

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 (<u>not required for MDE ver 8.0</u>)*	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 (<u>not required for MDE ver 8.0</u>)*	Numeric
3l	Education	64-65	Education (highest grade completed)	Numeric
4a	AssessDate	66-73	Assessment Date (<u>not required for MDE ver 8.0</u>)*	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

Item Number	Variable Name	Position	Variable Label	Type
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	<i>Weightdate</i>	85-92	<i>Height and weight measurement date (not required for MDE ver 8.0)*</i>	<i>Numeric</i>
9b	Height	93-95	Height	Numeric
9c	<i>Hgt_Unit</i>	96	<i>Height unit (not required for MDE ver 8.0)*</i>	<i>Numeric</i>
9d	Weight	97-99	Weight	Numeric
9e	<i>Wgt_Unit</i>	100	<i>Weight unit (not required for MDE ver 8.0)*</i>	<i>Numeric</i>
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

Item Number	Variable Name	Position	Variable Label	Type
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	BPAAlert	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	TCAAlert	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

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	Justification:	Right
	Length:	3	Beginning Position:	1
	Leading Zeros:	No	Valid Range	See values; cannot be blank
	Other Format:	N/A		
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	<p>Guidance</p> <p>A crosswalk table between version 7.0 and version 8.0 is available in Appendix E.</p> <p>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.</p>			

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Part B: Screening and Assessment MDE Specifications

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	Justification: Left
	Length:	2	Beginning Position: 4
	Leading Zeros:	Yes	Valid Range: See values; cannot be blank
	Other Format:	N/A	
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		

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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

Item 1b: HdFIPS	FIPS County Code (Provider) This indicates the FIPS county code of the provider that conducts the WISEWOMAN screening office visit.																
FORMAT	<table border="0"><tr><td>Type:</td><td>Character</td><td>Justification:</td><td>Left</td></tr><tr><td>Length:</td><td>3</td><td>Beginning Position:</td><td>6</td></tr><tr><td>Leading Zeros:</td><td>Yes</td><td>Valid Range:</td><td>Valid FIPS county code for state programs or ANSI code for tribal programs; cannot be blank</td></tr><tr><td>Other Format:</td><td>N/A</td><td></td><td></td></tr></table>	Type:	Character	Justification:	Left	Length:	3	Beginning Position:	6	Leading Zeros:	Yes	Valid Range:	Valid FIPS county code for state programs or ANSI code for tribal programs; cannot be blank	Other Format:	N/A		
Type:	Character	Justification:	Left														
Length:	3	Beginning Position:	6														
Leading Zeros:	Yes	Valid Range:	Valid FIPS county code for state programs or ANSI code for tribal programs; cannot be blank														
Other Format:	N/A																
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	<table border="0"><tr><td>FIPS County Code</td><td>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</td></tr><tr><td>ANSI Code</td><td>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</td></tr></table>	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												
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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.																

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Part B: Screening and Assessment MDE Specifications

Item 1c: EnrollSiteID	Enrollment Site ID This variable indicates the site of a woman's enrollment into the WISEWOMAN Program.		
FORMAT	Type: Character	Justification: Left	
	Length: 5	Beginning Position: 9	
	Leading Zeros: N/A	Valid Range: Valid code for an enrollment site; cannot be blank	
	Other Format: N/A		
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.		

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Part B: Screening and Assessment MDE Specifications

Item 1d: ScreenSiteID	Screening Site ID This variable indicates the site where a woman received her WISEWOMAN screening.		
FORMAT	Type:	Character	Justification: Left
	Length:	5	Beginning Position: 14
	Leading Zeros:	N/A	Valid Range: Valid code for a screening site; cannot be blank
	Other Format:	N/A	
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	<p>To identify the geographic locations of sites providing screening services to participants</p> <p>To track the number of WISEWOMAN participants screened at each WISEWOMAN screening site</p> <p>To describe differences in participant demographics or other characteristics by screening site</p> <p>To provide information for GIS analysis</p> <p>To identify the number of screening providers in a given geographic area</p>		
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.	

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Part B: Screening and Assessment MDE Specifications

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	Justification: Right
	Length:	6	Beginning Position: 19
	Leading Zeros:	No	Valid Range: 1 to number in sequence of last record in file; cannot be blank
	Other Format:	N/A	
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	<p>Guidance</p> <p>NRec should be unique across all submitted MDE data files. Programs should continue numbering sequentially from the previous submission.</p> <p>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.</p>		

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Part B: Screening and Assessment MDE Specifications

Item 3a: EncodeID	Unique Participant ID Number		
	This variable indicates a woman's unique identification number.		
FORMAT	Type:	Character	Justification: Left
	Length:	15	Beginning Position: 26
	Leading Zeros:	N/A	Valid Range: Cannot be blank
	Other Format:	N/A	
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	<p>To assess the number of unique women served by the WISEWOMAN Program</p> <p>To track participants over time</p> <p>To link baseline screenings with rescreenings</p> <p>To link participant screening information to the Lifestyle Intervention (LSI) file</p>		
OTHER INFORMATION	<p>Guidance</p> <p>A participant's unique ID should be the same for NBCCEDP and WISEWOMAN.</p> <p>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).</p> <p>If a participant's Social Security number is used as her unique ID, it must be encoded.</p> <p>A participant's unique ID must be the same in the Screening and Assessment file and the LSI file.</p>		

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Part B: Screening and Assessment MDE Specifications

Item 3b: CntyFIPS	County of Residence			
	This variable indicates the county of residence of the WISEWOMAN participant.			
FORMAT	Type:	Character	Justification:	Left
	Length:	3	Beginning Position:	41
	Leading Zeros:	Yes	Valid Range:	Valid FIPS county code for state programs or valid ANSI code for tribal programs; cannot be blank
	Other Format:	N/A		
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	<p>Guidance</p> <p>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.</p> <p>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.</p> <p>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.</p> <p>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.</p> <p>Additional edits</p> <p>County of participant's residence must be recorded.</p>			

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Part B: Screening and Assessment MDE Specifications

Item 3c: ZIP	ZIP Code of Residence		
	This variable indicates the participant's ZIP code of residence.		
FORMAT	Type:	Character	Justification: Left
	Length:	5	Beginning Position: 44
	Leading Zeros:	Yes	Valid Range: Valid ZIP code; cannot be blank
	Other Format:	N/A	
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	<p>Guidance</p> <p>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.</p> <p>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.</p> <p>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.</p> <p>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.</p>		

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 B: Screening and Assessment MDE Specifications

Item 3d: DOB	Date of Birth This variable indicates the participant's date of birth.			
FORMAT	Type:	Numeric	Justification:	Right
	Length:	8	Beginning Position:	49
	Leading Zeros:	Yes	Valid Range:	Valid date; cannot be blank
	Other Format:	MM01CCYY date		
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	<p>Guidance</p> <p>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.</p> <p>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.</p> <p>Cross edits</p> <p>The validation tool will flag participants younger than 40 or older than 64 for a quality check. <i>Quality check:</i> BPDATE - DOB <40 OR BPDATE - DOB >64</p> <p>Additional edits</p> <p>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.'</p>			

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 B: Screening and Assessment MDE Specifications

Item 3e: Latino	Hispanic or Latino Origin			
	This variable indicates whether the participant is of Hispanic or Latino origin.			
FORMAT	Type:	Numeric	Justification:	Right
	Length:	1	Beginning Position:	57
	Leading Zeros:	No	Valid Range:	See values; cannot be blank
	Other Format:	N/A		
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	<p>Guidance This field is imported from NBCCEDP data. Missing values are recoded as '9 No answer recorded.'</p> <p>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. <i>Error:</i> LATINO, RACE1-RACE5 all = (7, 9)</p> <p>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. <i>Error:</i> LATINO = 2 AND RACE1-RACE5 all = 7 or 9</p> <p>Additional edits See related cross edit for item 3f: Race1.</p>			

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Part B: Screening and Assessment MDE Specifications

Item 3f: Race1	Race: First Race			
	This variable indicates a race with which the participant identifies.			
FORMAT	Type:	Numeric	Justification:	Right
	Length:	1	Beginning Position:	58
	Leading Zeros:	No	Valid Range:	See values; cannot be blank
	Other Format:	N/A		
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	<p>Guidance</p> <p>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).</p> <p>Cross edits</p> <p>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.</p> <p>Error: RACE1 = 9 AND LATINO ≠ 1</p> <p>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.'</p>			

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.

Error: RACE1 = 7 or 9 **AND** RACE2-RACE5 ≠ (7, 9)

Additional edits

See related cross edits for item 3e: Latino.

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Part B: Screening and Assessment MDE Specifications

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	Justification:	Right
	Length:	1	Beginning Position:	59
	Leading Zeros:	No	Valid Range:	See values; cannot be blank
	Other Format:	N/A		
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	<p>Guidance</p> <p>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).</p> <p>Additional edits</p> <p>See related cross edits for items 3e: Latino and 3f: Race1.</p>			

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Part B: Screening and Assessment MDE Specifications

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	Justification:	Right
	Length:	1	Beginning Position:	60
	Leading Zeros:	No	Valid Range:	See values; cannot be blank
	Other Format:	N/A		
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			

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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.

Part B: Screening and Assessment MDE Specifications

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	Justification:	Right
Length:	1	Beginning Position:	61
Leading Zeros:	No	Valid Range:	See values; cannot be blank
Other Format:	N/A		

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 |

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ANALYSIS AND USE	<p>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</p> <p>To understand and analyze screening, lifestyle interventions, and other variables by race</p>
OTHER INFORMATION	<p>Guidance</p> <p>This field is imported from NBCCEDP data; missing values are recorded as '9 No answer recorded.'</p> <p>This race field should be populated before the fifth race field (3j: Race5).</p> <p>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).</p> <p>Additional edits</p> <p>See related cross edits for items 3e: Latino and 3f: Race1.</p>

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 B: Screening and Assessment MDE Specifications

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	Justification:	Right
	Length:	1	Beginning Position:	62
	Leading Zeros:	No	Valid Range:	See values; cannot be blank
	Other Format:	N/A		
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.			

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 B: Screening and Assessment MDE Specifications

Item 3l: Education	Education (highest grade completed)		
	This variable indicates the highest grade the participant completed.		
FORMAT	Type:	Numeric	Justification: Right
	Length:	2	Beginning Position: 64
	Leading Zeros:	No	Valid Range: See values; cannot be blank
	Other Format:	N/A	
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	<p>Guidance</p> <p>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.</p> <p>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.</p>		

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 B: Screening and Assessment MDE Specifications

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	Justification: Right
	Length:	1	Beginning Position: 74
	Leading Zeros:	No	Valid Range: See values; cannot be blank
	Other Format:	N/A	
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		

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.

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.'

Part B: Screening and Assessment MDE Specifications

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	Justification: Right
	Length:	1	Beginning Position: 75
	Leading Zeros:	No	Valid Range: See values; cannot be blank
	Other Format:	N/A	
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		

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.

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.'

Part B: Screening and Assessment MDE Specifications

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	<table border="0"> <tr> <td data-bbox="470 1297 779 1444">1 Yes</td> <td data-bbox="795 1297 1549 1444">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 <i>This response should indicate a diagnosis of diabetes beyond pregnancy</i></td> </tr> <tr> <td data-bbox="470 1451 779 1486">2 No</td> <td data-bbox="795 1451 1549 1486">Participant has never been told that she has diabetes</td> </tr> <tr> <td data-bbox="470 1493 779 1612">3 Yes - Gestational (pregnancy) diabetes only</td> <td data-bbox="795 1493 1549 1612">Participant has been told that she had gestational (pregnancy) diabetes but is not currently a diabetic <i>This response should indicate a diagnosis of diabetes only during pregnancy</i></td> </tr> <tr> <td data-bbox="470 1619 779 1722">7 Don't know</td> <td data-bbox="795 1619 1549 1722">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</td> </tr> </table>			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 <i>This response should indicate a diagnosis of diabetes beyond pregnancy</i>	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 <i>This response should indicate a diagnosis of diabetes only during pregnancy</i>	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
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 <i>This response should indicate a diagnosis of diabetes beyond pregnancy</i>										
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 <i>This response should indicate a diagnosis of diabetes only during pregnancy</i>										
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										

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.

	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.

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 B: Screening and Assessment MDE Specifications

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		

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.

this field as '1 Yes.'

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 B: Screening and Assessment MDE Specifications

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	Justification:	Right
	Length:	1	Beginning Position:	78
	Leading Zeros:	No	Valid Range:	See values; cannot be blank
	Other Format:	N/A		
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 <i>not</i> 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	<p>Guidance</p> <p>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.</p> <p>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.</p> <p>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.</p> <p>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.'</p>			

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 B: Screening and Assessment MDE Specifications

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	Justification:	Right
	Length:	1	Beginning Position:	79
	Leading Zeros:	No	Valid Range:	See values; cannot be blank
	Other Format:	N/A		
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 <i>not</i> 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	<p>Guidance</p> <p>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.</p> <p>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.</p> <p>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.</p> <p>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.'</p>			

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 B: Screening and Assessment MDE Specifications

Item 6c: FAMD	<p>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?</p> <p>This variable indicates whether the participant has a family history of diabetes.</p>			
FORMAT	<p>Type: Numeric</p> <p>Length: 1</p> <p>Leading Zeros: No</p> <p>Other Format: N/A</p>	<p>Justification: Right</p> <p>Beginning Position: 80</p> <p>Valid Range: See values; cannot be blank</p>		
DENOMINATOR POPULATION	<p>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'.)</p>			
VALUES AND DESCRIPTION	<p>1 Yes</p> <p>2 No</p> <p>7 Don't know</p> <p>8 Don't want to answer</p> <p>9 No answer recorded</p>	<p>Participant's parent, sibling, or child has been told that he/she has diabetes</p> <p>Participant's parent, sibling, and/or child has <i>not</i> been told that he/she has diabetes</p> <p>Participant does not know whether her parent, sibling, and/or child has been told that he/she has diabetes</p> <p>Participant does not want to answer whether her parents, sibling, and/or child has been told that he/she has diabetes</p> <p>No answer recorded</p> <p>The validation tool will flag this value as an error</p>		
ANALYSIS AND USE	<p>To identify and target participants who are at particularly high risk for diabetes</p> <p>To identify the risk of diabetes in the overall WISEWOMAN population</p>			
OTHER INFORMATION	<p>Guidance</p> <p>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.</p> <p>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.</p> <p>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.</p> <p>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.'</p>			

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 B: Screening and Assessment MDE Specifications

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: Length: Leading Zeros: Other Format:	Numeric 1 No N/A	Justification: Beginning Position: Valid Range:	Right 81 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	<table border="0"> <tr> <td data-bbox="479 680 792 701">1 Yes</td> <td data-bbox="802 680 1458 701">Participant is taking prescribed medication for high cholesterol</td> </tr> <tr> <td data-bbox="479 751 792 772">3 No</td> <td data-bbox="802 751 1495 772">Participant is not taking prescribed medication for high cholesterol</td> </tr> <tr> <td data-bbox="479 802 792 823">7 Don't know/Not sure</td> <td data-bbox="802 802 1533 886">Participant does not know whether she is taking prescribed medication for high cholesterol The validation program will flag this value for a quality check</td> </tr> <tr> <td data-bbox="479 907 792 928">8 Don't want to answer</td> <td data-bbox="802 907 1533 991">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</td> </tr> <tr> <td data-bbox="479 1012 792 1033">9 No answer recorded</td> <td data-bbox="802 1012 1308 1071">No answer recorded The validation tool will flag this value as an error</td> </tr> </table>				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
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	<p>To understand the cardiovascular disease risk factors of both individual participants and the overall WISEWOMAN population</p> <p>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</p> <p>To assess the control and management of cholesterol among participants who have high cholesterol</p>													
OTHER INFORMATION	<p>Guidance</p> <p>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.</p> <p>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.</p> <p>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.</p>													

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 B: Screening and Assessment MDE Specifications

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: Beginning Position:	Right 82 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 3 No 7 Don't know/Not sure 8 Don't want to answer 9 No answer recorded	Participant is taking prescribed medication for high blood pressure/hypertension Participant is not taking prescribed medication for high blood pressure/hypertension 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 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 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.		

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 B: Screening and Assessment MDE Specifications

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	Justification:	Right
	Length:	1	Beginning Position:	83
	Leading Zeros:	No	Valid Range:	See values; cannot be blank
	Other Format:	N/A		
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	<p>Guidance</p> <p>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.</p> <p>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.</p> <p>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.</p> <p>Additional edits</p> <p>See related cross edits for items 12b: Glucose and 12d: A1C.</p>			

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 B: Screening and Assessment MDE Specifications

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	Justification: Right
	Length:	1	Beginning Position: 84
	Leading Zeros:	No	Valid Range: See values; cannot be blank
	Other Format:	N/A	
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	<p>Guidance</p> <p>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.</p> <p>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.</p> <p>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.'</p>		

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 B: Screening and Assessment MDE Specifications

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	Justification: Right
	Length:	2	Beginning Position: 189*
	Leading Zeros:	Yes	Valid Range: See values; cannot be blank
	Other Format:	N/A	
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	

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.

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																	
Item 9b: Height	Height This variable indicates the participant's height in inches.																
FORMAT	<table><tr><td>Type:</td><td>Numeric</td><td>Justification:</td><td>Right</td></tr><tr><td>Length:</td><td>3</td><td>Beginning Position:</td><td>93</td></tr><tr><td>Leading Zeros:</td><td>No</td><td>Valid Range:</td><td>54-78; cannot be blank</td></tr><tr><td>Other Format:</td><td>N/A</td><td></td><td></td></tr></table>	Type:	Numeric	Justification:	Right	Length:	3	Beginning Position:	93	Leading Zeros:	No	Valid Range:	54-78; cannot be blank	Other Format:	N/A		
Type:	Numeric	Justification:	Right														
Length:	3	Beginning Position:	93														
Leading Zeros:	No	Valid Range:	54-78; cannot be blank														
Other Format:	N/A																
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	<table><tr><td>Height in inches</td><td>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</td></tr><tr><td>777 Unable to obtain</td><td>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</td></tr><tr><td>888 Client refused</td><td>Participant refuses to have her height measurement taken The validation tool will flag this value as an error</td></tr><tr><td>999 No measurement recorded</td><td>Height measurement was not performed The validation tool will flag this value as an error</td></tr></table>	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								
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.																

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.

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.

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 B: Screening and Assessment MDE Specifications

Item 9d: Weight	Weight This variable indicates the participant's weight in pounds.			
FORMAT	Type:	Numeric	Justification:	Right
	Length:	3	Beginning Position:	97
	Leading Zeros:	No	Valid Range:	75-460; cannot be blank
	Other Format:	N/A		
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.			

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 B: Screening and Assessment MDE Specifications

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	Justification:	Right
	Length:	8	Beginning Position:	101
	Leading Zeros:	Yes	Valid Range:	Valid date; must be blank if SBP1, DBP1, SBP2, and DBP2 all = 777, 888, 999
	Other Format:	MMDDCCYY		
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	<p>Guidance</p> <p>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.</p> <p>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.</p> <p>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.</p> <p>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.</p> <p>Cross edits</p>			

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.

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: BPPDATE = .

Additional edits

Blood pressure should have been measured on the current date or earlier.

Error: BPPDATE > [current date]

See related cross edits for items 3d: DOB, 11a: TCDate, 12a: BGDate, and 13b: BPPDiDate.

Part B: Screening and Assessment MDE Specifications

Item 10b: SBP1

Systolic Blood Pressure #1

This variable indicates the participant's first systolic blood pressure reading.

FORMAT

Type:	Numeric	Justification:	Right
Length:	3	Beginning Position:	109
Leading Zeros:	No	Valid Range:	74-260; cannot be blank
Other Format:	N/A		

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

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.

ANALYSIS AND USE	<p>To identify those at increased risk for cardiovascular conditions, including heart attack, heart failure, stroke, and kidney disease</p> <p>To identify participants who would benefit from lifestyle interventions</p> <p>To identify participants unaware that they have high blood pressure for referral to medical management</p> <p>To determine control and management of blood pressure</p> <p>To identify participants who require further diagnostic evaluation</p> <p>To identify hypertension risk of the WISEWOMAN population</p>
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OTHER INFORMATION	<p>Guidance</p> <p>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.</p> <p>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).</p> <p>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.</p> <p>Cross edits</p> <p>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.</p> <p><i>Error:</i> (SBP1 = 777, 888, or 999) AND (SBP2 ≠ 777, 888, or 999)</p> <p>Additional edits</p> <p>See related cross edits for items 10a: BPDate, 10c: DBP1, 13a: BPAAlert, and 13b: BPDiDate.</p>
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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 B: Screening and Assessment MDE Specifications

Item 10c: DBP1	Diastolic Blood Pressure #1		
	This variable indicates the participant's first diastolic blood pressure reading.		
FORMAT	Type:	Numeric	Justification: Right
	Length:	3	Beginning Position: 112
	Leading Zeros:	No	Valid Range: 2-156; cannot be blank
	Other Format:	N/A	
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	

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.

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: BDate, 13a: BAlert, and 13b: BPDiDate.

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Part B: Screening and Assessment MDE Specifications

Item 10d: SBP2	Systolic Blood Pressure #2			
	This variable indicates the participant's second systolic blood pressure reading.			
FORMAT	Type:	Numeric	Justification:	Right
	Length:	3	Beginning Position:	115
	Leading Zeros:	No	Valid Range:	74-260; cannot be blank
	Other Format:	N/A		
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.		

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.

Additional edits

See related cross edits for items 10a: BPDate, 10b: SBP1, 10e: DBP2, 13a: BPAAlert, and 13b: BPDiDate.

Part B: Screening and Assessment MDE Specifications

Item 10e: DBP2	Diastolic Blood Pressure #2 This variable indicates the participant's second diastolic blood pressure reading.																
FORMAT	<table border="0"><tr><td>Type:</td><td>Numeric</td><td>Justification:</td><td>Right</td></tr><tr><td>Length:</td><td>3</td><td>Beginning Position:</td><td>118</td></tr><tr><td>Leading Zeros:</td><td>No</td><td>Valid Range:</td><td>2-156; cannot be blank</td></tr><tr><td>Other Format:</td><td>N/A</td><td></td><td></td></tr></table>	Type:	Numeric	Justification:	Right	Length:	3	Beginning Position:	118	Leading Zeros:	No	Valid Range:	2-156; cannot be blank	Other Format:	N/A		
Type:	Numeric	Justification:	Right														
Length:	3	Beginning Position:	118														
Leading Zeros:	No	Valid Range:	2-156; cannot be blank														
Other Format:	N/A																
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	<table border="0"><tr><td>Diastolic blood pressure in mm Hg</td><td>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</td></tr><tr><td>777 Unable to obtain</td><td>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</td></tr><tr><td>888 Client refused</td><td>Participant refuses to have her second diastolic blood pressure measurement taken The validation tool will flag this value as an error</td></tr><tr><td>999 No measurement recorded</td><td>Second diastolic blood pressure measurement was not performed or not recorded The validation tool will flag this value as an error</td></tr></table>	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								
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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																
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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																

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.

**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: BPAAlert, and 13b: BPDiDate.

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 B: Screening and Assessment MDE Specifications

Item 11a: TCDate	Cholesterol Measurement Date		
	This variable indicates the date that the cholesterol measurements were taken.		
FORMAT	Type:	Numeric	Justification: Right
	Length:	8	Beginning Position: 121
	Leading Zeros:	Yes	Valid Range: Valid date; must be blank if TotChol, and HDL, LDL, and Trigly <i>all</i> = 888/8888 or 999/9999
	Other Format:	MMDDCCYY	
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	<p>Cross edits</p> <p>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.</p> <p><u>Error:</u> TCDATE = . AND (TOTCHOL, HDL, LDL, OR TRIGLY ≠ (888/8888, 999/9999))</p> <p>Additional edits</p> <p>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.</p> <p><u>Error:</u> TCDATE < [current date]</p> <p>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.</p> <p><u>Quality check:</u> TCDATE – BPPDATE >30 OR BPPDATE – TCDATE >30</p> <p>See related cross edits for item 13e: TCDiDate.</p>		

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 B: Screening and Assessment MDE Specifications

Item 11b: TotChol	Total Cholesterol (fasting or nonfasting)		
	This variable indicates the participant's total cholesterol level.		
FORMAT	Type:	Numeric	Justification: Right
	Length:	3	Beginning Position: 129
	Leading Zeros:	No	Valid Range: 44-702 mg/dL; cannot be blank
	Other Format:	N/A	
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		

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.

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: TCAAlert, and 13e: TCDate.

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 B: Screening and Assessment MDE Specifications

Item 11c: HDL	HDL Cholesterol (fasting or nonfasting)		
	This variable indicates the participant's HDL cholesterol level.		
FORMAT	Type:	Numeric	Justification: Right
	Length:	3	Beginning Position: 132
	Leading Zeros:	No	Valid Range: 7-196; cannot be blank
	Other Format:	N/A	
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	

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	888 Client refused	<p>Participant refuses to have her blood drawn for cholesterol measurements</p> <p>If the participant refuses to go to the lab, the participant can be considered to have refused</p> <p>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</p> <p>The validation program will flag this value for a quality check</p>
	999 No measurement recorded	<p>No HDL cholesterol measurement was taken or recorded</p> <p>The validation tool will flag this value as an error</p>
ANALYSIS AND USE	<p>To identify participants who are unaware that they have low HDL cholesterol and need preventive services or referral to medical management</p> <p>To assess the percentage of WISEWOMAN participants who have high cholesterol or borderline high cholesterol</p> <p>To assess the risk of the WISEWOMAN population for cardiovascular disease</p>	
OTHER INFORMATION	<p>Guidance</p> <p>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.</p> <p>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.</p> <p>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.</p> <p>Additional edits</p> <p>See related cross edits for items 11a: TCDate and 11f: TCFast.</p>	

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 B: Screening and Assessment MDE Specifications

Item 11d: LDL	LDL Cholesterol (fasting)			
	This variable indicates a fasting participant's LDL cholesterol level.			
FORMAT	Type:	Numeric	Justification:	Right
	Length:	3	Beginning Position:	135
	Leading Zeros:	No	Valid Range:	20-380; cannot be blank
	Other Format:	N/A		
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'.)			

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.

VALUES AND DESCRIPTION	LDL cholesterol in mg/dL	<p>Up to three-digit (numeric) value representing a fasting participant's LDL cholesterol in mg/dL</p> <p>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</p> <p>For <i>nonfasting</i> participants, the validation tool will flag any value in this field for a quality check</p> <p>Example: 90 mg/dL = 90</p>
	777 Inadequate blood sample	<p>LDL cholesterol measurement was attempted, but results were not obtained due to technical difficulties or errors</p> <p>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</p> <p>This response should be used for participants who were confirmed to be fasting, but their LDL cholesterol was unable to be obtained</p> <p>For <i>nonfasting</i> 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'</p>
	888 Client refused	<p>Participant refuses to receive a lipid panel that would include LDL measurements</p> <p>This response should be used for participants who were confirmed to be fasting, but refused a lipid panel</p> <p>For <i>nonfasting</i> 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'</p>
	999 No measurement recorded	<p>No LDL cholesterol measurement was taken or recorded</p> <p>Nonfasting participants should always have this value</p>
ANALYSIS AND USE	---	
OTHER INFORMATION	Guidance	<p>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.</p> <p>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.</p> <p>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.</p> <p>Cross edits</p> <p>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.</p> <p><i>Quality check:</i> (TCFAST ≠ 1 OR 6) AND LDL ≠ 999</p> <p>Additional edits</p> <p>See related cross edits for items 11a: TCDate and 11f: TCFast.</p>

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Part B: Screening and Assessment MDE Specifications

Item 11e: Trigly	Triglycerides (fasting)		
	This variable indicates a fasting participant's triglycerides measurement.		
FORMAT	Type:	Numeric	Justification: Right
	Length:	4	Beginning Position: 138
	Leading Zeros:	No	Valid Range: 12-3000; cannot be blank
	Other Format:	N/A	
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 <i>nonfasting</i> 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 <i>nonfasting</i> 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 <i>nonfasting</i> 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		

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.

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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.

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 B: Screening and Assessment MDE Specifications

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	Justification:	Right
	Length:	1	Beginning Position:	142
	Leading Zeros:	No	Valid Range:	See values; cannot be blank
	Other Format:	N/A		
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)	<p>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</p> <p>This value should be marked only if 11b: TotChol, 11c: HDL, 11d: LDL, and 11e: Trigly all are equal to 777/7777</p>		
	7 Don't know	<p>Participant states she does not know whether she fasted for at least nine hours prior to having blood drawn</p> <p>The validation tool will flag this value for a quality check</p>		
	8 Client refused	<p>Participant refuses blood work</p> <p>If a participant refuses to go to the lab, the participant can be considered to have refused blood work</p> <p>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</p> <p>This value should be marked only if 11b: TotChol, 11c: HDL, 11d: LDL, and 11e: Trigly all are equal to 888/8888</p> <p>The validation tool will flag this value for a quality check</p>		
	9 No answer recorded	<p>No answer recorded</p> <p>Provider failed to confirm fasting status or no information is available from the provider</p> <p>This value should be marked if 11b: TotChol, 11c: HDL, 11d: LDL, and 11e: Trigly all are equal to 999/9999</p> <p>The validation tool will flag this value for a quality check</p>		
ANALYSIS AND USE	To facilitate accurate identification of participants who have high cholesterol or borderline high cholesterol			

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.

**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 \neq 6 **AND** TOTCHOL, HDL, LDL, TRIGLY all = 777/7777) **OR** (TCFAST = 6 **AND** TOTCHOL, HDL, LDL, TRIGLY all \neq 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 \neq 8 **AND** TOTCHOL, HDL, LDL, TRIGLY all = 888/8888) **OR** (TCFAST = 8 **AND** TOTCHOL, HDL, LDL, TRIGLY all \neq 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 \neq 9 **AND** TOTCHOL, HDL, LDL, TRIGLY all = 999/9999

Additional edits

See related cross edits for items 11d: LDL and 11e: Trigly.

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 B: Screening and Assessment MDE Specifications

Item 12a: BGDate	Glucose Measurement Date			
	This variable indicates the date that the glucose or A1C measurements were taken.			
FORMAT	Type:	Numeric	Justification:	Right
	Length:	8	Beginning Position:	143
	Leading Zeros:	Yes	Valid Range:	Valid date; must be blank if Glucose and A1C = 666/6666, 888/8888, or 999/9999; may be blank if Glucose = 800
	Other Format:	MMDDCCYY		
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	<p>Cross edits</p> <p>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.</p> <p><i>Error:</i> BGDATE = . AND (GLUCOSE ≠ (666, 888, 999) OR A1C ≠ (6666, 8888, 9999))</p> <p>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.</p> <p><i>Quality check:</i> BGDATE – BPDATE >30 OR BPDATE – BGDATE >30</p> <p>Additional edits</p> <p>Glucose should have been measured on the current date or earlier.</p> <p><i>Error:</i> BGDATE < [current date]</p> <p>See related cross edits for item 13h: BGDIDate.</p>			

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 B: Screening and Assessment MDE Specifications

Item 12b: Glucose	Glucose (fasting or nonfasting)			
	This variable indicates the participant's glucose measurement.			
FORMAT	Type:	Numeric	Justification:	Right
	Length:	3	Beginning Position:	151
	Leading Zeros:	No	Valid Range:	37-571; cannot be blank
	Other Format:	N/A		
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		

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.

	<p>888 Client refused Participant refuses to have her blood drawn for glucose measurements</p> <p>If the participant refuses to go to the lab, the participant can be considered to have refused</p> <p>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</p> <hr/> <p>999 No measurement recorded No glucose measurement was taken or record</p>
ANALYSIS AND USE	<p>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</p> <p>To identify participants who have pre-diabetes and diabetes</p> <p>To understand the overall rate of diabetes among the WISEWOMAN population</p>
OTHER INFORMATION	<p>Guidance</p> <p>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.</p> <p>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.</p> <p>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.</p> <p>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.</p> <p>Cross edits</p> <p>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.</p> <p><u>Error:</u> GLUCOSE = 999 AND A1C = 9999 AND SRD = 2 AND DMEDS = 3</p> <p>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.</p> <p><u>Error:</u> (GLUCOSE = 666 OR GLUCOSE = 800) AND (SRD ≠ 1 AND DMEDS ≠ 1)</p> <p>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.</p> <p><u>Error:</u> GLUCOSE = 700 AND (A1C <2.8 OR A1C >16.2)</p> <p>Providers should attempt to measure either glucose or A1C (12d: A1C). If the participant refuses both a glucose and A1C measurement, the validation tool will flag this field for a quality check.</p> <p><u>Quality check:</u> GLUCOSE = 888 AND A1C = 8888</p> <p>Additional edits</p> <p>See related cross edits for items 12a: BGDate, 12c: BGFast, 13g: BGAlert, and 13h: BGDIDate.</p>

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 B: Screening and Assessment MDE Specifications

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	Justification:	Right
	Length:	1	Beginning Position:	154
	Leading Zeros:	No	Valid Range:	See values; cannot be blank
	Other Format:	N/A		
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	Guidance			

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.

INFORMATION

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

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 B: Screening and Assessment MDE Specifications

Item 12d: A1C	A1C Percentage This variable indicates the participant's A1C percentage (if measured).																
FORMAT	<table> <tr> <td>Type:</td> <td>Numeric</td> <td>Justification:</td> <td>Right</td> </tr> <tr> <td>Length:</td> <td>4</td> <td>Beginning Position:</td> <td>155</td> </tr> <tr> <td>Leading Zeros:</td> <td>No</td> <td>Valid Range:</td> <td>2.8-16.2; cannot be blank; decimal point counts as part of the length</td> </tr> <tr> <td>Other Format:</td> <td>N/A</td> <td></td> <td></td> </tr> </table>	Type:	Numeric	Justification:	Right	Length:	4	Beginning Position:	155	Leading Zeros:	No	Valid Range:	2.8-16.2; cannot be blank; decimal point counts as part of the length	Other Format:	N/A		
Type:	Numeric	Justification:	Right														
Length:	4	Beginning Position:	155														
Leading Zeros:	No	Valid Range:	2.8-16.2; cannot be blank; decimal point counts as part of the length														
Other Format:	N/A																
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	<table> <tr> <td>A1C percentage</td> <td>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)</td> </tr> <tr> <td>6666 No previous diagnosis of diabetes</td> <td>Participant has not previously been diagnosed with diabetes (5c: SRD ≠ 1 and 7c: DMeds ≠ 1), and A1C was not measured</td> </tr> <tr> <td>7777 Inadequate blood sample</td> <td>A1C measurement was attempted, but results were not obtained due to technical difficulties or errors</td> </tr> <tr> <td>8888 Client refused</td> <td>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</td> </tr> <tr> <td>9999 No measurement recorded</td> <td>No A1C measurement was taken or recorded</td> </tr> </table>	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						
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.																

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.

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.

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 B: Screening and Assessment MDE Specifications

Item 13a: BPAAlert	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	Justification: Right
	Length:	1	Beginning Position: 159
	Leading Zeros:	No	Valid Range: See values; cannot be blank
	Other Format:	N/A	
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	<p>Workup has been scheduled, but not yet performed</p> <p>This value is to be used only for internal program tracking purposes and would not be appropriate for submission to CDC</p> <p>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</p> <p>The validation tool will flag this value as an error</p>	
	2 Workup complete	<p>Workup for participant with alert blood pressure reading is complete</p> <p>For participants with this value who were not seen within seven days of the date of their blood pressure measurement (10a: BPDDate), programs should submit a written explanation related to efforts to ensure timely referral. See Appendix B for procedures for submitting this information</p>	
	3 Workup not medically indicated, client being treated	<p>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</p> <p>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</p>	
	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	

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.

	<p>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</p>
	<p>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 <i>Lost to follow-up</i> 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</p>
<p>ANALYSIS AND USE</p>	<p>To assess whether participants with alert blood pressure readings are receiving follow-up</p>
<p>OTHER INFORMATION</p>	<p>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 <i>or</i> 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.</p> <p>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 BPALEERT ≠ (2, 3, 8, 9) If average systolic or diastolic blood pressure is <i>not</i> 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 BPALEERT ≠ 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 BPALEERT ≠ 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 BPALEERT = (8, 9)</p> <p>Additional edits See related cross edit for item 13b: BPDiDate.</p>

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 B: Screening and Assessment MDE Specifications

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	Justification:	Right
	Length:	8	Beginning Position:	160
	Leading Zeros:	Yes	Valid Range:	Valid date; must be blank if BPAAlert = 6 or 7; cannot be blank if BPAAlert = 2, 3, 8, or 9
	Other Format:	MMDDCCYY		
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	<p>Guidance</p> <p>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.</p> <p>Only participants who are coded as having an alert blood pressure reading (13a: BPAAlert = '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.</p> <p>If a participant with an alert blood pressure value has a blood pressure workup status (13a: BPAAlert) coded as "2 Workup complete," this field must be completed with the date of the diagnostic exam.</p> <p>If a participant with an alert blood pressure value has a blood pressure workup status (13a: BPAAlert) 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.</p> <p>If a participant with an alert blood pressure value has a blood pressure workup status (13a: BPAAlert) coded as '8 Client refused workup,' this field should contain the date of refusal as defined by program protocol.</p> <p>If a participant with an alert blood pressure value has a blood pressure workup status (13a: BPAAlert) 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</p>			

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.

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: $((((SBP1 + SBP2)/2) > 180) \text{ OR } ((DBP1 + DBP2)/2) > 110) \text{ AND } BPALEERT = 2 \text{ AND } BPDIDATE = [\text{valid date}] \text{ AND } BPDATE = [\text{valid date}] \text{ AND } BPDIDATE < BPDATE$

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: $((((SBP1 + SBP2)/2) \leq 180) \text{ OR } ((DBP1 + DBP2)/2) \leq 110) \text{ AND } BPDIDATE = [\text{valid date}]$

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: $SBP1 = 777, 888, \text{ or } 999 \text{ AND } DBP1 = 777, 888, \text{ or } 999 \text{ AND } BPDIDATE = [\text{valid date}]$

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: $((((SBP1 + SBP2)/2) > 180) \text{ OR } ((DBP1 + DBP2)/2) > 110) \text{ AND } BPALEERT = 2 \text{ AND } BPDIDATE = [\text{valid date}] \text{ AND } BPDATE = [\text{valid date}] \text{ AND } BPDIDATE - BPDATE > 7$

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: $((((SBP1 + SBP2)/2) > 180) \text{ OR } ((DBP1 + DBP2)/2) > 110) \text{ AND } BPALEERT = 3 \text{ AND } (BPDIDATE = [\text{valid date}] \text{ AND } BPDATE = [\text{valid date}] \text{ AND } ((BPDIDATE - BPDATE) > 7) \text{ OR } BPDIDATE = .)$

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 B: Screening and Assessment MDE Specifications

Item 13d: TCAAlert	If TOTCHOL >400, what is the status of the workup?			
	This variable indicates the status of a participant's cholesterol workup.			
FORMAT	Type:	Numeric	Justification:	Right
	Length:	1	Beginning Position:	169
	Leading Zeros:	No	Valid Range:	See values; cannot be blank
	Other Format:	N/A		
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		

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.

	<p>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.</p> <p><i>Lost to follow-up</i> 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</p> <p>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</p> <p>The validation tool will flag this value as an error, but the error may be overwritten if acceptable documentation is submitted</p>
ANALYSIS AND USE	To assess whether participants with alert cholesterol readings are receiving follow-up
OTHER INFORMATION	<p>Guidance</p> <p>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.</p> <p>A participant is classified as having an alert cholesterol reading if her total cholesterol is greater than 400 mg/dL.</p> <p>Cross edits</p> <p>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.</p> <p><i>Error:</i> TOTCHOL >400 AND TCALERT ≠ (2, 3, 8, 9)</p> <p>If total cholesterol is <i>not</i> 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.</p> <p><i>Error:</i> TOTCHOL ≤400 AND TCALERT ≠ 6</p> <p>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.</p> <p><i>Error:</i> TOTCHOL = 777, 888, or 999 AND TCALERT ≠ 7</p> <p>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.</p> <p><i>Error:</i> TOTCHOL >400 AND TCALERT = (8, 9)</p> <p>Additional edits</p> <p>See related cross edits for item 13e: TCDiDate.</p>

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 B: Screening and Assessment MDE Specifications

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 TCAAlert = 6 or 7; cannot be blank if TCAAlert = 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	<p>Guidance</p> <p>A participant is classified as having an alert cholesterol reading if her total cholesterol is greater than 400 mg/dL.</p> <p>Only participants who are coded as having an alert total cholesterol reading (13d: TCAAlert = '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.</p> <p>If a participant with an alert cholesterol value has a cholesterol workup status (13d: TCAAlert) coded as "2 Workup complete," this field must be completed with the date of the diagnostic exam.</p> <p>If a participant with an alert total cholesterol value has a total cholesterol workup status (13d: TCAAlert) 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.</p> <p>If a participant with an alert total cholesterol value has a total cholesterol workup status (13d: TCAAlert) coded as '8 Client refused workup,' this field should contain the date of refusal as defined by program protocol.</p> <p>If a participant with an alert total cholesterol value has a total cholesterol workup status (13d: TCAAlert) 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.</p> <p>Cross edits</p> <p>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</p>		

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.

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 = .)

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 B: Screening and Assessment MDE Specifications

Item 13g: BGAAlert	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	Justification: Right
	Length:	1	Beginning Position: 179
	Leading Zeros:	No	Valid Range: See values; cannot be blank
	Other Format:	N/A	
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	

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.

	<p>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</p> <p><i>Lost to follow-up</i> 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</p> <p>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</p> <p>The validation tool will flag this value as an error, but the error may be overwritten if acceptable documentation is submitted</p>
<p>ANALYSIS AND USE</p>	<p>To assess whether participants with alert blood glucose readings are receiving follow-up</p>
<p>OTHER INFORMATION</p>	<p>Guidance</p> <p>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.</p> <p>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.</p> <p>Cross edits</p> <p>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.</p> <p><i>Error:</i> (GLUCOSE ≤50 OR GLUCOSE ≥275) AND BGALERT ≠ (2, 3, 8, 9)</p> <p>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.</p> <p><i>Error:</i> 50 < GLUCOSE <275 AND BGALERT ≠ 6</p> <p>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.</p> <p><i>Error:</i> GLUCOSE = 666, 700, 777, 800, 888, or 999 AND BGALERT ≠ 7</p> <p>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.</p> <p><i>Error:</i> (GLUCOSE ≤50 OR GLUCOSE ≥275) AND BGALERT = (8, 9)</p> <p>Additional edits</p> <p>See related cross edits for item 13h: BGDIDate.</p>

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 B: Screening and Assessment MDE Specifications

Item 13h: BGDIDate	If GLUCOSE \leq50 or GLUCOSE \geq275, Diagnostic Exam Date			
	This variable indicates the diagnostic exam date for a participant with an alert blood glucose reading.			
FORMAT	Type:	Numeric	Justification:	Right
	Length:	8	Beginning Position:	180
	Leading Zeros:	Yes	Valid Range:	Valid date; must be blank if BGAAlert = 6 or 7; cannot be blank if BGAAlert = 2, 3, 8, or 9
	Other Format:	MMDDCCYY		
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	<p>Guidance</p> <p>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.</p> <p>Only participants who are coded as having an alert blood glucose reading (13g: BGAAlert = '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.</p> <p>If a participant with an alert blood glucose value has a blood glucose workup status (13g: BGAAlert) 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.</p> <p>If a participant with an alert blood glucose value has a blood glucose workup status (13g: BGAAlert) coded as '8 Client refused workup,' this field should contain the date of refusal as defined by program protocol.</p> <p>If a participant with an alert blood glucose value has a blood glucose workup status (13g: BGAAlert) 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.</p> <p>Cross edits</p> <p>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.</p> <p>Error: (GLUCOSE \leq50 OR GLUCOSE \geq275) AND BGDIDATE = [valid date] AND BGDATE = [valid date] AND BGDIDATE < BGDATE AND BGAAlert = 2</p>			

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.

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 = .

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.