closed B – Batch Closed C – Remediation Complete D – Unit Demolished F – Insufficient Funds I – Permanent Injunction M – Family Moved N - No hazard found R – Inspection Refused U – No longer rental unit
119-126	Clear_Date	Date clearance testing completed. (CCYYMMDD)
127	Clear_Rslt	Clearance Testing Results 1 – Passed 2 – Failed 9 - Unknown

Note: Environmental sample results should all be shown right-justified, zero-filled on the left, and formatted with one decimal position. If no decimal value, format with decimal and zero (000500.0).

Table: 5
Record Type: Lab Results
Fileld: LAB

Position	Field Name	Valid Values - Description
1-12		Basic format as illustrated in Table 1. REQUIRED
13-20	child_id	See Table 1. REQUIRED
21-28	samp_date	Date sample was drawn. (CCYYMMDD) REQUIRED May not be prior to child date of birth.
29-36	addr_id	Unique identifier of child's primary address on the date sample was drawn. (See Table 1.) Zero-fill if unknown.
37-39	result	Sample result measured in μg/dL. Whole number, zero-filled. REQUIRED
40	fund_source	Source of funding for the test. 1 - Public, includes Medicaid 2 - Private insurance 3 - Parent self-pay 8 - Other 9 - Unknown
41	samp_type	Sample type. 1 - Venous, blood lead 2 - Capillary, blood lead 9 - Unknown
42	test_rsn	Test reason. 1 - Screening (asymptomatic child without previous elevated level) 2 - Clinical suspicion of lead poisoning (child symptomatic) 3 - Confirmatory test following elevated value by fingerstick 4 - Follow-up, child with confirmed elevated level 5 - EP, not for lead-screening 9 - Unknown/other
43	lab_type	Type of laboratory processing sample. 1 - Public health laboratory 2 - Commercial laboratory 9 - Unknown
44	scrn_site	Type of provider ordering test, or screening site. 1 - CLPPP fixed-site specific to lead 2 - Door to door program 3 - Other fixed-site screening program, e.g. WIC 4 - Private health care provider 5 - Referred for confirmation, no screening information 9 - Unknown/other
45	medicaid	1 - Yes 2 - No 9 - Unknown
46-53	samp_anaz_dt	Date sample analyzed by lab. (CCYYMMDD) May not be prior to samp_date.
54-61	rslt_rpt_dt	Date results reported to/received by health department. (CCYYMMDD) May not be prior to samp_date.
62	Result_Comp	Numeric result comparator 1 – Equal 2 – Less Than 3 – Greater Than
63-112	Lab_Name	Name of Laboratory that reported result
113-124	Lab_ID	Clinical Laboratory Improvement (CLIA) Number of laboratory

125-127	Det_Limit	Limit of detection of analyzing lab. For example: 002

Table: 6
Record Type: Child to address link (Optional record type)
FileId: LNK

Field Name	Valid Values - Description
	Basic format as illustrated in Table 1. REQUIRED
child_id	Unique child identifier. See Table 1. REQUIRED
addr_id	Unique address identifier. See Table 1. REQUIRED
type_addr	1 - Primary address 2 - Relocation address 3 - Alternative 4 - Supplemental 9 – Unknown
first_occ	Date the child first occupied or began spending time at address. (CCYYMMDD) REQUIRED May not be after the end of the reporting period.
last_occ	Date the child moved from or ceased spending time at address. (CCYYMMDD) May not be prior to first_occ date.

NOTE: There should be only one "open" link record per child (last_occ is blank) where address type code
    is **1** or **2**.
    A relocation address is considered a primary address to which a child has been permanently
     moved to
    remove them from a hazardous environment.

Table7. Format for Adults with blood lead test

Field	Length	Type	Description
1. StateRep	2	Text	2-letter Postal State abbreviation for the State making this report. *[Note: This should be a constant and must be present]*
2. StateRes	2	Text	2-letter Postal State abbreviation for State in which the adult resides. 99 = Unknown. CN = Canada, MX = Mexico.
3. CountyRes	3	Text	3-digit county Federal Information Process Standards (FIPS) code for county of residence of the adult. 999 = Unknown.
4. StateExp	2	Text	2-letter Postal State abbreviation for State where exposure occurred. 99 = Unknown. CN = Canada, MX = Mexico. *[Note : Code StateExp only if you are sure of exposure location (do not make assumptions)]*
5. CountyExp	3	Text	3-digit county FIPS code for county where exposure occurred. 999 = Unknown.
6. ID	15	Text	State-assigned unique ID number for adult (ID must remain constant from year to year) with 15 characters maximum. If all characters are not used, leave the missing ones blank, and left justify. Do not fill with zeros. *[Note: Do not use any personal identifier such as an SSN or name for ID.]*
7. Status	1	Text	**For adults with BLLs ≥10 µg/dL:** **1 = New case.** An adult whose highest BLL was ≥10 µg/dL in the current calendar year who was not in the State lead registry in the immediately preceding calendar year with a BLL ≥10 µg /dL. This adult may have been in the registry with a BLL ≥10 µg /dL in earlier calendar years or with a BLL <10 µg /dL in the immediately preceding calendar year. *[Note: A new case should remain coded 1 for all other BLL tests for the adult done in the same calendar year.]* **2 = Existing case.** An adult whose highest BLL was ≥10 µg /dL in the current calendar year who was in the registry in the immediate preceding calendar year with a BLL ≥10 µg /dL. **9 = Unknown** **For adults with BLLs <10 µg/dL:** **3 = Unclassified Adult.** An adult whose highest BLL was <10 µg/dL about whom you have collected insufficient information to determine whether he/she is a new or existing adult in the State registry. **4 = New adult.** An adult whose highest BLL was <10 µg/dL who was not in the State lead registry in the preceding calendar year with a BLL either less than or greater than 10 µg/dL. This adult may have been in the registry in earlier years. **5 = Existing adult.** An adult whose highest BLL was <10 µg /dL who was in the registry in the preceding calendar year with a BLL either less than or greater than 10 µg/dL. *[Note: Codes 3-5 are provided to facilitate the reporting of the lower BLLS. The use of Code 3 should be rare as should the use of Code 9.]*
8. BLLDate	10	Date	Date blood drawn or date of lab BLL test. MM/DD/YYYY *[Note: Change short date under control panel/regional options to reflect MM/DD/YYYY.]*

9. DateType	1	Text	1 = Date of blood draw (preferred) 2 = Date of laboratory test (acceptable) 3 = Date of health department ascertainment (acceptable) 9 = Unknown
10. BLL	3	Numeric	Blood lead level, 3 digits no decimal, leave blanks, right justify.
11a. DOB	10	Date	Date of Birth (MM/DD/YYYY) *[Note: If DOB unavailable, you may leave blank and code Age]*
11b. Age	3	Numeric	Age in years, right justify, no decimal. 999 = Unknown *[Note: If DOB provided, you may leave Age blank]*
12. Sex	1	Text	1 = Male 2 = Female 3 = Other 9 = Unknown
13. Ethnicity	1	Text	1 = Yes (Hispanic/Latino) 0 = No (Not Hispanic/Latino)
14. Race	1		**(More than one can be marked)** American Indian or Alaskan Native Asian Black or African American Native Hawaiian or Other Pacific Islander White
15. WorkRel	1	Text	**This is your determination on whether the exposure was work related.** 1 = Work related 2 = Not work related 3 = Both 9 = Unknown *[Note: Code 1, 2 or 3 only if you are sure of the exposure source. Code 9 if you do not know — do not make assumptions.]*
16. NAICS	6	Text	North American Industry Classification System 2002 999 = Unknown *[Note: If WorkRel is coded 1 or 3, NAICS should have a valid code or 999. If WorkRel is coded 2 or 9, NAICS should be blank.]* **http://www.naics.com/search.htm**
17. COC	4	Text	Census Occupation Codes **2002** 990 = Unknown *[Note: If WorkRel is coded 1 or 3, COC should have a valid code or 990 If WorkRel is coded 2 or 9, COC should be blank]* **http://www.census.gov/hhes/www/ioindex/ioindex02/view02.html**
18. Process	50	Text	Process is defined as a narrative of the non-occupational avocation or activity from which the adult was exposed to lead. NA = Non-applicable. *[Note: If WorkRel is coded 2 or 3, Process should have a narrative entry, a code, or 999.]* *[Note: If WorkRel is coded 1 or 9, Process should be coded NA.]* *[Note: While it is acceptable to use the following codes for the most frequent process categories, we prefer that you include text descriptions so that the*

			need for new categories or new exposures can be assessed.] 1 = Shooting firearms (target shooting) 2 = Remodeling/renovation/painting 3 = Casting (e.g., bullets, fishing weights) 4 = Ceramics 5 = Stained glass 6 = Retained bullets (gunshot wounds) 7 = Pica (the eating of non-food items) 8 = Eating from leaded cookware 9 = Eating food containing lead (e.g., imported candy) 10 = Drinking liquids containing lead (e.g., moonshine) 11 = Taking nontraditional medicines (e.g., Ayurvedic medications) 12 = Retired (This could be a former lead worker; try to get SIC, NAICS) 13 = Other--please provide text descriptions for sources not listed above. 999 = Unknown

Note: Variable formats may change to meet emerging CDC guidelines for surveillance systems.

NOTE: The following website is most useful in finding help in coding industry: (1) Search by a keyword in the line of business the adult is in and it will find the NAICS code. (2) Search by SIC code and it will find the corresponding NAICS code. (3) Search by the NAICS code to receive the full description.
http://www.naics.com/search.htm