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OMB Number:	0920-0612
Expiration Date:	12/31/2018

WISEWOMAN Program

MDE Manual
Edition 9.03 revised

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1. INTRODUCTION

This WISEWOMAN MDE Manual was written to provide guidance on the collection and submission of minimum data elements (MDEs) for the Well-Integrated Screening and Evaluation for Women Across the Nation (WISEWOMAN) Program of the Centers for Disease Control and Prevention (CDC). The Program currently funds 21 grantees across the United States to improve cardiovascular health among low-income, underinsured, and uninsured women ages 40 to 64. Grantees are required to collect and report MDEs as part of standardized data reporting for the WISEWOMAN Program.[1] MDEs are used by CDC and its grantees to describe, monitor, and assess progress and performance.

This manual is for MDE Edition 9.03 revised, which has been approved for collection by the Federal Office of Management and Budget (OMB clearance #0920-0612, expiration 12/31/2018). MDE Edition 9.03 revised pertains to data collected under the cooperative agreement DP13-1302. Data for the 84 required MDEs can be separated into several categories: Administrative, Screening and Assessment, Risk Reduction Counseling, and Healthy Behavior Support Options.

The MDE manual includes information about technical specifications for the MDE variables included in each of the categories, guidance for their submission, and conventions for processing the data. Specifications for each MDE include variable name, format, definition, allowed values, description, and use for analysis. ***Please note that the format provided is relevant for data submitted by grantees for a six-month reporting period and the final analytic file generated by the data contractor may include a different format.*** Each variable is reported for a participant and their values compose the record for a unique woman. The manual is organized as follows:

- **Administrative MDE Specifications.** This category includes 9 MDE variables. It includes data about the grantee program, including its geography, provider sites, aggregate screenings, and unique IDs of women for tracking purposes.

- **Screening and Assessment MDE Specifications.** This category contains 56 required MDE variables. It includes data about participant demographics; cardiovascular health status and history; clinical assessment values; and treatment status.

- **Risk Reduction Counseling MDE Specifications.** This category contains 8 required MDE variables. It includes data about the risk reduction counseling received by participants and their readiness to change.

1 Throughout this document, capital “Program” refers to the CDC WISEWOMAN Program, and lower-case “program” refers to the CDC-funded state/tribal programs (grantees).

- **Healthy Behavior Support Options MDE Specifications.** This category contains 11 required MDE variables. It includes data about the Lifestyle Program/Health Coaching sessions available and received by participants as well as referrals to community-based tobacco cessation resources.

- **Appendix A—MDE Submission.** Data are required to be submitted semiannually. This appendix details important dates for each submission, grantee options for submission of data, the procedures for each type of submission option, and data confidentiality and security guidance.

- **Appendix B—Data Quality and Validation.** To promote high-quality, consistent data across grantees, several tools are provided for use by grantees prior to MDE submission and by CDC after submission. This appendix describes the various validation procedures that grantees can use prior to submission and that CDC uses to assess data quality. It also details the format and contents of data quality reports; error and quality check messages generated from the data validation; the data validation procedure; and forms. In addition, the method used to calculate error rates is provided.

- **Appendix C—Data Analysis and Use.** MDEs have several analytic purposes for CDC and grantees, including monitoring of program progress and performance; identification of areas for program improvement, data quality improvement, and technical assistance; and evaluation of program effect. This appendix describes the summary report format and the content produced and provided to grantees after each submission. It also discusses use of the data by CDC as well as potential ways in which grantees can use the data.

- **Appendix D—Technical Assistance Resources.** Several technical assistance resources are available to support grantees' MDE data collection and reporting. This appendix describes the various types of technical assistance resources that grantees may access, including one-on-one technical assistance, group trainings, documents, and tools available on the WISEWOMAN website. It also describes the process for requesting individual technical assistance and the response process for CDC and the data contractor.

- **Appendix E—MDE Crosswalk.** This manual represents Edition 9.03 revised of the WISEWOMAN MDE Manual, and this appendix provides a crosswalk of key changes between the edition of the manual (8.2) under the previous cooperative agreement and the current edition. Changes in Edition 9.03 revised reflect the shift in focus of the WISEWOMAN program under the new cooperative agreement toward risk reduction, hypertension control, and clinical-community linkages.

- **Appendix F—Performance Measures.** MDEs will be used to calculate six of seven of the Program's performance measures. This appendix provides a list of all Program performance measures, indicating which ones will be calculated using MDEs.

- **Appendix G – Examples from the American Heart Association's Life's Simple 7.** This appendix includes a supplemental handout with examples for MDE items from the American Heart Association's Life's Simple 7.

- **Appendix H – WISEWOMAN Health Risk Assessment MDE Elements.** This appendix includes a supplemental handout that outlines the criteria for a health risk assessment and the associated minimum data elements.

- **Appendix I —Other Documents and Communications.** This appendix is for use by grantees that have printed out a hard copy of the manual. It provides a place to insert data-related documents and communications that are not part of this manual and may come from CDC or the data contractor (such as a document containing frequently asked questions).

This manual is a living document that will be updated from time to time. When changes are made to it, CDC will notify grantees that the updated manual is available on the WISEWOMAN website [https://partner.cdc.gov/]. Grantees may choose to download and replace specific pages or sections with changes or download the entire updated manual.

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2. ADMINISTRATIVE MDE SPECIFICATIONS

This section provides grantees with the information necessary to support collection and reporting of administrative MDEs, which must be done according to the specifications provided in this section of the manual.

These variables provide key contextual information about the structure and operations of grantee program and are essential for tracking the services provided through the program. For each participant record, programs must provide the MDE edition used to collect the data and FIPS/ANSI code of the program. In addition, for the six-month submission period grantees must report for each participant the enrollment and screening site, the type of screening received, and unique participant ID. Missing or invalid values for these variables will be considered errors.

This section begins with a summary of the 9 required variables (Subsection a) and then provides the technical specifications for each variable (Subsection b).

a. Summary of Administrative MDEs

Item Number	Variable Name	Position	Possible Rounds of Collection[1]	Variable Label	Type
0a	MDEVer	1	1	MDE version	Numeric
1a	StFIPS	4	1	State/Tribal FIPS code	Character
1b	HdANSI	6	1	ANSI Geographic code (provider)	Character
1c	EnrollSiteID	11	1	Enrollment site ID	Character
1d	ScreenSiteID	16	1	Screening site ID	Numeric
2a	TimePer	26	1	Time period of screening	Numeric
2b	NScreen	27	1	Number of screening cycles received by the participant	Numeric
2c	Type	29	2	Type of screening visit	Numeric
3a	EncodeID	31	1	Unique participant ID number	Character

[1] Number of times the item may be collected during the screening cycle. For example, for an item with 2 possible rounds for data collection, a value may be provided at both baseline screening/rescreening and at follow-up assessment.

b. Administrative 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	**Other Format:**	N/A
	Item Length:	3	**Justification:**	Right
	Field Length:	3	**Beginning Position:**	1
	Leading Zeros:	No	**Valid Range**	See values; cannot be blank
	Static Field:	No		
SOURCE	Not applicable; WISEWOMAN-specific variable			
DENOMINATOR POPULATION	The denominator includes all WISEWOMAN participants with a valid baseline screening.			
VALUES AND DESCRIPTION	**904 MDE version 9.04**	MDE version 9.04 should be used to collect and report data associated with screening visits conducted using this version of the MDEs		
ANALYSIS AND USE	To verify the MDE version used to collect and report data the file			
OTHER INFORMATION	***Guidance*** A crosswalk table between version 8.2 and 9.00 is available in Appendix E. A valid record, at a minimum, includes participants with a valid blood pressure date (12a: BPDate) and valid values (as described on page 17 of this manual) for the following at baseline and rescreening visits: • Month and year of birth (3d); • Previous cardiovascular disease risk [high cholesterol, hypertension, diabetes, coronary heart disease/chest pain, heart attack, heart failure, stroke/TIA, vascular disease, or congenital heart defects (4a-4d)]; • Use of medications to lower cholesterol, blood pressure, or blood sugar (5a – 5c); • Diet [consumption of fruits, vegetables, fish, whole grains, and beverages with added sugar (7a-7e)]; • Physical activity [moderate and vigorous physical activity (8a and 8b)]; • Smoking status (9a); • Biometric screening measures [height and weight (11a and 11b), and first systolic blood pressure (12b), diastolic blood pressure (12c), total cholesterol (14b), and glucose (15b) or A1C (15c)] 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.			

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	**Other Format:**	N/A
	Item Length:	2	**Justification:**	Left
	Field Length:	2	**Beginning Position:**	4
	Leading Zeros:	Yes	**Valid Range:**	See values; cannot be blank
	Static Field:	Yes		
SOURCE	National FIPS Code List			
DENOMINATOR POPULATION	The denominator includes all WISEWOMAN participants with a valid baseline screening			

VALUES AND DESCRIPTION	
01 Alabama (AL)	Program administration located in Alabama
06 California (CA)	Program administration located in California
08 Colorado (CO)	Program administration located in Colorado
09 Connecticut (CT)	Program administration located in Connecticut
17 Illinois (IL)	Program administration located in Illinois
18 Indiana (IN)	Program administration located in Indiana
19 Iowa (IA)	Program administration located in Iowa
26 Michigan (MI)	Program administration located in Michigan
29 Missouri (MO)	Program administration located in Missouri
31 Nebraska (NE)	Program administration located in Nebraska
37 North Carolina (NC)	Program administration located in North Carolina
41 Oregon (OR)	Program administration located in Oregon
42 Pennsylvania (PA)	Program administration located in Pennsylvania
44 Rhode Island (RI)	Program administration located in Rhode Island
45 South Carolina (SC)	Program administration located in South Carolina
49 Utah (UT)	Program administration located in Utah
50 Vermont (VT)	Program administration located in Vermont
54 West Virginia (WV)	Program administration located in West Virginia
55 Wisconsin (WI)	Program administration located in Wisconsin
85 Southeast Alaska Regional Health Consortium (SEARHC)	Program administration located within the tribal area of SEARHC
92 Southcentral Foundation (SCF)	Program administration located 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 nationally and within a particular state or tribe
OTHER INFORMATION	***Guidance*** The state FIPS codes are the Federal Information Processing Standard codes developed by the National Institute of Standards and Technology. The tribal program codes are codes assigned by CDC to be used by tribal programs in lieu of FIPS. ***Additional edits*** Programs should always record the FIPS code for the state or tribe where their program is located. This may differ from the FIPS code for the participant's state or tribe of residence if the participant resides in a state or tribe different from where the program is located. Any FIPS code that is not the same as where the program is located will be flagged as an error.

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Item 1b: HdANSI	**ANSI Geographic Code (Provider)** This indicates the ANSI geographic code of the provider that conducts the WISEWOMAN screening office visit.			
FORMAT	**Type:**	Character	**Other Format:**	N/A
	Item Length:	5	**Justification:**	Left
	Field Length:	5	**Beginning Position:**	6
	Leading Zeros:	Yes	**Valid Range:**	Valid ANSI code
	Static Field:	No		
SOURCE	National ANSI Code List, Census Bureau			
DENOMINATOR POPULATION	The denominator includes all valid screenings			
VALUES AND DESCRIPTION	**ANSI Geographic Code**	Five-digit (character) value representing the geographic area of the provider that conducts the screening office visit		
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 provide information for GIS analysis To assist in identifying areas where there may be potential transportation barriers to accessing WISEWOMAN services			
OTHER INFORMATION	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. The first two digits of the provider ANSI geographic code should represent the state of the provider that conducts the screening office visit, and the last three digits should represent the provider's county.			

Item 1c: EnrollSiteID	**Enrollment Site ID** This variable indicates the site of a woman's enrollment into the WISEWOMAN Program.			
FORMAT	**Type:**	Character	**Other Format:**	N/A
	Item Length:	5	**Justification:**	Left
	Field Length:	5	**Beginning Position:**	11
	Leading Zeros:	N/A	**Valid Range:**	Valid ZIP code; cannot be blank
	Static Field:	Yes		
SOURCE	Not applicable; WISEWOMAN-specific variable			
DENOMINATOR POPULATION	The denominator includes all WISEWOMAN participants with a valid baseline screening			
VALUES AND DESCRIPTION	**Enrollment Site ID**	Valid five-digit ZIP code for the person administering enrollment of participant		
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	The enrollment site ID should be the ZIP code of the person who enrolls the participant. This may be the ZIP code for a provider site location if a provider conducts enrollment, or the ZIP code of the grantee location if the grantee conducts enrollment of the participant.			

Item 1d: ScreenSiteID	**Screening Site ID** This variable indicates the site where a woman received her WISEWOMAN screening.			
FORMAT	**Type:**	Numeric	**Other Format:**	N/A
	Item Length:	10	**Justification:**	**Right**
	Field Length:	10	**Beginning Position:**	16
	Leading Zeros:	N/A	**Valid Range:**	Valid code for a screening site; cannot be blank
	Static Field:	No		
SOURCE	National Provider Identifier			
DENOMINATOR POPULATION	The denominator includes all valid screenings			
VALUES AND DESCRIPTION	**Screening Site ID**	Value representing a National Provider Identifier for the provider who conducts the screening office visit		
ANALYSIS AND USE	To identify the geographic locations of sites providing screening services to participants To track the number of WISEWOMAN participants screened at each WISEWOMAN screening site To describe differences in participant demographics or other characteristics by screening site To provide information for GIS analysis To identify the number of screening providers in a given geographic area To identify provider pool for assessment of health systems and providers that use clinical systems of care successful in blood pressure control			

Item 2a: TimePer	**Time Period of Screening** This variable indicates the 6-month time period of the baseline screening for the participant.			
FORMAT	**Type:**	Numeric	**Other Format:**	N/A
	Item Length:	1	**Justification:**	Right
	Field Length:	1	**Beginning Position:**	26
	Leading Zeros:	No	**Valid Range:**	See values; cannot be blank if TYPE is 1 (baseline screening)
	Static Field:	Yes		
SOURCE	Not applicable; WISEWOMAN-specific variable			
DENOMINATOR POPULATION	The denominator includes all valid baseline screenings			
VALUES AND DESCRIPTION	**1 6-month period 1**	Baseline screening took place between 07/01/13 and 12/31/13		
	2 6-month period 2	Baseline screening took place between 01/01/14 and 06/30/14		
	3 6-month period 1	Baseline screening took place between 07/01/14 and 12/31/14		
	4 6-month period 2	Baseline screening took place between 01/01/15 and 06/30/15		
	5 6-month period 1	Baseline screening took place between 07/01/15 and 12/31/15		
	6 6-month period 2	Baseline screening took place between 01/01/16 and 06/30/16		
	7 6-month period 1	Baseline screening took place between 07/01/16 and 12/31/16		
	8 6-month period 2	Baseline screening took place between 01/01/17 and 06/30/17		
	9 6-month period 1	Baseline screening took place between 07/01/17 and 12/31/17		
	0 6-month period 2	Baseline screening took place between 01/01/18 and 06/30/18		
ANALYSIS AND USE	To track participants over the course of the cooperative agreement by their baseline screenings To track the number of unique participants programs have screened			
OTHER INFORMATION	***Guidance*** Time period of screening should be provided for a participant's baseline screening, only. This field is used to determine a unique participant for tracking purposes. Time period of baseline screening should be determined using blood pressure date (12a – BPDate). Time period of baseline screening should match with the date of baseline screening provided. For example, *Error:* IF TimePer =1 AND first BPDate ≠ 07/01/13 - 12/31/13 AND Type = 1			

Item 2b: NScreen	**Number of Screening Cycles Received by the Participant** This variable indicates the total number of screening cycles that the participant has received since the beginning of the cooperative agreement.			
FORMAT	**Type:**	Numeric	**Other Format:**	N/A
	Item Length:	2	**Justification:**	Right
	Field Length:	2	**Beginning Position:**	27
	Leading Zeros:	Yes	**Valid Range:**	Cannot be blank
	Static Field:	No		
SOURCE	Not applicable; WISEWOMAN-specific variable			
DENOMINATOR POPULATION	The denominator includes all WISEWOMAN participants with a valid baseline screening			
VALUES AND DESCRIPTION	**Number of Visits**	Value representing the number of screening cycles that the participant has received since the beginning of the cooperative agreement (includes current screening cycle). Any values outside 01 to 08 will be flagged for a quality check		
ANALYSIS AND USE	To track the number of screenings/rescreenings/follow-up assessments after a completed LSP/HC that the participant has received			
OTHER INFORMATION	***Guidance*** This field should include the number of screening cycles that the participant has received since the beginning of the cooperative agreement. A screening cycle will include the initial screening contact for the submission period (baseline screening or rescreening), one or more LSP/HC contacts as assigned at the screening, and a follow-up assessment contact (that is not also considered a rescreening) if follow-up occurred during or following completion of the LSP/HC program.			

Item 2c: Type	**Type of Screening Visit** This variable indicates whether the record represents a baseline screening visit, a rescreening visit, or a post-Lifestyle Program (LSP)/Health Coaching (HC) follow-up assessment.			
FORMAT	**Type:**	Numeric	**Other Format:**	N/A
	Item Length:	1	**Justification:**	Right
	Field Length:	2	**Beginning Position:**	29
	Leading Zeros:	No	See values; cannot be blank if BPDate is valid	
	Static Field:	No		
SOURCE	Not applicable; WISEWOMAN-specific variable			
DENOMINATOR POPULATION	The denominator includes all valid screenings			
VALUES AND DESCRIPTION	**1 Screening**	Record represents a baseline screening visit		
	2 Rescreening	Record represents a rescreening visit		
	3 Follow-up assessment – LSP/HC complete	Record represents a post-LSP/HC follow-up assessment with a complete LSP/HC		
	4 Follow-up assessment – LSP/HC incomplete	Record represents a post-LSP/HC follow-up assessment with an incomplete LSP/HC		
	9 No answer recorded	No answer recorded This value will be flagged as an error		
ANALYSIS AND USE	To assess the number of unique women served by the WISEWOMAN Program To track participants screening values over time To link baseline screenings with rescreenings To assess participants progress after completion of an LSP/HC			
OTHER INFORMATION	***Guidance*** Screenings, including baseline screenings or rescreenings should,at a minimum, include a valid blood pressure date (12a: BPDate) and valid values (as described on page 17 of this manual) for the following: • Month and year of birth (3d); • Previous cardiovascular disease risk [high cholesterol, hypertension, diabetes, coronary heart disease/chest pain, heart attack, heart failure, stroke/TIA, vascular disease, or congenital heart defects (4a-4d)]; • Use of medications to lower cholesterol, blood pressure, or blood sugar (5a – 5c); • Diet [consumption of fruits, vegetables, fish, whole grains, and beverages with added sugar (7a-7e)]; • Physical activity [moderate and vigorous physical activity (8a and 8b)]; • Smoking status (9a); • Biometric screening measures [height and weight (11a and 11b), and first systolic blood pressure (12b), diastolic blood pressure (12c), total cholesterol (14b), and glucose (15b) or A1C (15c)] Follow-up assessments should include, at minimum, a valid follow-up assessment date, as indicated by blood pressure date (12a: BPDate), and valid values (as described on page 18 of this manual) for the following services: • Use of medications to lower cholesterol, blood pressure, or blood sugar (5a – 5c); • Blood pressure self-monitoring (6a-6c – for participants with high blood pressure or previously diagnosed with hypertension (high blood pressure), only); • Diet [consumption of fruits, vegetables, fish, whole grains, and beverages with added sugar (7a-7e)]; • Physical activity [moderate and vigorous physical activity (8a-8b)]; • Smoking or exposure to secondhand smoke (9a-9b); • Quality of life (10a-10c) Rescreenings should occur between 11 and 18 months following the previous screening/rescreening. Post-LSP/HC follow-up assessments should occur within 4 weeks of LSP/HC completion.			

Item 3a: EncodeID	**Unique Participant ID Number** This variable indicates a woman's unique identification number.			
FORMAT	**Type:**	Character	**Other Format:**	N/A
	Item Length:	15	**Justification:**	Left
	Field Length:	15	**Beginning Position:**	31
	Leading Zeros:	N/A	**Valid Range:**	Cannot be blank
	Static Field:	Yes		
SOURCE	Not applicable; WISEWOMAN-specific variable			
DENOMINATOR POPULATION	The denominator includes all WISEWOMAN participants with a valid baseline screening			
VALUES AND DESCRIPTION	**Unique Participant ID Number**	Value representing the unique identifier for a participant		
ANALYSIS AND USE	To assess the number of unique women served by the WISEWOMAN Program To track participants over time To link baseline screenings with rescreenings To link screenings with risk reduction counseling, lifestyle programs, health coaching, and community-based resource referrals			
OTHER INFORMATION	***Guidance*** A participant's unique ID should not change over time. If it does change, the program should provide the data contractor and Project Officer with a list of IDs that have changed at the time of data submission and upload a crosswalk of the previous participant unique IDs to the new participant unique IDs (see Appendix B). If a participant's Social Security number is used as her unique ID, it must be encoded.			

3. SCREENING AND ASSESSMENT MDE SPECIFICATIONS

The purpose of this section is to provide grantees with the information necessary to support collection and reporting of Screening and Assessment MDEs, which must be done according to the specifications provided in this section of the manual. Valid records are determined by MDEs provided under the Screening and Assessment category.

A valid record, at a minimum, includes participants with a valid blood pressure date (12a: BPDate) and valid values for the following at baseline and rescreening visits:[2]

- Month and year of birth (3d);
- Previous cardiovascular disease risk [high cholesterol, hypertension, diabetes, coronary heart disease/chest pain, heart attack, heart failure, stroke/TIA, vascular disease, or congenital heart defects (4a-4d)];
- Use of medications to lower cholesterol, blood pressure, or blood sugar (5a – 5c);
- Diet [consumption of fruits, vegetables, fish, whole grains, and beverages with added sugar (7a-7e)];
- Physical activity [moderate and vigorous physical activity (8a and 8b)];
- Smoking status (9a);
- Biometric screening measures [height and weight (11a and 11b), and first systolic blood pressure (12b), diastolic blood pressure (12c), total cholesterol (14b), and glucose (15b) or A1C (15c)]

Grantees may report records that do not meet these screening requirements, but they will not be analyzed in data reports generated by CDC or counted toward screening goals unless additional documentation is provided.[3,4]

A Health Risk Assessment should, at a minimum, include:[5]

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2 Values left blank or coded as unable to obtain, refused, missing, or out of range are considered invalid values for the height variable and the first diastolic and systolic blood pressure measurement variables.
Values are considered invalid for the glucose variable if: (1) participant is fasting and glucose is left blank, coded as missing, or out of range; or (2) participant is not fasting. In both cases, the record will only be considered valid if the A1C variable is not left blank, coded as missing, or out of range.
Values left blank, coded as missing, or out of range are considered invalid values for consumption of fruit and vegetables variables, the weight variable, and the total cholesterol variable.
Values left blank or coded as missing are considered invalid values for health history variables for high cholesterol, hypertension, diabetes and heart health, medication status variables for cholesterol, blood pressure, and diabetes, consumption of fish, whole grains, and beverages with added sugar, the smoking status variable, and the moderate and vigorous exercise variables.
Values left blank are considered invalid values for month and year of birth and blood pressure date.

3 Screening goals are agreed upon between each grantee and CDC. The number of screenings used to assess progress toward meeting the screening goal is calculated as the number of records meeting minimum screening requirements (baseline, rescreening, and follow-up assessment after a completed LSP/HC). As part of CDC's performance assessment, programs must also provide evidence that they have met or exceeded 95 percent of their screening goal (performance measure #3).

4 If the program is unable to obtain or the participant refuses to allow measurements for height, weight, first blood pressure reading or to complete the personal assessment history, the program may choose to submit an explanation for this situation to be considered as an acceptable screening record. See Appendix B for additional information on this process.

5 Appendix H provides a summary of the criteria for a health risk assessment and the associated MDEs.

- Use of medications to lower cholesterol, blood pressure and diabetes (5a-5c)
- Medication adherence for participants taking medication to lower cholesterol, blood pressure, or blood sugar (5d-5f)
- Blood pressure self-monitoring [for participants with high blood pressure or previously diagnosed with hypertension [high blood pressure] only] (6a-6c)
- Diet [consumption of fruits, vegetables, fish, whole grains, beverages with added sugar, and sodium or salt intake (7a-7f)];
- Physical activity [moderate and vigorous physical activity (8a and 8b)];
- Smoking or exposure to secondhand smoke (9a-9b);
- Quality of life (10a-10c)

Follow-up assessments should include, at minimum, a valid follow-up assessment date, as indicated by blood pressure date (12a: BPDate), and valid values for the following services:[6]

- Use of medications to lower cholesterol, blood pressure, or blood sugar (5a – 5c);
- Blood pressure self-monitoring (6a-6c – for participants with high blood pressure or previously diagnosed with hypertension (high blood pressure), only);
- Diet [consumption of fruits, vegetables, fish, whole grains, and beverages with added sugar (7a-7e)];
- Physical activity [moderate and vigorous physical activity (8a-8b)];
- Smoking or exposure to secondhand smoke (9a-9b);
- Quality of life (10a-10c)

Grantees may report records that do not meet these follow-up requirements, but they will not be analyzed in data reports generated by CDC unless additional documentation is provided.

Below is a summary of the 56 required variables in the Screening and Assessment file (Subsection a). After the summary, the technical specifications for each variable are provided (Subsection b).

6 Values left blank, coded as missing, or out of range are considered invalid values for consumption of fruit and vegetables variables, the secondhand smoking exposure variable, and the quality of life variables.
Values left blank or coded as missing are considered invalid values for the medication status variables for cholesterol, blood pressure, and diabetes, consumption of fish, whole grains, and beverages with added sugar, the smoking status variable, the blood pressure self-monitoring variables, the moderate and vigorous exercise variables.

a. Summary of Screening and Assessment MDEs

Item Number	Variable Name	Position	Possible Rounds of Collection [1]	Variable Label	Type
3b	ResANSI	46	1	ANSI geographic code of residence	Character
3c	ZIP	51	1	ZIP code of residence	Character
3d	MYB	56	1	Month and year of birth	Numeric
3e	Latino	62	1	Hispanic or Latino origin	Numeric
3f	Race1	63	1	Race: first race	Numeric
3g	Race2	64	1	Race: second race	Numeric
3h	Education	65	1	Education (highest grade completed)	Numeric
3i	Language	66	1	What is the primary language spoken in your home?	Numeric
4a	SRHC	68	2	Do you have high cholesterol?	Numeric
4b	SRHB	70	2	Do you have hypertension (high blood pressure)?	Numeric
4c	SRD	72	2	Do you have diabetes? (either Type 1 or Type 2)	Numeric
4d	SRHA	74	2	Have you been diagnosed by a healthcare provider as having any of these conditions: coronary heart disease/chest pain, heart attack, heart failure, stroke/transient ischemic attack (TIA), vascular disease, or congenital heart defects?	Numeric
5a	HCMeds	76	2	Do you take medication to lower your cholesterol?	Numeric
5b	HBPMeds	78	2	Do you take medication to lower your blood pressure?	Numeric
5c	DMeds	80	2	Do you take medication to lower your blood sugar (for diabetes)?	Numeric
5d	HCAdhere	82	2	During the past 7 days, on how many days did you take prescribed medication to lower your cholesterol?	Numeric
5e	HBPAdhere	86	2	During the past 7 days, on how many days did you take prescribed medication (including diuretics/water pills) to lower your blood pressure?	Numeric

Item Number	Variable Name	Position	Possible Rounds of Collection [1]	Variable Label	Type
5f	DAdhere	90	2	During the past 7 days, on how many days did you take prescribed medication to lower blood sugar (for diabetes)?	Numeric
6a	BPHome	94	2	Do you measure your blood pressure at home or using other calibrated sources?	Numeric
6b	BPFreq	100	2	How often do you measure your blood pressure at home or using other calibrated sources?	Numeric
6c	BPSend	102	2	Do you regularly share blood pressure readings with a health care provider for feedback?	Numeric
7a	Fruit	104	2	How much fruit do you eat in an average day?	Numeric
7b	Vegetables	108	2	How many vegetables do you eat in an average day?	Numeric
7c	Fish	112	2	Do you eat two servings or more of fish weekly?	Numeric
7d	Grains	114	2	Do you eat 3 ounces or more of whole grains daily?	Numeric
7e	Sugar	116	2	Do you drink less than 36 ounces (450 calories) of beverages with added sugars weekly?	Numeric
7f	SaltWatch	118	2	Are you currently watching or reducing your sodium or salt intake?	Numeric
8a	PAMod	120	2	How much moderate physical activity do you get in a week?	Numeric
8b	PAVig	126	2	How much vigorous physical activity do you get in a week?	Numeric
9a	Smoker	132	2	Do you smoke? Includes cigarettes, pipes, or cigars (smoked tobacco in any form)	Numeric
9b	Sechand	134	2	About how many hours a day, on average, are you in the same room or vehicle with another person who is smoking?	Numeric

Item Number	Variable Name	Position	Possible Rounds of Collection [1]	Variable Label	Type
10a	QOLPH	138	2	Thinking about your physical health, which includes physical illness and injury, on how many days during the past 30 days was your physical health not good?	Numeric
10b	QOLMH	142	2	Thinking about your mental health, which includes stress, depression, and problems with emotions, on how many days during the past 30 days was your mental health not good?	Numeric
10c	QOLEffect	146	2	During the past 30 days, on about how many days did poor physical or mental health keep you from doing your usual activities, such as self-care, work, or recreation?	Numeric
11a	Height	150	1	Height, inches	Numeric
11b	Weight	152	2	Weight, pounds	Numeric
11c	Waist	158	2	Waist circumference, inches	Numeric
11d	Hip	162	2	Hip circumference, inches	Numeric
12a	BPDate	166	2	Blood pressure measurement date (office visit date)	Numeric
12b	SBP1	182	2	Systolic blood pressure #1, mmHg	Numeric
12c	DBP1	188	2	Diastolic blood pressure #1, mmHg	Numeric
12d	SBP2	194	2	Systolic blood pressure #2, mmHg	Numeric
12e	DBP2	200	2	Diastolic blood pressure #2, mmHg	Numeric
13a	Fast	206	2	Fasting status	Numeric
14a	TCDate	208	2	Cholesterol measurement date	Numeric
14b	TotChol	224	2	Total cholesterol (fasting or nonfasting), mg/dL	Numeric
14c	HDL	230	2	HDL cholesterol (fasting or nonfasting), mg/dL	Numeric
14d	LDL	236	2	LDL cholesterol (fasting only), mg/dL	Numeric
14e	Trigly	242	2	Triglycerides (fasting only), mg/dL	Numeric

Item Number	Variable Name	Position	Possible Rounds of Collection [1]	Variable Label	Type
15a	BGDate	250	2	Glucose/A1c measurement date	Numeric
15b	Glucose	266	2	Glucose (fasting only), mg/dL	Numeric
15c	A1C	272	2	A1C percentage	Numeric
16a	BPAlert	280	2	If average SBP >180 or DBP >110, what is the status of the workup?	Numeric
16b	BPDiDate	282	2	If average SBP >180 or DBP >110, workup date	Numeric
16c	BGAlert	298	2	If GLUCOSE ≤50 or GLUCOSE ≥250, what is the status of the workup?	Numeric
16d	BGDiDate	300	2	If GLUCOSE ≤50 or GLUCOSE ≥250, workup exam date	Numeric

[1] Number of times the item may be collected during the screening cycle. For example, for an item with 2 possible rounds of data collection, a value may be provided at both baseline screening/rescreening and at follow-up assessment.

b. Screening and Assessment MDE Specifications

Item 3b: ResANSI	**ANSI Geographic Code of Residence** This variable indicates the ANSI geographic code of residence of the WISEWOMAN participant.			
FORMAT	**Type:**	Character	**Other Format:**	N/A
	Item Length:	5	**Justification:**	Left
	Field Length:	5	**Beginning Position:**	46
	Leading Zeros:	Yes	**Valid Range:**	Valid ANSI code; cannot be blank
	Static Field:	No		
SOURCE	National ANSI Code List			
DENOMINATOR POPULATION	The denominator includes all WISEWOMAN participants with a valid baseline screening			
VALUES AND DESCRIPTION	**ANSI Geographic Code**	Value representing the participant's geographic area of residence		
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			
OTHER INFORMATION	***Guidance*** 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. The first two digits of the participant ANSI geographic code of residence should represent the state of residence for the participant, and the last three digits should represent the participant's county of residence. Both ANSI geographic area of residence and ZIP code of residence (3c: ZIP) are required. ZIP code of residence should correspond to the ANSI geographic code of residence, in that the ZIP code must represent a valid geographic area within the county. If a participant does not reside in the state where the program is located, the ANSI code from her actual state of residence should be recorded. ANSI geographic code of residence should be captured at the first screening visit of the submission period; if geographic code of residence changes during a submission period, the last code collected for the submission period should be recorded.			

Item 3c: ZIP	**ZIP Code of Residence** This variable indicates the participant's ZIP code of residence.			
FORMAT	**Type:**	Character	**Other Format:**	N/A
	Item Length:	5	**Justification:**	Left
	Field Length:	5	**Beginning Position:**	51
	Leading Zeros:	Yes	**Valid Range:**	Valid ZIP code; cannot be blank
	Static Field:	No		
SOURCE	National ZIP Code List			
DENOMINATOR POPULATION	The denominator includes all WISEWOMAN participants with a valid baseline screening			
VALUES AND DESCRIPTION	**ZIP Code of Residence**	Valid five-digit (character) ZIP code		
	99999	No ZIP code recorded This value will be flagged 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			
OTHER INFORMATION	***Guidance*** Both ANSI geographic code of residence (3b: ResANSI) and ZIP code of residence are required. ZIP code of residence should correspond to the county code of residence, in that the ZIP code must represent a valid geographic area within the county. ZIP code of residence must be recorded regardless of whether or not the woman resides in the same state as the program. This information will be used in conjunction with geographic code of residence to identify the area of residence for a woman. If a participant does not reside in the same state as the program, the ZIP code from her actual state of residence should be recorded. ZIP code of residence should be captured at the first screening visit of the submission period; if ZIP code of residence changes during a submission period, the last code collected for the submission period should be recorded.			

Item 3d: MYB	**Month and Year of Birth** This variable indicates the participant's month and year of birth.			
FORMAT	**Type:**	Numeric	**Other Format:**	MMCCYY date
	Item Length:	6	**Justification:**	Right
	Field Length:	6	**Beginning Position:**	56
	Leading Zeros:	Yes	**Valid Range:**	Valid date; cannot be blank
	Static Field:	Yes		
SOURCE	Not applicable; WISEWOMAN-specific variable			
DENOMINATOR POPULATION	The denominator includes all WISEWOMAN participants with a valid baseline screening			
VALUES AND DESCRIPTION	**Month and Year of Birth**	Month and Year of Birth in MMCCYY format Example: September 01, 1965 = 091965		
ANALYSIS AND USE	To estimate the age of the participant; age will be calculated using the month and year of birth and office visit date (BPDate) To assist in characterizing the population reached by the WISEWOMAN Program To provide data element required to determine participant's cardiovascular risk or risk score To assess whether the participants are within the Program's priority age group			
OTHER INFORMATION	***Guidance*** The priority population for the WISEWOMAN Program is women aged 40 to 64. Services provided to women outside the priority age range will be monitored by CDC. Month and year of birth at baseline screening or rescreening is required for a record to count as a valid record. If MYB is blank, the record will **not** count as a valid record, and the record will not count toward meeting a program's screening goal (performance measure #3).			

Item 3e: Latino	**Hispanic or Latino Origin** This variable indicates whether the participant is of Hispanic or Latino origin.			
FORMAT	**Type:**	Numeric	**Other Format:**	N/A
	Item Length:	1	**Justification:**	Right
	Field Length:	1	**Beginning Position:**	62
	Leading Zeros:	No	**Valid Range:**	See values; cannot be blank
	Static Field:	Yes		
SOURCE	United States Office of Management and Budget Guidelines			
DENOMINATOR POPULATION	The denominator includes all WISEWOMAN participants with a valid baseline screening			
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 This value will be flagged as an error		
ANALYSIS AND USE	To assess the race/ethnicity of WISEWOMAN participants To analyze screening, lifestyle programs, and other variables by ethnicity To assist in characterizing the population reached by the WISEWOMAN Program To provide data element required to determine participant's cardiovascular risk or risk score			
OTHER INFORMATION	***Guidance*** 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. ***Cross edits*** At least one race or Hispanic ethnicity should be reported. An error flag will occur if at least one race or Hispanic ethnicity is not reported. *Error:* LATINO, RACE1-RACE2 *all* = 9 If a participant is non-Hispanic, she should identify with at least one race. An error flag will occur if a non-Hispanic participant does not identify with at least one race. *Error:* LATINO = 2 **AND** RACE1-RACE2 *all* = 9			

Item 3f: Race1	**Race: First Race** This variable indicates a race with which the participant identifies.			
FORMAT	**Type:**	Numeric	**Other Format:**	N/A
	Item Length:	1	**Justification:**	Right
	Field Length:	1	**Beginning Position:**	63
	Leading Zeros:	No	**Valid Range:**	See values; cannot be blank
	Static Field:	Yes		
SOURCE	United States Census Bureau; United States Office of Management and Budget Guidelines			
DENOMINATOR POPULATION	The denominator includes all WISEWOMAN participants with a valid baseline screening			
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 programs, and other variables by race To assist in characterizing the population reached by the WISEWOMAN Program To provide data element required to determine participant's cardiovascular risk or risk score			
OTHER INFORMATION	***Guidance*** Codes and response options highlighted in gray should not appear on the data collection forms presented to participants. They are provided for funded program use only. If a participant identifies more than one race, one race is recorded here and other race she identifies is recorded in the subsequent race field (3g: Race2). ***Cross edits*** First race should always be recorded unless the participant identifies as Hispanic. In cases where the participant is Hispanic, first race is permitted to be unknown or not recorded. In all other cases where first race is unknown or not recorded, this field will be flagged as an error. *Error:* RACE1 = 9 **AND** LATINO ≠ 1 First race should be completed before the other race field. This field will be flagged as an error if it is unknown or not recorded, while the other race field contain values of '1 White,' '2 Black or African American,' '3 Asian,' '4 Native Hawaiian or other Pacific Islander,' or '5 American Indian or Alaska Native. *Error:* RACE1 = 9 **AND** RACE2 ≠ 9			
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	**Other Format:**	N/A
	Item Length:	1	**Justification:**	Right
	Field Length:	1	**Beginning Position:**	64
	Leading Zeros:	No	**Valid Range:**	See values; cannot be blank
	Static Field:	Yes		
SOURCE	United States Census Bureau; United States Office of Management and Budget Guidelines			
DENOMINATOR POPULATION	The denominator includes all WISEWOMAN participants with a valid baseline screening			
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 To understand and analyze screening, lifestyle programs, and other variables by race To assist in characterizing the population reached by the WISEWOMAN Program To provide data element required to determine participant's cardiovascular risk or risk score			
OTHER INFORMATION	***Guidance*** Codes and response options highlighted in gray should not appear on the data collection forms presented to participants. They are provided for funded program use only. If a participant identifies two races, one race is recorded in Race1 and a second race is recorded here.			

Item 3h: Education	**Education (highest grade completed)** This variable indicates the highest grade the participant completed.			
FORMAT	**Type:**	Numeric	**Other Format:**	N/A
	Item Length:	1	**Justification:**	Right
	Field Length:	1	**Beginning Position:**	65
	Leading Zeros:	No	**Valid Range:**	See values; cannot be blank
	Static Field:	No		
SOURCE	CDC Behavioral Risk Factor Surveillance System			
DENOMINATOR POPULATION	The denominator includes all WISEWOMAN participants with a valid baseline screening			
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/Not sure	Participant reports that she does not know the highest grade she completed This value will be flagged as a quality check		
	8 Don't want to answer	Participant does not want to answer the highest grade she completed This value will be flagged as a quality check		
	9 No answer recorded	Education information is missing for the participant This value will be flagged as an error		
ANALYSIS AND USE	To assess the educational attainment of women in the WISEWOMAN population To understand screening, lifestyle programs , and other variables by education status To help determine the literacy level needed for materials developed for recruitment, risk reduction counseling, lifestyle programs, health coaching, and community-based resources To assist in characterizing the population reached by the WISEWOMAN Program			
OTHER INFORMATION	***Guidance*** 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.			

Item 3i: Language	**What is the primary language spoken in your home?** This variable indicates the primary language spoken in the participant's home.			
FORMAT	**Type:**	Numeric	**Other Format:**	N/A
	Item Length:	2	**Justification:**	Right
	Field Length:	2	**Beginning Position:**	66
	Leading Zeros:	Yes	**Valid Range:**	See values; cannot be blank
	Static Field:	Yes		
SOURCE	National Survey of Children's Health			
DENOMINATOR POPULATION	The denominator includes all WISEWOMAN participants with a valid baseline screening			

VALUES AND DESCRIPTION	
01 English	Participant identifies English as the primary language spoken in her home
02 Spanish	Participant identifies Spanish as the primary language spoken in her home
03 Arabic	Participant identifies Arabic as the primary language spoken in her home
04 Chinese	Participant identifies Chinese as the primary language spoken in her home
05 French	Participant identifies French as the primary language spoken in her home
06 Italian	Participant identifies Italian as the primary language spoken in her home
07 Japanese	Participant identifies Japanese as the primary language spoken in her home
08 Korean	Participant identifies Korean as the primary language spoken in her home
09 Polish	Participant identifies Polish as the primary language spoken in her home
10 Russian	Participant identifies Russian as the primary language spoken in her home
11 Tagalog	Participant identifies Tagalog as the primary language spoken in her home
12 Vietnamese	Participant identifies Vietnamese as the primary language spoken in her home
13 Creole	Participant identifies Creole as the primary language spoken in her home
14 Portuguese	Participant identifies Portuguese as the primary language spoken in her home
15 Hmong	Participant identifies Hmong as the primary language spoken in her home
16 Other Language	Participant identifies another language as the primary language spoken in her home (write-in response)
88 Don't want to answer	Participant does not want to answer the primary language spoken in her home This value will be flagged as a quality check
99 No answer recorded	Primary language information is missing for the participant This value will be flagged as an error

ANALYSIS AND USE	To assess the primary language of women in the WISEWOMAN population To provide context to potential the health literacy issues To assist in characterizing the population reached by the WISEWOMAN Program
OTHER INFORMATION	***Guidance*** 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.

Item 4a: SRHC	**Do you have high cholesterol?** This variable indicates whether the participant has high cholesterol.			
FORMAT	**Type:**	Numeric	**Other Format:**	N/A
	Item Length:	1	**Justification:**	Right
	Field Length:	2	**Beginning Position:**	68
	Leading Zeros:	No	**Valid Range:**	See values; cannot be blank if TYPE is 1 or 2 (baseline screening or rescreening)
	Static Field:	No		
SOURCE	Not applicable; WISEWOMAN-specific variable			
DENOMINATOR POPULATION	The denominator includes all WISEWOMAN participants with a valid baseline screening			
VALUES AND DESCRIPTION	**1 Yes**	Participant has high cholesterol		
	2 No	Participant does not have high cholesterol		
	7 Don't know/Not sure	Participant does not know whether she has high cholesterol This value will be flagged as a quality check		
	8 Don't want to answer	Participant does not want to answer whether she has high cholesterol This value will be flagged as a quality check		
	9 No answer recorded	No answer recorded This value will be flagged as an error		
ANALYSIS AND USE	To understand the cardiovascular disease risk factors of individual participants and the overall WISEWOMAN population To assess the number of cases of high 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 To provide data element required to determine participant's Simple 7 cardiovascular risk score			
OTHER INFORMATION	***Guidance*** Codes and response options highlighted in gray should not appear on the data collection forms presented to participants. They are provided for funded program use only. Some programs may have access to participants' medical charts. In some cases, the medical chart may show that a participant's diagnosis for high blood cholesterol is inconsistent with her self-report. In these instances, if the medical record indicates that she has high blood cholesterol, the program should recode this field as '1 Yes.' Cholesterol history status at baseline screening or rescreening is required for a record to count as a valid record. If SRHC is blank or coded as ''9 No answer recorded,' the record will **not** count as a valid record, and the record will not count toward meeting a program's screening goal (performance measure #3).			

Item 4b: SRHB	**Do you have hypertension (high blood pressure)?** This variable indicates whether the participant has hypertension (high blood pressure).			
FORMAT	**Type:**	Numeric	**Other Format:**	N/A
	Item Length:	1	**Justification:**	Right
	Field Length:	2	**Beginning Position:**	70
	Leading Zeros:	No	**Valid Range:**	See values; cannot be blank if TYPE is 1 or 2 (baseline screening or rescreening)
	Static Field:	No		
SOURCE	Not applicable; WISEWOMAN-specific variable			
DENOMINATOR POPULATION	The denominator includes all WISEWOMAN participants with a valid baseline screening			
VALUES AND DESCRIPTION	**1 Yes**	Participant has hypertension (high blood pressure)		
	2 No	Participant does not have hypertension (high blood pressure)		
	7 Don't know/Not sure	Participant does not know whether she has hypertension (high blood pressure) This value will be flagged as a quality check		
	8 Don't want to answer	Participant does not want to answer whether she has hypertension (high blood pressure) This value will be flagged as a quality check		
	9 No answer recorded	No answer recorded This value will be flagged as an error		
ANALYSIS AND USE	To understand the cardiovascular disease risk factors of individual participants and the overall WISEWOMAN population To assess the number of cases of hypertension (high blood pressure) that have been previously diagnosed as opposed to newly detected cases among the WISEWOMAN population To assess control of and improvements in blood pressure for newly and previously diagnosed women To provide data element required to determine participant's Simple 7 cardiovascular risk score			
OTHER INFORMATION	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.' Hypertension history status at baseline screening or rescreening is required for a record to count as a valid record. If SRHB is blank or coded as ''9 No answer recorded,' the record will **not** count as a valid record, and the record will not count toward meeting a program's screening goal (performance measure #3).			

Item 4c: SRD	**Do you have diabetes? (either Type 1 or Type 2)** This variable indicates whether the participant has Type 1 or Type 2 diabetes.			
FORMAT	**Type:**	Numeric	**Other Format:**	N/A
	Item Length:	1	**Justification:**	Right
	Field Length:	2	**Beginning Position:**	72
	Leading Zeros:	No	**Valid Range:**	See values; cannot be blank if TYPE is 1 or 2 (baseline screening or rescreening)
	Static Field:	No		
SOURCE	American Heart Association Life's Simple 7			
DENOMINATOR POPULATION	The denominator includes all WISEWOMAN participants with a valid baseline screening			
VALUES AND DESCRIPTION	**1 Yes**	Participant has Type 1 or Type 2 diabetes		
	2 No	Participant does not have Type 1 or Type 2 diabetes		
	7 Don't know/Not sure	Participant does not know whether she has Type 1 or Type 2 diabetes This value will be flagged as a quality check		
	8 Don't want to answer	Participant does not want to answer whether she has Type 1 or Type 2 diabetes This value will be flagged as a quality check		
	9 No answer recorded	No answer recorded This value will be flagged as an error		
ANALYSIS AND USE	To understand the cardiovascular disease risk factors of 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 control of and improvements in diabetes for newly and previously diagnosed women To provide data element required to determine participant's Simple 7 cardiovascular risk score			
OTHER INFORMATION	***Guidance*** 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.' Diabetes history status at baseline screening or rescreening is required for a record to count as a valid record. If SRD is blank or coded as ''9 No answer recorded,' the record will **not** count as a valid record, and the record will not count toward meeting a program's screening goal (performance measure #3).			

Item 4d: SRHA	**Have you been diagnosed by a healthcare provider as having any of these conditions: coronary heart disease/chest pain, heart attack, heart failure, stroke/transient ischemic attack (TIA), vascular disease, or congenital heart defects?** This variable indicates whether the participant has ever been diagnosed by a healthcare provider as having coronary heart disease/chest pain, heart attack, heart failure, stroke/TIA, vascular disease, or congenital heart defects.			
FORMAT	**Type:**	Numeric	**Other Format:**	N/A
	Item Length:	1	**Justification:**	Right
	Field Length:	2	**Beginning Position:**	74
	Leading Zeros:	No	**Valid Range:**	See values; cannot be blank if TYPE is 1 or 2 (baseline screening or rescreening)
	Static Field:	No		
SOURCE	American Heart Association Life's Simple 7			
DENOMINATOR POPULATION	The denominator includes all WISEWOMAN participants with a valid baseline screening			
VALUES AND DESCRIPTION	**1 Yes**	Participant has been diagnosed by a healthcare provider as having coronary heart disease/chest pain, heart attack, heart failure, stroke/TIA, vascular disease, or congenital heart defects		
	2 No	Participant has never been diagnosed by a healthcare provider as having coronary heart disease/chest pain, heart attack, heart failure, stroke/TIA, vascular disease, or congenital heart defects		
	7 Don't know/Not sure	Participant does not know whether she has been diagnosed by a healthcare provider as having coronary heart disease/chest pain, heart attack, heart failure, stroke/TIA, vascular disease, or congenital heart defects This value will be flagged as a quality check		
	8 Don't want to answer	Participant does not want to answer whether she has been diagnosed by a healthcare provider as having coronary heart disease/chest pain, heart attack, heart failure, stroke/TIA, vascular disease, or congenital heart defects This value will be flagged as a quality check		
	9 No answer recorded	No answer recorded This value will be flagged as an error		
ANALYSIS AND USE	To understand the history of cardiovascular disease among individual participants and the overall WISEWOMAN population To assess the number of participants who have been previously diagnosed as having cardiovascular disease To provide data element required to determine participant's Simple 7 cardiovascular risk score			
OTHER INFORMATION	***Guidance*** Codes and response options highlighted in gray should not appear on the data collection forms presented to participants. They are provided for funded program use only. Some programs may have access to participants' medical charts. In some cases, the medical chart may show that a participant's diagnosis for heart attack (also called myocardial infarction), angina, coronary heart disease, or stroke is inconsistent with her self-report. In these instances, if the medical record indicates that she has had any one of these conditions, the program should recode this field as '1 Yes.' Heart attack (also called myocardial infarction), angina, coronary heart disease, or stroke history status at baseline screening or rescreening is required for a record to count as a valid record. If SRHA is blank or coded as ''9 No answer recorded,' the record will **not** count as a valid record, and the record will not count toward meeting a program's screening goal (performance measure #3).			

Item 5a: HCMeds	**Do you take medication to lower your cholesterol?** This variable indicates whether the participant takes medication to lower her cholesterol.			
FORMAT	**Type:**	Numeric	**Other Format:**	N/A
	Item Length:	1	**Justification:**	Right
	Field Length:	2	**Beginning Position:**	76
	Leading Zeros:	No	**Valid Range:**	See values; cannot be blank
	Static Field:	No		
SOURCE	American Heart Association Life's Simple 7			
DENOMINATOR POPULATION	The denominator includes WISEWOMAN participants with high cholesterol or previously diagnosed with high cholesterol			
VALUES AND DESCRIPTION	**1 Yes**	Participant is taking medication to lower her cholesterol		
	2 No	Participant is not taking medication to lower her cholesterol		
	3 No – Could not obtain medication	Participant is not taking medication to lower her cholesterol because she could not obtain the medication (e.g., could not obtain due to cost of medication, could not obtain due to expired prescription, could not obtain due to problems getting the prescription filled because of lack of transportation or access to a pharmacy)		
	5 Not Applicable	This question is not applicable for the patient because she has never been diagnosed with high cholesterol, either because she does not have high cholesterol (as assessed with a measurement at screening/ rescreening) or because she reports that she has never been diagnosed with high cholesterol (as assessed with self-report at screening/ rescreening).		
	7 Don't know/Not sure	Participant does not know whether she is taking medication to lower her cholesterol This value will be flagged as a quality check		
	8 Don't want to answer	Participant does not want to answer whether she is taking medication to lower her cholesterol This value will be flagged as a quality check		
	9 No answer recorded	No answer recorded This value will be flagged as an error		
ANALYSIS AND USE	To understand the cardiovascular disease risk factors of individual participants and the overall WISEWOMAN population To assess the number of cases of high cholesterol that have been previously diagnosed as opposed to newly detected cases among the WISEWOMAN population To assess the control and management of cholesterol among participants who have high cholesterol To assist in assessment of adherence to medication for high cholesterol To provide data element required to determine participant's Simple 7 cardiovascular risk score			
OTHER INFORMATION	***Guidance*** Codes and response options highlighted in gray should not appear on the data collection forms presented to participants. They are provided for funded program use only. If a participant reports that she doesn't know whether she is taking medication for high cholesterol or doesn't want to answer whether she is taking medication for high cholesterol, programs should have a discussion with her to verify the response. High cholesterol medication adherance status at baseline screening or rescreening is required for a record to count as a valid record. If HCMeds is blank or coded as "9 No answer recorded,' the record will **not** count as a valid record, and the record will not count toward meeting a program's screening goal (performance measure #3). ***Cross edits*** If participant does not have high cholesterol or reports that she has never been diagnosed with high cholesterol, a response of Not Applicable should be provided. Otherwise, this field will be flagged as a quality check. *Quality Check*: HCMeds ≠ 5 **AND** SRHC ≠ 1 **AND** TOTCHOL< 240			

Item 5b: HBPMeds	**Do you take medication to lower your blood pressure?** This variable indicates whether the participant is taking medication to lower her blood pressure.			
FORMAT	**Type:**	Numeric	**Other Format:**	N/A
	Item Length:	1	**Justification:**	Right
	Field Length:	2	**Beginning Position:**	78
	Leading Zeros:	No	**Valid Range:**	See values; cannot be blank
	Static Field:	No		
SOURCE	American Heart Association Life's Simple 7			
DENOMINATOR POPULATION	The denominator includes WISEWOMAN participants with high blood pressure or previously diagnosed with hypertension (high blood pressure)			
VALUES AND DESCRIPTION	**1 Yes**	Participant is taking medication to lower her blood pressure		
	2 No	Participant is not taking medication to lower her blood pressure		
	3 No – Could not obtain medication	Participant is not taking medication to lower her blood pressure because she could not obtain the medication (e.g., could not obtain due to cost of medication, could not obtain due to expired prescription, could not obtain due to problems getting the prescription filled because of lack of transportation or access to a pharmacy)		
	5 Not Applicable	This question is not applicable for the patient because she has never been diagnosed with high blood pressure, either because she does not have high blood pressure (as assessed with a measurement at screening/ rescreening) or because she reports that she has never been diagnosed with high blood pressure (as assessed with self-report at screening/ rescreening).		
	7 Don't know/Not sure	Participant does not know whether she is taking medication to lower her blood pressure This value will be flagged as a quality check		
	8 Don't want to answer	Participant does not want to answer whether she is taking medication to lower her blood pressure This value will be flagged as a quality check		
	9 No answer recorded	No answer recorded This value will be flagged as an error		
ANALYSIS AND USE	To understand the cardiovascular disease risk factors of individual participants and the overall WISEWOMAN population To assess the number of cases of hypertension (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 hypertension (high blood pressure) among participants who have hypertension (high blood pressure) To assist in assessment of adherence to medication for hypertension (high blood pressure) To provide data element required to determine participant's Simple 7 cardiovascular risk score			
OTHER INFORMATION	***Guidance*** 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. High blood pressure medication adherence status at baseline screening or rescreening is required for a record to count as a valid record. If HBMeds is blank or coded as ''9 No answer recorded,' the record will **not** count as a valid record, and the record will not count toward meeting a program's screening goal (performance measure #3). ***Cross edits*** If participant does not have high blood pressure or reports that she has never been diagnosed with high blood pressure (hypertension), a response of Not Applicable should be provided. Otherwise, this field will be flagged as a quality check. *Quality Check*: HBPMeds ≠ 5 **AND** SRHB ≠ 1 **AND** (((SBP1 + SBP2)/2) < 140 **AND** ((DBP1 + DBP2)/2) < 90)			

Item 5c: DMeds	**Do you take medication to lower your blood sugar (for diabetes)?** This variable indicates whether the participant is taking medication to lower her blood sugar for diabetes.			
FORMAT	**Type:**	Numeric	**Other Format:**	N/A
	Item Length:	1	**Justification:**	Right
	Field Length:	2	**Beginning Position:**	80
	Leading Zeros:	No	**Valid Range:**	See values; cannot be blank
	Static Field:	No		
SOURCE	American Heart Association Life's Simple 7			
DENOMINATOR POPULATION	The denominator includes WISEWOMAN participants with high levels of blood glucose (fasting) or A1C or previously diagnosed with diabetes			

VALUES AND DESCRIPTION	
1 Yes	Participant is taking medication to lower her blood sugar for diabetes
2 No	Participant is not taking medication to lower her blood sugar for diabetes
3 No – Could not obtain medication	Participant is not taking medication to lower her blood sugar for diabetes because she could not obtain the medication (e.g., could not obtain due to cost of medication, could not obtain due to expired prescription, could not obtain due to problems getting the prescription filled because of lack of transportation or access to a pharmacy)
5 Not Applicable	This question is not applicable for the patient because she has never been diagnosed with high blood sugar for diabetes, either because she does not have high blood sugar or diabetes (as assessed with a measurement at screening/ rescreening) or because she reports that she has never been diagnosed with high blood sugar or diabetes (as assessed with self-report at screening/ rescreening).
7 Don't know/Not sure	Participant does not know whether she is taking medication to lower her blood sugar for diabetes This value will be flagged as a quality check
8 Don't want to answer	Participant does not want to answer whether she is taking medication to lower her blood sugar for diabetes This value will be flagged as a quality check
9 No answer recorded	No answer recorded This value will be flagged as an error

ANALYSIS AND USE	To understand the cardiovascular disease risk factors of 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 To assist in assessment of adherence to medication for diabetes To provide data element required to determine participant's Simple 7 cardiovascular risk score
OTHER INFORMATION	***Guidance*** Codes and response options highlighted in gray should not appear on the data collection forms presented to participants. They are provided for funded program use only. If a participant reports that she doesn't know whether she is taking medication for diabetes or doesn't want to answer whether she is taking medication for diabetes, programs should have a discussion with the participant to verify the response. Diabetes medication adherence status at baseline screening or rescreening is required for a record to count as a valid record. If DMeds is blank or coded as "9 No answer recorded," the record will **not** count as a valid record, and the record will not count toward meeting a program's screening goal (performance measure #3). ***Cross edits*** If participant does not have high levels of blood glucose (fasting) or A1C or reports that she has never been diagnosed with diabetes, a response of Not Applicable should be provided. Otherwise, this field will be flagged as a quality check. *Quality Check*: DMeds ≠ 5 **AND** SRD ≠ 1 **AND** (GLUCOSE < 126) **AND** A1C < 6.5

Item 5d: HCAdhere	**During the past 7 days, on how many days did you take prescribed medication to lower your cholesterol?** This variable indicates the number of days out of the past 7 days, including the day of the screening, that the participant took prescribed medication to lower her cholesterol.			
FORMAT	**Type:**	Numeric	**Other Format:**	N/A
	Item Length:	2	**Justification:**	Right
	Field Length:	4	**Beginning Position:**	82
	Leading Zeros:	Yes	**Valid Range:**	00 - 07; cannot be blank
	Static Field:	No		
SOURCE	Adapted from National Survey of Children's Health			
DENOMINATOR POPULATION	The denominator includes WISEWOMAN participants taking medication to lower cholesterol			
VALUES AND DESCRIPTION	**Number of days**	A two-digit (numeric) value indicating the number of days out of the past 7 days, including the day of the screening, that the participant took prescribed medication to lower her cholesterol Any value outside the valid range (00 – 07) will be considered an error Example: 2 days = 02		
	00 None	In the past 7 days, including the day of the screening, the participant did not take prescribed medication to lower her cholesterol		
	55 Not Applicable	This question is not applicable for the patient because she has never been diagnosed with high cholesterol and/or has indicated that she does not take medication for high cholesterol		
	77 Don't know/Not sure	Participant is not sure whether she took prescribed medication to lower her cholesterol during the past 7 days including the day of the screening This value will be flagged as a quality check		
	88 Don't want to answer	Participant did not want to answer whether she took prescribed medication to lower her cholesterol during the past 7 days, including the day of the screening This value will be flagged as a quality check		
	99 No answer recorded	No answer recorded This value will be flagged as an error		
ANALYSIS AND USE	To facilitate assessment of adherence to medication prescribed for high cholesterol To assist in determining high cholesterol management and control			
OTHER INFORMATION	***Guidance*** 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. ***Cross edits*** If participant reports that she does not takes medication to lower cholesterol, a response of Not Applicable should be provided. Otherwise, this field will be flagged as an error. *Error*: HCMeds ≠ 1 **AND** HCAdhere ≠ 55 A valid response should be provided for participants with elevated cholesterol who are taking medication to lower their cholesterol. Otherwise, this field will be flagged as an error. *Error*: HCMeds = 1 **AND** HCAdhere = 55			

Item 5e: HBPAdhere	**During the past 7 days, on how many days did you take prescribed medication (including diuretics/water pills) to lower your blood pressure?** This variable indicates the number of days out of the past 7 days, including the day of the screening, that the participant took prescribed medication (including diuretics/water pills) to lower her blood pressure.			
FORMAT	**Type:**	Numeric	**Other Format:**	N/A
	Item Length:	2	**Justification:**	Right
	Field Length:	4	**Beginning Position:**	86
	Leading Zeros:	Yes	**Valid Range:**	00 - 07; cannot be blank
	Static Field:	No		
SOURCE	Adapted from National Survey of Children's Health			
DENOMINATOR POPULATION	The denominator includes WISEWOMAN participants taking medication to lower blood pressure			
VALUES AND DESCRIPTION	**Number of days**	A two-digit (numeric) value indicating the number of days out of the past 7 days, including the day of screening, that the participant took prescribed medication (including diuretics/water pills) to lower her blood pressure Any value outside the valid range (00 – 07) will be considered an error Example: 2 days = 02		
	00 None	In the past 7 days, including the day of screening, the participant did not take prescribed medication (including diuretics/water pills) to lower her blood pressure		
	55 Not Applicable	This question is not applicable for this patient because she has never been diagnosed with hypertension (high blood pressure) and/or has indicated that she does not take medication for high blood pressure/hypertension		
	77 Don't know/Not sure	Participant is not sure whether she took prescribed medication (including diuretics/water pills) to lower her blood pressure during the past seven days including the day of screening This value will be flagged as a quality check		
	88 Don't want to answer	Participant did not want to answer whether she prescribed medication (including diuretics/water pills) to lower her blood pressure during the past seven days including the day of screening This value will be flagged as a quality check		
	99 No answer recorded	No answer recorded This value will be flagged as an error		
ANALYSIS AND USE	To facilitate assessment of adherence to medication prescribed for hypertension (high blood pressure) To assist in determining hypertension (high blood pressure) prevention, management, and control			
OTHER INFORMATION	***Guidance*** 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. ***Cross edits*** If participant reports that she does not takes medication to lower blood pressure, a response of Not Applicable should be provided. Otherwise, this field will be flagged as an error. *Error*: HBPMeds ≠ 1 **AND** HBPAdhere ≠ 55 A valid response should be provided for participants with elevated blood pressure who are taking medication to lower their blood pressure. Otherwise, this field will be flagged as an error. *Error*: HBPMeds = 1 **AND** HBPAdhere = 55			

Item 5f: DAdhere	**During the past 7 days, on how many days did you take prescribed medication to lower blood sugar (for diabetes)?** This variable indicates the number of days out of the past 7 days, including the day of the screening, that the participant took prescribed medication to lower her blood sugar (for diabetes).			
FORMAT	**Type:**	Numeric	**Other Format:**	N/A
	Item Length:	2	**Justification:**	Right
	Field Length:	4	**Beginning Position:**	90
	Leading Zeros:	Yes	**Valid Range:**	00 - 07; cannot be blank
	Static Field:	No		
SOURCE	Adapted from National Survey of Children's Health			
DENOMINATOR POPULATION	The denominator includes WISEWOMAN participants prescribed taking took prescribed medication to lower blood sugar			
VALUES AND DESCRIPTION	**Number of days**	A two-digit (numeric) value indicating the number of days out of the past 7 days, including the day of screening, that the participant took prescribed medication to lower her blood sugar (for diabetes) Any value outside the valid range (00 – 07) will be considered an error Example: 2 days = 02		
	00 None	In the past 7 days, including the day of screening, the participant did not take prescribed medication to lower her blood sugar (for diabetes)		
	55 Not Applicable	This question is not applicable for this patient because she has never been diagnosed with high blood sugar (for diabetes) and/or has indicated that she does not take medication for high blood sugar/diabetes		
	77 Don't know/Not sure	Participant is not sure whether she took prescribed medication to lower her blood sugar (for diabetes) during the past seven days including the day of screening This value will be flagged as a quality check		
	88 Don't want to answer	Participant did not want to answer whether she took prescribed medication to lower her blood sugar (for diabetes) during the past seven days including the day of screening This value will be flagged as a quality check		
	99 No answer recorded	No answer recorded This value will be flagged as an error		
ANALYSIS AND USE	To facilitate assessment of adherence to medication prescribed for diabetes To assist in determining diabetes control and management			
OTHER INFORMATION	***Guidance*** 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. ***Cross edits*** If participant reports that she does not takes medication for diabetes, a response of Not Applicable should be provided. Otherwise, this field will be flagged as an error. *Error*: DMeds ≠ 1 **AND** DAdhere ≠ 55 A valid response should be provided for participants with who are taking medication for diabetes. Otherwise, this field will be flagged as an error. *Error*: DMeds = 1 **AND** DAdhere = 55			

Item 6a: BPHome	**Do you measure your blood pressure at home or using other calibrated sources?** This variable indicates whether the participant monitors her blood pressure at home or using other calibrated sources (select all response options that apply).			
FORMAT	**Type:**	Numeric	**Other Format:**	N/A
	Item Length:	3	**Justification:**	Right
	Field Length:	6	**Beginning Position:**	94
	Leading Zeros:	Yes	**Valid Range:**	See values; cannot be blank
	Static Field:	No		
SOURCE	HealthStyles Survey			
DENOMINATOR POPULATION	The denominator includes WISEWOMAN participants with high blood pressure or previously diagnosed with hypertension (high blood pressure)			
VALUES AND DESCRIPTION	**1 Yes**	Participant reports that she measures her blood pressure at home or using other calibrated sources		
	2 No – Was never told to measure her blood pressure	Participant reports that she does not measure her blood pressure at home or using other calibrated sources because she was never told she should measure her blood pressure		
	3 No – Doesn't know how to measure her blood pressure	Participant reports that she does not measure her blood pressure at home or using other calibrated sources because she does not know how to measure her blood pressure		
	4 No – Doesn't have equipment to measure her blood pressure	Participant reports that she does not measure her blood pressure at home or using other calibrated sources because she does not have access to the required equipment to measure her blood pressure		
	5 Not Applicable	This question is not applicable for the patient because she has never been diagnosed with hypertension (high blood pressure)		
	7 Don't know/Not sure/Other	Participant is not sure whether she measures her blood pressure at home or using other calibrated sources or provides some other reason for why she does not measure her blood pressure at home (for example, participant chooses not to measure her blood at home) This value will be flagged as a quality check		
	8 Don't want to answer	Participant did not want to answer whether she measures her blood pressure at home or using other calibrated sources This value will be flagged as a quality check		
	9 No answer recorded	No answer recorded This value will be flagged as an error		
ANALYSIS AND USE	To determine self-control and management of hypertension (high blood pressure)			
OTHER INFORMATION	***Guidance*** Codes and response options highlighted in gray should not appear on the data collection forms presented to participants. They are provided for funded program use only. Participants may select more than one of the response options for "2 No – Was never told to measure her blood pressure," "3 – Doesn't know how to measure her blood pressure," "4 – Doesn't have equipment to measure her blood pressure." If more than one response option is selected, responses should be listed sequentially. For example, if response options 2 and 3 are selected, a value of 023 should be entered for this record. If only one response option is selected, grantees should include two leading zeros before the response values (e.g., '1—Yes' would be coded as 001, and '2—No' would be coded as 002). Guidance on blood pressure self-monitoring is available in the Self-Measured Blood Pressure Monitoring Guide by Million Hearts (Centers for Disease Control and Prevention. *Self-Measured Blood Pressure Monitoring: Action Steps for Public Health Practitioners.* Atlanta, GA: Centers for Disease Control and Prevention, US Dept. of Health and Human Services; 2013.) ***Cross edits*** A valid response should be provided for participants who have elevated blood pressure or who are taking medication for hypertension. Otherwise, this field will be flagged as an error. *Error*: (SRHB = 1 **OR** HBPMeds=1) **AND** BPHome = 5			

Item 6b: BPFreq	**How often do you measure your blood pressure at home or using other calibrated sources?** This variable indicates how frequently the participant measures her blood pressure at home or using other calibrated sources.			
FORMAT	**Type:**	Numeric	**Other Format:**	N/A
	Item Length:	1	**Justification:**	Right
	Field Length:	2	**Beginning Position:**	100
	Leading Zeros:	No	**Valid Range:**	See values; cannot be blank
	Static Field:	No		
SOURCE	HealthStyles Survey			
DENOMINATOR POPULATION	The denominator includes WISEWOMAN participants with high blood pressure or previously diagnosed with hypertension (high blood pressure)			

VALUES AND DESCRIPTION		
	1 Multiple times per day	Participant measures her blood pressure at home or using other calibrated sources multiple times per day
	2 Daily	Participant measures her blood pressure at home or using other calibrated sources once per day
	3 A few times per week	Participant measures her blood pressure at home or using other calibrated sources a few times per week
	4 Weekly	Participant measures her blood pressure at home or using other calibrated sources once per week
	5 Monthly	Participant measures her blood pressure at home or using other calibrated sources once per month
	6 Not Applicable	This question is not applicable for the patient because she has never been diagnosed with hypertension (high blood pressure) or does not monitor her blood pressure at home or using other calibrated sources
	7 Don't know/Not sure/Other	Participant is not sure how frequently she measures her blood pressure at home or using other calibrated sources This value will be flagged as a quality check
	8 Don't want to answer	Participant did not want to answer how frequently she measures her blood pressure at home or using other calibrated sources This value will be flagged as a quality check
	9 No answer recorded	No answer recorded This value will be flagged as an error

ANALYSIS AND USE	To determine self-control and management of hypertension (high blood pressure)
OTHER INFORMATION	***Guidance*** 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. ***Cross edits*** If participant reports that she does not measure her blood pressure at home or using other calibrated sources, a response of Not Applicable should be provided. Otherwise, this field will be flagged as an error. *Error*: BPHome ≠ 1 **AND** BPFreq ≠ 6 A valid response should be provided for participants who measure their blood pressure at home or using other calibrated sources. Otherwise, this field will be flagged as an error. *Error*: BPHome = 1 **AND** BPFreq = 6

Item 6c: BPSend	**Do you regularly share blood pressure readings with a health care provider for feedback?** This variable indicates whether the participant shares blood pressure readings taken at home or using other calibrated sources with a health care provider for feedback almost every time she sees her provider.			
FORMAT	**Type:**	Numeric	**Other Format:**	N/A
	Item Length:	1	**Justification:**	Right
	Field Length:	2	**Beginning Position:**	102
	Leading Zeros:	No	**Valid Range:**	See values; cannot be blank
	Static Field:	No		
SOURCE	Not applicable; WISEWOMAN-specific variable			
DENOMINATOR POPULATION	The denominator includes WISEWOMAN participants with high blood pressure or previously diagnosed with hypertension (high blood pressure)			
VALUES AND DESCRIPTION	**1 Yes**	Participant reports that she shares blood pressure readings taken at home or using other calibrated sources with a health care provider for feedback almost every time she sees her provider		
	2 No	Participant reports that she does not share blood pressure readings taken at home or using other calibrated sources with a health care provider for feedback		
	5 Not Applicable	This question is not applicable for the patient because she has never been diagnosed with hypertension (high blood pressure) or does not monitor her blood pressure at home or using other calibrated sources		
	7 Don't know/Not sure/Other	Participant is not sure whether she shares blood pressure readings taken at home or using other calibrated sources with a health care provider for feedback This value will be flagged as a quality check		
	8 Don't want to answer	Participant did not want to answer whether she shares blood pressure readings taken at home or using other calibrated sources with a health care provider for feedback This value will be flagged as a quality check		
	9 No answer recorded	No answer recorded This value will be flagged as an error		
ANALYSIS AND USE	To determine self-control and management of hypertension (high blood pressure) To determine whether blood pressure monitoring results are shared with a health care provider for monitoring of progress			
OTHER INFORMATION	***Guidance*** 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. ***Cross edits*** If participant reports that she does not measure her blood pressure at home or using other calibrated sources, a response of Not Applicable should be provided. Otherwise, this field will be flagged as an error. *Error*: BPHome ≠ 1 **AND** BPSend ≠ 5 A valid response should be provided for participants who measure their blood pressure at home or using other calibrated sources. Otherwise, this field will be flagged as an error. *Error*: BPHome = 1 **AND** BPSend = 5			

Item 7a: Fruit	**How much fruit do you eat in an average day?** This variable indicates the amount of fruit the participant consumes in an average day.			
FORMAT	**Type:**	Numeric	**Other Format:**	N/A
	Item Length:	2	**Justification:**	Right
	Field Length:	4	**Beginning Position:**	104
	Leading Zeros:	Yes	**Valid Range:**	01-50; cannot be blank
	Static Field:	No		
SOURCE	American Heart Association Life's Simple 7			
DENOMINATOR POPULATION	The denominator includes all WISEWOMAN participants with a valid baseline screening			
VALUES AND DESCRIPTION	**Number of cups**	Two-digit (numeric) value representing the number of cups of fruit the participant consumes in an average day Any value outside the valid range (01 -50) will be considered an error Example: 2 cups = 02		
	00 None	Participant does not consume fruit in an average day		
	88 Don't want to answer	Participant does not want to answer how many cups of fruit she consumes in an average day This value will be flagged as a quality check		
	99 No answer recorded	No answer recorded This value will be flagged as an error		
ANALYSIS AND USE	To determine the healthy and risky behaviors of individual participants and the overall WISEWOMAN population To provide data element required to determine participant's Simple 7 cardiovascular risk score			
OTHER INFORMATION	***Guidance*** Examples of one cup of fruit from the American Heart Association's Life's Simple Seven provided in Appendix G. 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. Average fruit consumption at baseline screening or rescreening is required for a record to count as a valid record. If Fruit is blank, coded as ''99 No answer recorded,' or outside of the valid range (1-50 cups) the record will **not** count as a valid record, and the record will not count toward meeting a program's screening goal (performance measure #3).			

Item 7b: Vegetables	**How many vegetables do you eat in an average day?** This variable indicates the amount of vegetables the participant consumes in an average day.			
FORMAT	**Type:**	Numeric	**Other Format:**	N/A
	Item Length:	2	**Justification:**	Right
	Field Length:	4	**Beginning Position:**	108
	Leading Zeros:	Yes	**Valid Range:**	01-15; cannot be blank
	Static Field:	No		
SOURCE	American Heart Association Life's Simple 7			
DENOMINATOR POPULATION	The denominator includes all WISEWOMAN participants with a valid baseline screening			
VALUES AND DESCRIPTION	**Number of cups**	Two-digit (numeric) value representing the number of cups of vegetables the participant consumes in an average day Any value outside the valid range (01 – 15) will be considered an error Example: 2 cups = 02		
	00 None	Participant does not consume vegetables in an average day		
	88 Don't want to answer	Participant does not want to answer how many cups of vegetables she consumes in an average day This value will be flagged as a quality check		
	99 No answer recorded	No answer recorded This value will be flagged as an error		
ANALYSIS AND USE	To determine the healthy and risky behaviors of individual participants and the overall WISEWOMAN population To provide data element required to determine participant's Simple 7 cardiovascular risk score			
OTHER INFORMATION	***Guidance*** Examples of one cup of vegetables from the American Heart Association's Life's Simple Seven provided in Appendix G. 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. Average vegetable consumption at baseline screening or rescreening is required for a record to count as a valid record. If Vegetable is blank, coded as ''99 No answer recorded,' or outside of the valid range (1-15 cups) the record will **not** count as a valid record, and the record will not count toward meeting a program's screening goal (performance measure #3).			

Item 7c: Fish	**Do you eat two servings or more of fish weekly?** This variable indicates whether the participant consumes two servings or more of fish weekly.			
FORMAT	**Type:**	Numeric	**Other Format:**	N/A
	Item Length:	1	**Justification:**	Right
	Field Length:	2	**Beginning Position:**	112
	Leading Zeros:	No	**Valid Range:**	See values; cannot be blank
	Static Field:	No		
SOURCE	American Heart Association Life's Simple 7			
DENOMINATOR POPULATION	The denominator includes all WISEWOMAN participants with a valid baseline screening			
VALUES AND DESCRIPTION	**1 Yes**	Participant consumes two servings or more of fish weekly		
	2 No	Participant does not consume two servings or more of fish weekly		
	8 Don't want to answer	Participant does not want to answer whether she consumes two servings or more of fish weekly This value will be flagged as a quality check		
	9 No answer recorded	No answer recorded This value will be flagged as an error		
ANALYSIS AND USE	To determine the healthy and risky behaviors of individual participants and the overall WISEWOMAN population To provide data element required to determine participant's Simple 7 cardiovascular risk score			
OTHER INFORMATION	Examples of two servings of fish from the American Heart Association's Life's Simple Seven provided in Appendix G. 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. Average fish consumption at baseline screening or rescreening is required for a record to count as a valid record. If Fish is blank or coded as ''9 No answer recorded,' the record will **not** count as a valid record, and the record will not count toward meeting a program's screening goal (performance measure #3).			

Item 7d: Grains	**Do you eat 3 ounces or more of whole grains daily?** This variable indicates whether the participant consumes 3 ounces or more of whole grains daily.			
FORMAT	**Type:**	Numeric	**Other Format:**	N/A
	Item Length:	1	**Justification:**	Right
	Field Length:	2	**Beginning Position:**	114
	Leading Zeros:	No	**Valid Range:**	See values; cannot be blank
	Static Field:	No		
SOURCE	American Heart Association Life's Simple 7			
DENOMINATOR POPULATION	The denominator includes all WISEWOMAN participants with a valid baseline screening			
VALUES AND DESCRIPTION	**1 Yes**	Participant consumes 3 ounces or more of whole grains daily		
	2 No	Participant does not consume 3 ounces or more of whole grains daily		
	8 Don't want to answer	Participant does not want to answer whether she consumes 3 ounces or more of whole grains daily This value will be flagged as a quality check		
	9 No answer recorded	No answer recorded This value will be flagged as an error		
ANALYSIS AND USE	To determine the healthy and risky behaviors of individual participants and the overall WISEWOMAN population To provide data element required to determine participant's Simple 7 cardiovascular risk score			
OTHER INFORMATION	Examples of 3 ounces of whole grains from the American Heart Association's Life's Simple Seven provided in Appendix G. 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. Average whole grain consumption at baseline screening or rescreening is required for a record to count as a valid record. If Grains is blank or coded as ''9 No answer recorded,' the record will **not** count as a valid record, and the record will not count toward meeting a program's screening goal (performance measure #3).			

Item 7e: Sugar	**Do you drink less than 36 ounces (450 calories) of beverages with added sugars weekly?** This variable indicates whether the participant drinks less than 36 ounces (450 calories) of beverages with added sugars weekly.			
FORMAT	**Type:**	Numeric	**Other Format:**	N/A
	Item Length:	1	**Justification:**	Right
	Field Length:	2	**Beginning Position:**	116
	Leading Zeros:	No	**Valid Range:**	See values; cannot be blank
	Static Field:	No		
SOURCE	American Heart Association Life's Simple 7			
DENOMINATOR POPULATION	The denominator includes all WISEWOMAN participants with a valid baseline screening			
VALUES AND DESCRIPTION	**1 Yes**	Participant consumes *less than* 36 ounces (450 calories) of beverages with added sugars in an average week		
	2 No	Participant consumes 36 ounces or *more* (450 calories or *more*) of beverages with added sugars in an average week		
	8 Don't want to answer	Participant does not want to answer whether she consumes *less than* 36 ounces (450 calories) or more of beverages with added sugars in an average week This value will be flagged as a quality check		
	9 No answer recorded	No answer recorded This value will be flagged as an error		
ANALYSIS AND USE	To determine the healthy and risky behaviors of individual participants and the overall WISEWOMAN population To provide data element required to determine participant's Simple 7 cardiovascular risk score			
OTHER INFORMATION	Examples of 36 ounces of beverages with added sugars from the American Heart Association's Life's Simple Seven provided in Appendix G. 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. Average sugar-sweetened beverage consumption at baseline screening or rescreening is required for a record to count as a valid record. If Sugar is blank or coded as ''9 No answer recorded,' the record will **not** count as a valid record, and the record will not count toward meeting a program's screening goal (performance measure #3).			

Item 7f: SaltWatch	**Are you currently watching or reducing your sodium or salt intake?** This variable indicates whether the participant is currently watching or reducing her sodium or salt intake.			
FORMAT	**Type:**	Numeric	**Other Format:**	N/A
	Item Length:	1	**Justification:**	Right
	Field Length:	2	**Beginning Position:**	118
	Leading Zeros:	No	**Valid Range:**	See values; cannot be blank
	Static Field:	No		
SOURCE	CDC Behavioral Risk Factor Surveillance System			
DENOMINATOR POPULATION	The denominator includes all WISEWOMAN participants with a valid baseline screening			
VALUES AND DESCRIPTION	**1 Yes**	Participant is currently watching or reducing her sodium or salt intake		
	2 No	Participant is not currently watching or reducing her sodium or salt intake		
	8 Don't want to answer	Participant does not want to answer whether she is currently watching or reducing her sodium or salt intake This value will be flagged as a quality check		
	9 No answer recorded	No answer recorded This value will be flagged as an error		
ANALYSIS AND USE	To determine the healthy and risky behaviors of individual participants and the overall WISEWOMAN population			
OTHER INFORMATION	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.			

Item 8a: PAMod	**How much moderate physical activity do you get in a week?** This variable indicates the amount of moderate physical activity the participant gets during an average week.			
FORMAT	**Type:**	Numeric	**Other Format:**	N/A
	Item Length:	3	**Justification:**	Right
	Field Length:	6	**Beginning Position:**	120
	Leading Zeros:	Yes	**Valid Range:**	010-850; cannot be blank
	Static Field:	No		
SOURCE	American Heart Association Life's Simple 7			
DENOMINATOR POPULATION	The denominator includes all WISEWOMAN participants with a valid baseline screening			
VALUES AND DESCRIPTION	**Number of minutes**	A three-digit (numeric) value representing the minutes of moderate physical activity the participant gets during an average week Any value outside the valid range (010 – 850) will be considered a quality check Example: 30 minutes = 030 If the number of minutes of physical activity exceeds 850 minutes, PAMod should be coded as 850 and the number of minutes of physical activity should be documented using the Validation of Data form. See Appendix B for the procedure for validating out-of-range values.		
	000 None	Participant does not get any moderate physical activity during an average week		
	888 Don't want to answer	Participant does not want to answer how much moderate physical activity she gets during an average week This value will be flagged as a quality check		
	999 No answer recorded	No answer recorded This value will be flagged as an error		
ANALYSIS AND USE	To determine the healthy and risky behaviors of individual participants and the overall WISEWOMAN population To provide data element required to determine participant's Simple 7 cardiovascular risk score			
OTHER INFORMATION	Examples of moderate physical activity from the American Heart Association's Life's Simple Seven provided in Appendix G. 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. Average moderate physical activity at baseline screening or rescreening is required for a record to count as a valid record. If PAMod is blank or coded as ''999 No answer recorded,' the record will **not** count as a valid record, and the record will not count toward meeting a program's screening goal (performance measure #3).			

Item 8b: PAVig	**How much vigorous physical activity do you get in a week?** This variable indicates the amount of vigorous physical activity the participant gets during an average week.			
FORMAT	**Type:**	Numeric	**Other Format:**	N/A
	Item Length:	3	**Justification:**	Right
	Field Length:	6	**Beginning Position:**	126
	Leading Zeros:	Yes	**Valid Range:**	010-850; cannot be blank
	Static Field:	No		
SOURCE	American Heart Association Life's Simple 7			
DENOMINATOR POPULATION	The denominator includes all WISEWOMAN participants with a valid baseline screening			
VALUES AND DESCRIPTION	**Number of minutes**	A three-digit (numeric) value representing the minutes of vigorous physical activity the participant gets during an average week Any value outside the valid range (010 – 850) will be considered a quality check Example: 30 minutes = 030 If the number of minutes of physical activity exceeds 850 minutes, PAVig should be coded as 850 and the number of minutes of physical activity should be documented using the Validation of Data form. See Appendix B for the procedure for validating out-of-range values.		
	000 None	Participant does not get any vigorous physical during an average week		
	888 Don't want to answer	Participant does not want to answer how much vigorous physical activity she gets during an average week This value will be flagged as a quality check		
	999 No answer recorded	No answer recorded This value will be flagged as an error		
ANALYSIS AND USE	To determine the healthy and risky behaviors of individual participants and the overall WISEWOMAN population To provide data element required to determine participant's Simple 7 cardiovascular risk score			
OTHER INFORMATION	Examples of vigorous physical activity from the American Heart Association's Life's Simple Seven provided in Appendix G. 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. Average vigorous physical activity at baseline screening or rescreening is required for a record to count as a valid record. If PAVig is blank or coded as ''999 No answer recorded,' the record will **not** count as a valid record, and the record will not count toward meeting a program's screening goal (performance measure #3).			

Item 9a: Smoker	**Do you smoke? Includes cigarettes, pipes, or cigars (smoked tobacco in any form)** This variable indicates whether the participant smokes tobacco in any form, including cigarettes, pipes, or cigars.			
FORMAT	**Type:**	Numeric	**Other Format:**	N/A
	Item Length:	1	**Justification:**	Right
	Field Length:	2	**Beginning Position:**	132
	Leading Zeros:	No	**Valid Range:**	See values; cannot be blank
	Static Field:	No		
SOURCE	American Heart Association Life's Simple 7			
DENOMINATOR POPULATION	The denominator includes all WISEWOMAN participants with a valid baseline screening			
VALUES AND DESCRIPTION	**1 Current Smoker**	Participant currently smokes tobacco in any form, including cigarettes, pipes, or cigars		
	2 Quit (1-12 months ago)	Participant quit smoking tobacco in any form, including cigarettes, pipes, or cigars, 1 to 12 months ago		
	3 Quit (More than 12 months ago)	Participant quit smoking tobacco in any form, including cigarettes, pipes, or cigars, more than 12 months ago		
	4 Never Smoked	Participant has never smoked tobacco in any form, including cigarettes, pipes, or cigars		
	8 Don't want to answer	Participant does not want to answer whether she smokes tobacco in any form, including cigarettes, pipes, or cigars This value will be flagged as a quality check		
	9 No answer recorded	No answer recorded This value will be flagged as an error		
ANALYSIS AND USE	To determine the healthy and risky behaviors of 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) To provide data element required to determine participant's Simple 7 cardiovascular risk score			
OTHER INFORMATION	***Guidance*** 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. Smoking status at baseline screening or rescreening is required for a record to count as a valid record. If Smoker is blank or coded as ''9 No answer recorded,' the record will **not** count as a valid record, and the record will not count toward meeting a program's screening goal (performance measure #3).			

Item 9b: Sechand	**About how many hours a day, on average, are you in the same room or vehicle with another person who is smoking?** This variable indicates how many hours a day, on average, the participant is in the same room or vehicle as another person who is smoking.			
FORMAT	**Type:**	Numeric	**Other Format:**	N/A
	Item Length:	2	**Justification:**	Right
	Field Length:	4	**Beginning Position:**	134
	Leading Zeros:	Yes	**Valid Range:**	01-24; cannot be blank
	Static Field:	No		
SOURCE	Pregnancy Risk Assessment Monitoring System			
DENOMINATOR POPULATION	The denominator includes all WISEWOMAN participants with a valid baseline screening			
VALUES AND DESCRIPTION	**Number of hours**	A two-digit (numeric) value indicating the number of hours per day, on average, the participant is in the same room or vehicle as another person who is smoking Any value outside the valid range (01 – 24) will be considered an error Example: 2 hours = 02		
	66 Less than one	Participant is in the same room or vehicle with another person who is smoking less than one hour per day, on average		
	00 None	Participant is never in the same room or vehicle as another person who is smoking		
	88 Don't want to answer	Participant does not want to answer the number of hours per day, on average, that she is in the same room or vehicle as another person who is smoking This value will be flagged as a quality check		
	99 No answer recorded	No answer recorded This value will be flagged as an error		
ANALYSIS AND USE	To determine the exposure of individual participants and the overall WISEWOMAN population to risks in the environment To help assess use of community-based referral resources and risk reduction counseling for those exposed to secondhand smoke			
OTHER INFORMATION	***Guidance*** 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. All participants should be asked this question, regardless of their smoking status. If a participant responds with a value greater than 24 hours, reports that she doesn't know, or refuses to answer, a discussion with the participant should be conducted to verify the response.			

Item 10a: QOLPH	**Thinking about your physical health, which includes physical illness and injury, on how many days during the past 30 days was your physical health not good?** This variable indicates the number of days during the past 30 days that the participant's physical health, including physical illness and injury, was not good.			
FORMAT	**Type:**	Numeric	**Other Format:**	N/A
	Item Length:	2	**Justification:**	Right
	Field Length:	4	**Beginning Position:**	138
	Leading Zeros:	Yes	**Valid Range:**	00-30; cannot be blank
	Static Field:	No		
SOURCE	CDC Health-Related Quality of Life Measures			
DENOMINATOR POPULATION	The denominator includes all WISEWOMAN participants with a valid baseline screening			
VALUES AND DESCRIPTION	**Number of days**	A two-digit (numeric) value representing the number of days during the past 30 days that the participant's physical health, including physical illness and injury, was not good Any value outside the valid range (00 – 30) will be considered an error Example: 2 days = 02		
	77 Don't know/Not sure	Participant does not know how many days during the past 30 days that her physical health, including physical illness and injury, was not good This value will be flagged as a quality check		
	88 Don't want to answer	Participant does not want to answer how many days during the past 30 days that her physical health, including physical illness and injury, was not good This value will be flagged as a quality check		
	99 No answer recorded	No answer recorded This value will be flagged as an error		
ANALYSIS AND USE	To determine the health status of individual participants and the overall WISEWOMAN population To provide health status information for cost benefit or cost effectiveness analyses			
OTHER INFORMATION	***Guidance*** 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.			

Item 10b: QOLMH	**Thinking about your mental health, which includes stress, depression, and problems with emotions, on how many days during the past 30 days was your mental health not good?** This variable indicates the number of days during the past 30 days that the participant's mental health, including stress, depression, and problems with emotions, was not good.			
FORMAT	**Type:**	Numeric	**Other Format:**	N/A
	Item Length:	2	**Justification:**	Right
	Field Length:	4	**Beginning Position:**	142
	Leading Zeros:	Yes	**Valid Range:**	00-30; cannot be blank
	Static Field:	No		
SOURCE	CDC Health-Related Quality of Life Measures			
DENOMINATOR POPULATION	The denominator includes all WISEWOMAN participants with a valid baseline screening			
VALUES AND DESCRIPTION	**Number of days**	A two-digit (numeric) value representing the number of days during the past 30 days that the participant's mental health, including stress, depression, and problems with emotions, was not good Any value outside the valid range (00 – 30) will be considered an error Example: 2 days = 02		
	77 Don't know/Not sure	Participant does not know how many days during the past 30 days that the participant's mental health, including stress, depression, and problems with emotions, was not good This value will be flagged as a quality check		
	88 Don't want to answer	Participant does not want to answer how many days during the past 30 days that the participant's mental health, including stress, depression, and problems with emotions, was not good This value will be flagged as a quality check		
	99 No answer recorded	No answer recorded This value will be flagged as a quality check		
ANALYSIS AND USE	To determine the health status of individual participants and the overall WISEWOMAN population To provide health status information for cost benefit or cost effectiveness analyses			
OTHER INFORMATION	***Guidance*** 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.			

Item 10c: QOLEffect	**During the past 30 days, on about how many days did poor physical or mental health keep you from doing your usual activities, such as self-care, work, or recreation?** This variable indicates the number of days during the past 30 days that the participant's poor physical or mental health kept her from doing her usual activities, such as self-care, work, or recreation.			
FORMAT	**Type:**	Numeric	**Other Format:**	N/A
	Item Length:	2	**Justification:**	Right
	Field Length:	4	**Beginning Position:**	146
	Leading Zeros:	Yes	**Valid Range:**	00-30; cannot be blank
	Static Field:	No		
SOURCE	CDC Health-Related Quality of Life Measures			
DENOMINATOR POPULATION	The denominator includes all WISEWOMAN participants with a valid baseline screening			
VALUES AND DESCRIPTION	**Number of days**	A two-digit (numeric) value representing the number of days during the past 30 days that the participant's poor physical or mental health kept her from doing her usual activities, such as self-care, work, or recreation A value of 00 should be provided for QOLEffect if the participant indicates that she has not experienced any days of poor physical health (10a – QOLPH) or poor mental health (10b – QOLMH) during the past 30 days. Any value outside the valid range (00 – 30) will be considered an error Example: 2 days = 02		
	77 Don't know/Not sure	Participant does not know how many days during the past 30 days that the participant's poor physical or mental health kept her from doing her usual activities, such as self-care, work, or recreation This value will be flagged as a quality check		
	88 Don't want to answer	Participant does not want to answer how many days during the past 30 days that the participant's poor physical or mental health kept her from doing her usual activities, such as self-care, work, or recreation This value will be flagged as a quality check		
	99 No answer recorded	No answer recorded This value will be flagged as a quality check		
ANALYSIS AND USE	To determine the health status of individual participants and the overall WISEWOMAN population To provide health status information for cost benefit or cost effectiveness analyses			
OTHER INFORMATION	***Guidance*** 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.			

Item 11a: Height	**Height** This variable indicates the participant's height in inches at baseline screening.			
FORMAT	**Type:**	Numeric	**Other Format:**	N/A
	Item Length:	2	**Justification:**	Right
	Field Length:	2	**Beginning Position:**	150
	Leading Zeros:	Yes	**Valid Range:**	48-76; cannot be blank if TYPE is 1 or 2 (baseline screening or rescreening)
	Static Field:	Yes		
SOURCE	American Heart Association Life's Simple 7			
DENOMINATOR POPULATION	The denominator includes all WISEWOMAN participants with a valid baseline screening			
VALUES AND DESCRIPTION	**Height in inches**	Up to a two-digit (numeric) value representing the participant's height at baseline screening Height values between 48" and 58" or 74" and 76" will be flagged for quality checks and program verification. See Appendix B for the procedure for validating out-of-range values. Any values outside 48"-76" will be considered an error Example: 62" (5 feet, 2 inches) = 62		
	77 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 This value will be flagged as an error		
	88 Client refused	Participant refuses to have her height measurement taken This value will be flagged as an error		
	99 No measurement recorded	Height measurement was not performed This value will be flagged as an error		
ANALYSIS AND USE	To calculate the BMI of WISEWOMAN participants To understand the cardiovascular disease risk factors of individual participants and the overall WISEWOMAN population To provide data element required to determine participant's Simple 7 cardiovascular risk score			
OTHER INFORMATION	***Guidance*** Codes and response options highlighted in gray should not appear on the data collection forms completed by the provider. They are provided for funded program use only. All height measurements should be recorded in inches. Height measurement at baseline screening or rescreening is required for a record to count as a valid record. If Height is blank or coded as '777 Unable to obtain,' '888 Client refused,' or '999 No measurement recorded,' or is outside of the valid range (48-76 inches) the record will **not** count as a valid record, and the record will not count toward meeting a program's screening goal (performance measure #3).If exceptional circumstances do not allow height measurement, these reasons should be documented as instructed in Appendix B.			

Item 11b: Weight	**Weight** This variable indicates the participant's weight in pounds.			
FORMAT	**Type:**	Numeric	**Other Format:**	N/A
	Item Length:	3	**Justification:**	Right
	Field Length:	6	**Beginning Position:**	152
	Leading Zeros:	Yes	**Valid Range:**	074-460; cannot be blank if TYPE is 1 or 2 (baseline screening or rescreening)
	Static Field:	No		
SOURCE	American Heart Association Life's Simple 7			
DENOMINATOR POPULATION	The denominator includes all WISEWOMAN participants with a valid baseline screening			
VALUES AND DESCRIPTION	**Weight in pounds**	Up to a three-digit (numeric) value representing the participant's weight Weight values between 74 and 90 lb or 350 and 460 lb will be flagged for quality checks and program verification. See Appendix B for the procedure for validating out-of-range values. Any values outside 74-460 lb will be considered an error Example: 98 lb = 098		
	777 Unable to obtain	Weight measurement was attempted, but measurement results were not obtained This value will be flagged 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 This value will be flagged as a quality check		
	999 No measurement recorded	Weight measurement was not performed This value will be flagged as an error		
ANALYSIS AND USE	To calculate the BMI of WISEWOMAN participants To understand the cardiovascular disease risk factors of individual participants and the overall WISEWOMAN population To provide data element required to determine participant's Simple 7 cardiovascular risk score			
OTHER 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. Weight measurement at baseline screening or rescreening is required for a record to count as a valid record. If Weight is blank or coded as '999 No measurement recorded,' or is outside of the valid range (74-460 lbs) the record will **not** count as a valid record, and the record will not count toward meeting a program's screening goal (performance measure #3).If exceptional circumstances do not allow weight measurement, these reasons should be documented as instructed in Appendix B.			

Item 11c: Waist	**Waist Circumference** This variable indicates the participant's waist circumference in inches.			
FORMAT	**Type:**	Numeric	**Other Format:**	N/A
	Item Length:	2	**Justification:**	Right
	Field Length:	4	**Beginning Position:**	158
	Leading Zeros:	No	**Valid Range:**	16-71; cannot be blank if TYPE is 1 or 2 (baseline screening or rescreening)
	Static Field:	No		
SOURCE	Not applicable; health screening measurement			
DENOMINATOR POPULATION	The denominator includes all WISEWOMAN participants with a valid baseline screening			
VALUES AND DESCRIPTION	**Waist Circumference in inches**	Up to a two-digit (numeric) value representing the participant's waist circumference in inches Any value outside the valid range (16 – 71 inches) will be flagged as a quality check Example: 30 inches = 30		
	77 Unable to obtain	Waist circumference measurement was attempted, but measurement results were not obtained		
	88 Client refused	Participant refuses to have her waist circumference measurement taken		
	99 No measurement recorded	Waist circumference measurement was not performed		
ANALYSIS AND USE	To determine waist-hip ratio for the participant To understand the cardiovascular disease risk factors of 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.			

Item 11d: Hip	**Hip Circumference** This variable indicates the participant's hip circumference in inches.			
FORMAT	**Type:**	Numeric	**Other Format:**	N/A
	Item Length:	2	**Justification:**	Right
	Field Length:	4	**Beginning Position:**	162
	Leading Zeros:	No	**Valid Range:**	26-75; cannot be blank if TYPE is 1 or 2 (baseline screening or rescreening)
	Static Field:	No		
SOURCE	Not applicable; health screening measurement			
DENOMINATOR POPULATION	The denominator includes all WISEWOMAN participants with a valid baseline screening			
VALUES AND DESCRIPTION	**Hip Circumference in inches**	Up to a two-digit (numeric) value representing the participant's hip circumference in inches Any value outside the valid range (26 – 75 inches) will be flagged as a quality check Example: 30 inches = 30		
	77 Unable to obtain	Hip circumference measurement was attempted, but measurement results were not obtained		
	88 Client refused	Participant refuses to have her hip circumference measurement taken		
	99 No measurement recorded	Hip circumference measurement was not performed		
ANALYSIS AND USE	To determine waist-hip ratio for the participant To understand the cardiovascular disease risk factors of 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.			

Item 12a: BPDate	**Blood Pressure Measurement Date (Office Visit Date)** This variable indicates the date of the office visit when a blood pressure measurement is obtained or the date of the follow-up assessment for a particpant.			
FORMAT	**Type:**	Numeric	**Other Format:**	MMDDCCYY
	Item Length:	8	**Justification:**	Right
	Field Length:	16	**Beginning Position:**	166
	Leading Zeros:	Yes	**Valid Range:**	Valid date
	Static Field:	No		
SOURCE	Not applicable; WISEWOMAN-specific variable			
DENOMINATOR POPULATION	The denominator includes all WISEWOMAN participants with a valid baseline screening			
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 or the date of the follow-up assessment for a participant Example: September 10, 2013 = 09102013		
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 program sessions, lifestyle program/health coaching follow-up assessment, risk reduction counseling sessions, alert referrals, and labs			
OTHER INFORMATION	***Guidance*** Blood pressure measurement date should be used to indicate the date that blood pressure measurement was obtained for baseline screening or rescreening, or the date of the follow-up assessment for a participant. If a blood pressure measurement was not obtained at the time of the office visit and obtained at a referral visit within 30 days of the visit, the date of the office visit should be recorded here. If a blood pressure measurement is attempted but not obtained at the office visit or within 30 days of the office visit, the date of the office visit date should be recorded here. Blood pressure measurement date also represents the date of the office visit. As a result, if blood pressure measurements are marked as being unable to obtain" or refused (SBP1, DBP1, SBP2, **and** DBP2 all = 777 or 888), the date of office visit should be entered. An explanation for the inability to obtain the blood pressure measurements or refusal of blood pressure measurements should be documented using the validation form in Appendix B. If BPDate of baseline screening is missing or invalid, the record will not count as a valid record, and the record will not count toward meeting a program's screening goal (performance measure #3). Since all screening measurements and assessments are to be used to determine participation in the lifestyle programs and health coaching, 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. ***Additional Edits*** Since blood pressure measurement date now also represents office visit date, this field should never be blank. An error flag will occur if blood pressure measurement/office visit date is left blank or if an invalid date is entered. *Error:* BPDATE = . or BPDATE = [invalid] Blood pressure should have been measured on the current date or earlier. *Error:* BPDATE > [current date] *Error*: BPDate < July 1, 2013 AND MDE Ver = 900			

Item 12b: SBP1	**Systolic Blood Pressure #1** This variable indicates the participant's first systolic blood pressure reading.			
FORMAT	**Type:**	Numeric	**Other Format:**	N/A
	Item Length:	3	**Justification:**	Right
	Field Length:	6	**Beginning Position:**	182
	Leading Zeros:	Yes	**Valid Range:**	074-260; cannot be blank if TYPE is 1 or 2 (baseline screening or rescreening)
	Static Field:	No		
SOURCE	American Heart Association Life's Simple 7			
DENOMINATOR POPULATION	The denominator includes all WISEWOMAN participants with a valid baseline screening			
VALUES AND DESCRIPTION	**Systolic blood pressure in mmHg**	A three-digit (numeric) value representing the participant's first systolic blood pressure in mmHg Systolic blood pressure values between 230 and 260 mmHg will be flagged for quality checks and program verification. Values outside 74-260 mmHg 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 mmHg = 090		
	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 This value will be flagged as an error		
	888 Client refused	Participant refuses to have her first systolic blood pressure measurement taken This value will be flagged as an error		
	999 No measurement recorded	First systolic blood pressure measurement was not performed or not recorded This value will be flagged 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 programs To identify participants unaware that they have hypertension (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 (high blood pressure) risk of the WISEWOMAN population To provide data element required to determine participant's Simple 7 cardiovascular risk score			
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. First systolic blood pressure measurement at baseline screening or rescreening is required for a record to count as a valid record. If SBP1 is blank or coded as '777 Unable to obtain,' '888 Client refused,' or '999 No measurement recorded,' or is ouside of the valid range (74-260 mmHg) the record will **not** count as a valid record, and the record will not count toward meeting a program's screening goal (performance measure #3).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. Two blood pressures must be taken and reported using proper technique (refer to JNC-7). If more than two blood pressure readings are taken, the medical director should decide which two to report. ***Cross edits*** First blood pressure should be recorded before second blood pressure. An error flag will occur if a second systolic blood pressure measurement is recorded, but a first systolic blood pressure measurement has not been recorded. *Error:* (SBP1 = 777, 888, or 999) **AND (**SBP2 ≠ 777, 888, or 999)			

Item 12c: DBP1	**Diastolic Blood Pressure #1** This variable indicates the participant's first diastolic blood pressure reading.			
FORMAT	**Type:**	Numeric	**Other Format:**	N/A
	Item Length:	3	**Justification:**	Right
	Field Length:	6	**Beginning Position:**	188
	Leading Zeros:	Yes	**Valid Range:**	002-156; cannot be blank if TYPE is 1 or 2 (baseline screening or rescreening)
	Static Field:	No		
SOURCE	American Heart Association Life's Simple 7			
DENOMINATOR POPULATION	The denominator includes all WISEWOMAN participants with a valid baseline screening			
VALUES AND DESCRIPTION	**Diastolic blood pressure in mmHg**	A three-digit (numeric) value representing the participant's diastolic blood pressure in mmHg First diastolic blood pressure values between 2-12 mmHg or 122-156 mmHg will be flagged for quality checks and program verification. Values outside 2-156 mmHg 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 mmHg = 085		
	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 This value will be flagged as an error		
	888 Client refused	Participant refuses to have her first diastolic blood pressure measurement taken This value will be flagged as an error		
	999 No measurement recorded	First diastolic blood pressure measurement was not performed or not recorded This value will be flagged 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 programs To identify participants unaware that they have hypertension(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 (high blood pressure) risk of the WISEWOMAN population To provide data element required to determine participant's Simple 7 cardiovascular risk score			

Item 12c: DBP1	**Diastolic Blood Pressure #1** This variable indicates the participant's first diastolic blood pressure reading.
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. First diastolic blood pressure measurement at baseline screening or rescreening is required for a record to count as a valid record. If DBP1 is blank or coded as '777 Unable to obtain,' '888 Client refused,' or '999 No measurement recorded,' or is ouside of the valid range (2-156 mmHg) the record will **not** count as a valid record, and the record will not count toward meeting a program's screening goal (performance measure #3).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. Two blood pressures must be taken and reported using proper technique (refer to JNC-7). If more than two blood pressure readings are taken, the medical director should decide which two to report. ***Cross edits*** First blood pressure should be recorded before second blood pressure. An error flag will occur if a second diastolic blood pressure measurement is recorded, but a first diastolic blood pressure measurement has not been recorded. *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. An error flag will occur if only one of the first blood pressure measurements is coded as '777 Unable to obtain.' *Error:* (SBP1 = 777 **AND** DBP1 ≠ 777) **OR** (SBP1 ≠ 777 **AND** DBP1 = 777)

Item 12d: SBP2	**Systolic Blood Pressure #2** This variable indicates the participant's second systolic blood pressure reading.			
FORMAT	**Type:**	Numeric	**Other Format:**	N/A
	Item Length:	3	**Justification:**	Right
	Field Length:	6	**Beginning Position:**	194
	Leading Zeros:	Yes	**Valid Range:**	074-260; cannot be blank if TYPE is 1 or 2 (baseline screening or rescreening)
	Static Field:	No		
SOURCE	American Heart Association Life's Simple 7			
DENOMINATOR POPULATION	The denominator includes all WISEWOMAN participants with a valid baseline screening			
VALUES AND DESCRIPTION	**Systolic blood pressure in mmHg**	A three-digit (numeric) value representing the participant's second systolic blood pressure in mmHg Systolic blood pressure values between 230 and 260 mmHg will be flagged for quality checks and program verification. Values outside 74-260 mmHg 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 mmHg = 090		
	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 This value will be flagged as an error		
	888 Client refused	Participant refuses to have her second systolic blood pressure measurement taken This value will be flagged as an error		
	999 No measurement recorded	Second systolic blood pressure measurement was not performed or not recorded This value will be flagged 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 programs To identify participants unaware that they have hypertension (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 (high blood pressure) risk in the WISEWOMAN population To provide data element required to determine participant's Simple 7 cardiovascular risk score			
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. Two blood pressures must be taken and reported using proper technique (refer to JNC-7). If more than two blood pressure readings are taken, the medical director should decide which two to report.			

Item 12e: DBP2	**Diastolic Blood Pressure #2** This variable indicates the participant's second diastolic blood pressure reading.			
FORMAT	**Type:**	Numeric	**Other Format:**	N/A
	Item Length:	3	**Justification:**	Right
	Field Length:	6	**Beginning Position:**	200
	Leading Zeros:	Yes	**Valid Range:**	002-156; cannot be blank if TYPE is 1 or 2 (baseline screening or rescreening)
	Static Field:	No		
SOURCE	American Heart Association Life's Simple 7			
DENOMINATOR POPULATION	The denominator includes all WISEWOMAN participants with a valid baseline screening			
VALUES AND DESCRIPTION	**Diastolic blood pressure in mmHg**	A three-digit (numeric) value representing the participant's diastolic blood pressure in mmHg Second diastolic blood pressure values between 2 and 12 mmHg or 122 and 156 mmHg will be flagged for quality checks and program verification. Values outside 2-156 mmHg 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 mmHg = 085		
	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 This value will be flagged as an error		
	888 Client refused	Participant refuses to have her second diastolic blood pressure measurement taken This value will be flagged as an error		
	999 No measurement recorded	Second diastolic blood pressure measurement was not performed or not recorded This value will be flagged 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 programs To identify participants unaware that they have hypertension (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 (high blood pressure) risk of the WISEWOMAN population To provide data element required to determine participant's Simple 7 cardiovascular risk score			
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. Two blood pressures must be taken and reported using proper technique (refer to JNC-7). If more than two blood pressure readings are taken, the medical director should decide which two to report. ***Cross edits*** If a provider is unable to obtain systolic blood pressure, diastolic blood pressure should also not have been obtained. An error flag will occur if only one of the second blood pressure measurements is coded as '777 Unable to obtain.' *Error:* (SBP2 = 777 **AND** DBP2 ≠ 777) **OR** (SBP2 ≠ 777 **AND** DBP2 = 777)			

Item 12e: DBP2	**Diastolic Blood Pressure #2** This variable indicates the participant's second diastolic blood pressure reading.			
Item 13a: Fast	**Fasting Status** This variable indicates whether a participant fasted for at least nine hours prior to having blood drawn for cholesterol or glucose measurements.			
FORMAT	**Type:**	Numeric	**Other Format:**	N/A
	Item Length:	1	**Justification:**	Right
	Field Length:	2	**Beginning Position:**	206
	Leading Zeros:	No	**Valid Range:**	See values; cannot be blank if TYPE is 1 or 2 (baseline screening or rescreening)
	Static Field:	No		
SOURCE	Not applicable; health screening measurement			
DENOMINATOR POPULATION	The denominator includes all WISEWOMAN participants with a valid baseline screening			
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		
	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 14b: TotChol, 14c: HDL, 14d: LDL, 14e: Trigly, and 14b: Glucose all are equal to 999/9999, 777/7777, or 888/8888 This value will be flagged as a quality check		
ANALYSIS AND USE	To facilitate accurate identification of participants who have high cholesterol, borderline high cholesterol, diabetes, or pre-diabetes			
OTHER INFORMATION	***Guidance*** Codes and response options highlighted in gray should not appear on the data collection forms completed by the provider. They are provided for funded program use only. If a participant reports that she doesn't know or refuses blood work, programs should have a discussion with the participant to verify the response. ***Cross edits*** If not all cholesterol and glucose measurements were obtained because of an inadequate blood sample or technical difficulties or errors, fasting status should be coded as '9 No answer recorded.' An quality check flag will occur if not all cholesterol and glucose measurements were obtained due to an inadequate blood sample or technical difficulties or errors and fasting status is not coded as '9 No answer recorded.' This field will also be flagged for a quality check if fasting status is coded as '9 No answer recorded' when at least one cholesterol or glucose measurement is not coded as '777/7777 Inadequate blood sample.' *Quality check:* (FAST ≠ 9 **AND** TOTCHOL, HDL, LDL, TRIGLY, GLUCOSE all = 777/7777) **OR** (FAST = 9 **AND** TOTCHOL, HDL, LDL, TRIGLY, GLUCOSE *all* ≠ 777/7777) If a participant refused blood work, then fasting status should be coded as '9 No answer recorded.' A quality check flag will occur if cholesterol fasting status is not coded as '9 No answer recorded' when the participant refused blood work for cholesterol measurements. *Quality check:* (FAST ≠ 9 **AND** TOTCHOL, HDL, LDL, TRIGLY, GLUCOSE *all* = 888/8888) **OR** (FAST = 9 **AND** TOTCHOL, HDL, LDL, TRIGLY, GLUCOSE *all* ≠ 888/8888) If no cholesterol measurements were recorded, then cholesterol fasting status should also not be recorded. A quality check flag will occur if cholesterol fasting status is recorded when no cholesterol measurements are recorded. *Quality check:* FAST ≠ 9 **AND** TOTCHOL, HDL, LDL, TRIGLY, GLUCOSE *all* = 999/9999			

Item 12e: DBP2	**Diastolic Blood Pressure #2** This variable indicates the participant's second diastolic blood pressure reading.			
Item 14a: TCDate	**Cholesterol Measurement Date** This variable indicates the date that the cholesterol measurements were taken.			
FORMAT	**Type:**	Numeric	**Other Format:**	MMDDCCYY
	Item Length:	8	**Justification:**	Right
	Field Length:	16	**Beginning Position:**	208
	Leading Zeros:	Yes	**Valid Range:**	Valid date; must be blank if TotChol, and HDL, LDL, and Trigly all = 888/8888 or 999/9999 ; cannot be blank if TYPE is 1 (baseline screening) or 2 (rescreening) and HDL, LDL, and Trigly all ≠ 888/8888 or 999/9999
	Static Field:	No		
SOURCE	Not applicable; WISEWOMAN-specific variable			
DENOMINATOR POPULATION	The denominator includes all WISEWOMAN participants with a valid baseline screening			
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, 2013 = 09102013		
ANALYSIS AND USE	To determine the date of the cholesterol measurements To facilitate analysis of changes in control and management of cholesterol over time			
OTHER INFORMATION	***Cross edits*** Cholesterol measurement date should not be blank if there is evidence of an attempt to measure cholesterol. An error flag will occur if the cholesterol measurement date is blank when there is evidence of an attempt to measure cholesterol. *Error:* TCDATE = . **AND** (TOTCHOL, HDL, LDL, **OR** TRIGLY ≠ (888/8888, 999/9999)) ***Additional edits*** Cholesterol should have been measured on the current date or earlier. An error flag will occur if the cholesterol measurement date is in the future. *Error:* TCDATE > [current date]			

Item 14b: TotChol	**Total Cholesterol (fasting or nonfasting)** This variable indicates the participant's total cholesterol level.			
FORMAT	**Type:**	Numeric	**Other Format:**	N/A
	Item Length:	3	**Justification:**	Right
	Field Length:	6	**Beginning Position:**	224
	Leading Zeros:	Yes	**Valid Range:**	044-702 mg/dL; cannot be blank if TYPE is 1 or 2 (baseline screening or rescreening)
	Static Field:	No		
SOURCE	American Heart Association Life's Simple 7			
DENOMINATOR POPULATION	The denominator includes all WISEWOMAN participants with a valid baseline screening			
VALUES AND DESCRIPTION	**Total cholesterol in mg/dL**	A three-digit (numeric) value representing the participant's total cholesterol in mg/dL Total cholesterol values that are between 44 and 60 mg/dL or 400 and 702 mg/dL will be flagged 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 = 090		
	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) invalid Cholestech readings due to very high/low values; (4) 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 This value will be flagged as 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 This value will be flagged as a quality check		
	999 No measurement recorded	No total cholesterol measurement was taken or recorded This value will be flagged as an error		
ANALYSIS AND USE	To identify participants who are unaware that they have high or borderline high cholesterol and need preventive services or referral to medical management To determine cholesterol control and management To assess the percentage of WISEWOMAN participants who have high cholesterol or borderline high cholesterol To assess the risk in the WISEWOMAN population for cardiovascular disease To provide data element required to determine participant's Simple 7 cardiovascular risk score			
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 (14c: HDL) value recorded. If the participant was fasting and had a lipid panel completed at the baseline, rescreening, or follow-up visit, then LDL (14d: LDL) and triglyceride (14e: Trigly) values can also be recorded in addition to total and HDL cholesterol. Total cholesterol measurement at baseline screening or rescreening is required for a record to count as a valid record. If TotChol is blank or coded as '999 No measurement recorded,' or is ouside of the valid range (044-702 mg/dL) the record will **not** count as a valid record, and the record will not count toward meeting a program's screening goal (performance measure #3).			

Item 14c: HDL	**HDL Cholesterol (fasting or nonfasting)** This variable indicates the participant's HDL cholesterol level.			
FORMAT	**Type:**	Numeric	**Other Format:**	N/A
	Item Length:	3	**Justification:**	Right
	Field Length:	6	**Beginning Position:**	230
	Leading Zeros:	Yes	**Valid Range:**	007-196; cannot be blank if TYPE is 1 or 2 (baseline screening or rescreening)
	Static Field:	No		
SOURCE	Not applicable; health screening measurement			
DENOMINATOR POPULATION	The denominator includes all WISEWOMAN participants with a valid baseline screening			
VALUES AND DESCRIPTION	**HDL cholesterol in mg/dL**	A three-digit (numeric) value representing the participant's HDL cholesterol in mg/dL HDL cholesterol values that are between 155 and 196 mg/dL will be flagged for quality checks and program verification. Values outside 007-196 mg/dL will be considered errors. See Appendix B for the procedure for validating out-of-range values Example: 90 mg/dL = 090		
	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) invalid Cholestech readings due to very high/low values;(4) 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 This value will be flagged as 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 This value will be flagged as a quality check		
	999 No measurement recorded	No HDL cholesterol measurement was taken or recorded This value will be flagged as an error		
ANALYSIS AND USE	To identify participants who are unaware that they have low HDL cholesterol and need preventive services or referral to medical management To assess the percentage of WISEWOMAN participants who have high cholesterol or borderline high cholesterol To assess the risk of the WISEWOMAN population for cardiovascular disease To assist in determining cholesterol control and management			
OTHER INFORMATION	***Guidance*** Codes and response options highlighted in gray should not appear on the data collection forms completed by the provider. They are provided for funded program use only. HDL cholesterol measurement may be taken as fasting or nonfasting. At a minimum, every participant must have a total cholesterol and HDL cholesterol (14c: HDL) value recorded. If the participant was fasting and had a lipid panel completed at the baseline, rescreening, or follow-up visit, then LDL (14d: LDL) and triglyceride (14e: Trigly) values can also be recorded in addition to total and HDL cholesterol. In cases where the Cholestech machine indicates a reading of less than 15 mg/dL, the guidance is to code the participant's HDL as 015.			

Item 14d: LDL	**LDL Cholesterol (fasting)** This variable indicates a fasting participant's fasting LDL cholesterol level.			
FORMAT	**Type:**	Numeric	**Other Format:**	N/A
	Item Length:	3	**Justification:**	Right
	Field Length:	6	**Beginning Position:**	236
	Leading Zeros:	Yes	**Valid Range:**	020-380; cannot be blank if TYPE is 1 or 2 (baseline screening or rescreening)
	Static Field:	No		
SOURCE	Not applicable; health screening measurement			
DENOMINATOR POPULATION	The denominator includes all WISEWOMAN participants with a valid baseline screening			
VALUES AND DESCRIPTION	**LDL cholesterol in mg/dL**	A three-digit (numeric) value representing a fasting participant's fasting LDL cholesterol in mg/dL LDL cholesterol values that are between 344 and 380 mg/dL will be flagged for quality checks and program verification. Values outside 020-380 mg/dL will be considered errors. See Appendix B for the procedure for validating out-of-range values For *nonfasting* participants, any value in this field will be flagged for a quality check Example: 90 mg/dL = 090		
	777 Inadequate blood sample	LDL cholesterol measurement was attempted, but results were not obtained due to technical difficulties or errors This may include issues such as (1) two or more failed venipuncture attempts; (2) insufficient amount of blood, type of test tube; (3) invalid Cholestech readings due to very high/low values; (4) sample submitted to laboratory, test not done due to erroneous or missing laboratory request or other paperwork This response should be used for participants who were confirmed to be fasting, but their LDL cholesterol was unable to be obtained For *nonfasting* participants, This value will be flagged as a quality check because all nonfasting participants should have their LDL cholesterol coded as '999 No measurement recorded'		
	888 Client refused	Participant refuses to receive a lipid panel that would include LDL measurements This response should be used for participants who were confirmed to be fasting, but refused a lipid panel For *nonfasting* participants, This value will be flagged as a quality check because all nonfasting participants should have their LDL cholesterol coded as '999 No measurement recorded'		
	999 No measurement recorded	No LDL cholesterol measurement was taken or recorded Nonfasting participants should always have this value		
ANALYSIS AND USE	To assist in determining cholesterol control and management			
OTHER INFORMATION	***Guidance*** Codes and response options highlighted in gray should not appear on the data collection forms completed by the provider. They are provided for funded program use only. LDL cholesterol must be a fasting measurement. At a minimum, every participant must have a total cholesterol and HDL cholesterol (14c: HDL) value recorded. If the participant was fasting and had a lipid panel completed at the baseline, rescreening, or follow-up visit, then LDL (14d: LDL) and triglyceride (14e: Trigly) values can also be recorded in addition to total and HDL cholesterol. If an LDL measurement is recorded when the participant was not confirmed to be fasting, programs should check with providers to determine whether the participant actually was fasting. ***Cross edits*** Providers should only order a lipid panel for participants who confirm that they are fasting. Participants who were not fasting, do not know their fasting status, or whose fasting status was not recorded should not have LDL measurements, and should be coded as '999 No measurement recorded.' Other LDL values for these participants will be flagged for a quality check. *Quality check:* (FAST = 2) **AND** LDL ≠ 999			

Item 14e: Trigly	**Triglycerides (fasting)** This variable indicates a fasting participant's triglycerides measurement.			
FORMAT	**Type:**	Numeric	**Other Format:**	N/A
	Item Length:	4	**Justification:**	Right
	Field Length:	8	**Beginning Position:**	242
	Leading Zeros:	Yes	**Valid Range:**	0012-3000; cannot be blank if TYPE is 1 or 2 (baseline screening or rescreening)
	Static Field:	No		
SOURCE	Not applicable; health screening measurement			
DENOMINATOR POPULATION	The denominator includes all WISEWOMAN participants with a valid baseline screening			
VALUES AND DESCRIPTION	**Triglycerides in mg/dL**	A four-digit (numeric) value representing a fasting participant's triglycerides measurement in mg/dL Triglycerides values values between 1,000 and 3,000 mg/dL will be flagged for quality checks and program verification. Values outside 0012-3000 mg/dL will be considered errors. See Appendix B for the procedure for validating out-of-range values For *nonfasting* participants any value in this field will be flagged for a quality check Example: 90 mg/dL = 0090		
	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) invalid Cholestech readings due to very high/low values; (4) sample submitted to laboratory, test not done due to erroneous or missing laboratory request or other paperwork This response should be used for participants who were confirmed to be fasting, but their triglycerides measurement could not be obtained For *nonfasting* participants, This value will be flagged as a quality check because all nonfasting participants should have their triglycerides measurement coded as '9999 No measurement recorded'		
	8888 Client refused	Fasting participant refuses to receive a lipid panel that would include triglycerides measurements This response should be used for participants who were confirmed to be fasting, but refused a lipid panel For *nonfasting* participants, This value will be flagged as 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	To assist in determining cholesterol control and management			
OTHER INFORMATION	***Guidance*** Codes and response options highlighted in gray should not appear on the data collection forms completed by the provider. They are provided for funded program use only. Triglycerides must be a fasting measurement. At a minimum, every participant must have a total cholesterol and HDL cholesterol (14c: HDL) value recorded. If the participant was fasting and had a lipid panel completed at the baseline, rescreening, or follow-up visit, then LDL (14d: LDL) and triglyceride (14e: Trigly) 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:* (FAST = 2) **AND** TRIGLY ≠ 9999			

Item 15a: BGDate	**Glucose/A1c Measurement Date** This variable indicates the date that the glucose or A1C measurements were taken.			
FORMAT	**Type:**	Numeric	**Other Format:**	MMDDCCYY
	Item Length:	8	**Justification:**	Right
	Field Length:	16	**Beginning Position:**	250
	Leading Zeros:	Yes	**Valid Range:**	Valid date; must be blank if Glucose and A1C = 888/8888, 999/9999; cannot be blank if TYPE is 1 (baseline screening) or 2 (rescreening) and Glucose and A1C ≠ 888/8888 or 999/9999
	Static Field:	No		
SOURCE	Not applicable; WISEWOMAN-specific variable			
DENOMINATOR POPULATION	The denominator includes all WISEWOMAN participants with a valid baseline screening			
VALUES AND DESCRIPTION	**Screening Date**	Valid date in MMDDCCYY format Example: September 10, 2013 = 09102013		
ANALYSIS AND USE	To determine the date of the glucose or A1C measurements To facilitate analysis of changes in glucose or A1C measurements over time			
OTHER INFORMATION	***Cross edits*** The glucose measurement date should not be blank if there is evidence of an attempt to measure glucose (15b: Glucose) or A1C (15c: A1C). An error flag will occur if glucose measurement date is blank when there is evidence of an attempt to measure glucose or A1C. *Error:* BGDATE = . **AND** (GLUCOSE ≠ (888, 999) **OR** A1C ≠ (8888, 9999)) ***Additional edits*** Glucose should have been measured on the current date or earlier. *Error:* BGDATE > [current date]			

Item 15b: Glucose	**Glucose (fasting)** This variable indicates the participant's fasting glucose measurement.			
FORMAT	**Type:**	Numeric	**Other Format:**	N/A
	Item Length:	3	**Justification:**	Right
	Field Length:	6	**Beginning Position:**	266
	Leading Zeros:	Yes	**Valid Range:**	037-571; cannot be blank if TYPE is 1 or 2 (baseline screening or rescreening)
	Static Field:	No		
SOURCE	American Heart Association Life's Simple 7			
DENOMINATOR POPULATION	The denominator includes all WISEWOMAN participants with a valid baseline screening			
VALUES AND DESCRIPTION	**Total glucose in mg/dL**	Up to a three-digit (numeric) value representing the participant's fasting glucose level in mg/dL Glucose values that are between 037 and 050 mg/dL or 275 and 571 mg/dL will be flagged for quality checks and program verification. Values outside 037-571 will be considered errors. See Appendix B for the procedure for validating out-of-range values Example: 90 mg/dL = 090		
	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 may include issues such as (1) two or more failed venipuncture attempts; (2) insufficient amount of blood, type of test tube; (3) invalid Cholestech readings due to very high/low values; (4) sample submitted to laboratory, test not done due to erroneous or missing laboratory request or other paperwork This value will be flagged as a quality check		
	888 Client refused	Participant refuses to have her blood drawn for glucose measurements If the participant refuses to go to the lab, the participant can be considered to have refused If the participant does not go to the scheduled lab appointment after follow-up has been attempted, the participant can be considered to have refused		
	999 No measurement recorded	No glucose measurement was taken or record Non-fasting participants should always have this value		
ANALYSIS AND USE	To identify participants who have pre-diabetes and diabetes To assist in determining diabetes control and management To use in conjunction with A1C percentage to accurately assess a participant's blood glucose To provide data element required to determine participant's Simple 7 cardiovascular risk score To understand the overall rate of diabetes among the WISEWOMAN population			

Item 15b: Glucose	**Glucose (fasting)** This variable indicates the participant's fasting glucose measurement.
OTHER INFORMATION	***Guidance*** Codes and response options highlighted in gray should not appear on the data collection form completed by the provider. They are provided for funded program use only. Glucose must be a fasting measurement. 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. In cases where the Cholestech machine indicates a reading of less than 50 mg/dL, the guidance is to code the participant's glucose as 050. This is considered an alert reading and participants should be seen immediately Glucose measurement or A1C measurement at baseline screening or rescreening is required for a record to count as a valid record. Values are considered invalid for the glucose variable if: (1) participant is fasting and glucose is left blank, coded as missing, or out of range, or (2) participant is not fasting. In both cases, the record will only be considered valid if the A1C variable is not left blank, coded as missing, or out of range. Otherwise, the record will **not** count as a valid record, and the record will not count toward meeting a program's screening goal (performance measure #3). ***Cross edits*** Providers must attempt a glucose or A1C measurement (15c: A1C). An error flag will occur if a glucose or A1C measurement is not attempted. *Error:* GLUCOSE = 999 **AND** A1C = 9999 Providers should attempt to measure either glucose or A1C (15c: A1C). A quality check flag will occur if the participant refuses both a glucose and A1C measurement. *Quality check:* GLUCOSE = 888 **AND** AIC = 8888 [1]Providers should only attempt to measure glucose for fasting participants. *Error:* (FAST = 2) **AND** GLUCOSE ≠ 999 **[1]This edit will not come into effect until January 2015.**

Item 15c: A1C	**A1C Percentage** This variable indicates the participant's A1C percentage (if measured).			
FORMAT	**Type:**	Numeric	**Other Format:**	N/A
	Item Length:	4	**Justification:**	Right
	Field Length:	8	**Beginning Position:**	272
	Leading Zeros:	Yes	**Valid Range:**	02.8-16.2; cannot be blank if TYPE is 1 or 2 (baseline screening or rescreening); decimal points count as part of the length
	Static Field:	No		
SOURCE	Not applicable; health screening measurement			
DENOMINATOR POPULATION	The denominator includes all WISEWOMAN participants with a valid baseline screening			
VALUES AND DESCRIPTION	**A1C percentage**	Numeric value representing the participant's A1C percentage. A1C should be reported to one decimal point If A1C was measured by another provider within the last 3 months, it is acceptable to input the value if it is available A1C values between 02.8% and 04.0% or 13.0% and 16.2% will be flagged for quality checks and program verification. Values outside 02.8%-16.2% will be considered errors. See Appendix B for the procedure for validating out-of-range values Example: 8.5% = 08.5 (where the decimal place counts as part of the variable length)		
	7777 Inadequate blood sample	A1C measurement was attempted, but results were not obtained due to technical difficulties or errors This value will be flagged as a quality check		
	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 programs To assist in determining diabetes control and management To assess the cardiovascular disease risk factors in the WISEWOMAN population To provide data element required to determine participant's Simple 7 cardiovascular risk score			

Item 15c: A1C	**A1C Percentage** This variable indicates the participant's A1C percentage (if measured).
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. Participants with A1C percentage values greater than or equal to 6.5% are considered diabetic. Participants with A1C percentage values less than 6.5% but greater than or equal to 5.7% are considered pre-diabetic. 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. A1C measurement or glucose measurement at baseline screening or rescreening is required for a record to count as a valid record. If both Glucose and A1C are blank or outside of the valid range (Glucose: 37-571 mg/dL; A1C: 2.8-16.2%) the record will **not** count as a valid record, and the record will not count toward meeting a program's screening goal (performance measure #3). 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.

Item 16a: BPAlert	**If average SBP >180 or DBP >110, what is the status of the workup?** This variable indicates the status of the workup of a participant's alert level blood pressure.			
FORMAT	**Type:**	Numeric	**Other Format:**	N/A
	Item Length:	1	**Justification:**	Right
	Field Length:	2	**Beginning Position:**	280
	Leading Zeros:	No	**Valid Range:**	See values; cannot be blank if TYPE is 1 or 2 (baseline screening or rescreening)
	Static Field:	No		
SOURCE	Not applicable; health screening measurement			
DENOMINATOR POPULATION	Participants who have an alert level blood pressure value are included in the denominator			
VALUES AND DESCRIPTION	**1 Workup complete**	Workup for participant with an alert level blood pressure reading is complete		
	2 Follow-up – workup by alternate provider	Patient intends to see an alternate provider within 7 days		
	3 Not an alert reading	Participant did not have an alert level blood pressure reading		
	8 Client refused workup	Participant had an alert level blood pressure reading but refused workup		
	9 Workup not completed, client lost to follow-up	Participant had an alert level blood pressure reading but was lost to follow-up, and workup was not completed *Lost to follow-up* is defined as a participant who did not attend her scheduled workup within three months after a screening visit and could not be reached to reschedule another appointment This value will be flagged as an error.		
ANALYSIS AND USE	To assess whether participants with alert level blood pressure readings are receiving a workup To assist in determining hypertension (high blood pressure) management, and control			
OTHER INFORMATION	***Guidance*** Codes and response options highlighted in gray should not appear on the data collection forms completed by the provider. They are provided for funded program use only. A participant is classified as having an alert blood pressure reading if the average of her two systolic blood pressure readings (12b: SBP1 and 12d: SBP2) is greater than 180 mmHg *or* if the average of her two diastolic blood pressure readings (12c: DBP1 and 12e: DBP2) is greater than 110 mmHg. If a second blood pressure was not taken, then the first reading should be used to determine whether a participant has an alert value. ***Cross edits*** If average systolic or diastolic blood pressure is an alert value, then this field should not be recorded as a non-alert value. An error flag will occur if a participant with an alert value is recorded as a non-alert value. *Error:* (((SBP1 + SBP2)/2) >180) **OR** ((DBP1 + DBP2)/2) >110)) **AND** BPALERT ≠ (1, 2, 8, 9) If average systolic or diastolic blood pressure is *not* an alert value, then this field should be coded '3 Not an alert reading.' An error flag will occur if this code is not selected for participants who do not have an alert value. *Error:* (((SBP1 + SBP2)/2) ≤180) **AND** ((DBP1 + DBP2)/2) ≤110)) **AND** BPALERT ≠ 3 If first systolic and diastolic blood pressure measurements were not obtained, blood pressure workup status should be coded '3 Not an alert reading'.' An error flag will occur if this code is not selected for participants who have no valid blood pressure measurements. *Error:* SBP1 = 777, 888, or 999 **AND** DBP1 = 777, 888, or 999 **AND** BPALERT ≠ 3 If average systolic or diastolic blood pressure is an alert value, then the blood pressure workup status should be obtained. An error flag will occur if the alert participant is coded as '8 Client refused workup' or '9 Workup not completed, client lost to follow-up.' *Error:* (((SBP1 + SBP2)/2) >180) **OR** ((DBP1 + DBP2)/2) >110)) **AND** BPALERT = (8, 9) **AND** BPDIDATE = [valid date]			

Item 16b: BPDiDate	**If Average SBP >180 or DBP >110, Workup Date** This variable indicates the workup date for a participant with an alert level blood pressure reading.			
FORMAT	**Type:**	Numeric	**Other Format:**	MMDDCCYY
	Item Length:	8	**Justification:**	Right
	Field Length:	16	**Beginning Position:**	282
	Leading Zeros:	Yes	**Valid Range:**	Valid date; must be blank if BPAlert=3; cannot be blank if BPAlert=1, 2, 8, or 9 and TYPE is 1 (baseline screening) or 2 (rescreening)
	Static Field:	No		
SOURCE	Not applicable; WISEWOMAN-specific variable			
DENOMINATOR POPULATION	Participants who have an alert level blood pressure value are included in the denominator			
VALUES AND DESCRIPTION	**Blood Pressure Workup Date**	Valid date in MMDDCCYY format If follow-up information is provided for this referral, the workup date can be entered Example: September 10, 2013 = 09102013		
ANALYSIS AND USE	To assess whether providers are performing timely workups for participants with alert level blood pressure values To determine whether programs are meeting the guideline of workups within one week of the screening for alert participants To assist in determining hypertension (high blood pressure) prevention, management, and control			
OTHER INFORMATION	***Guidance*** A participant is classified as having an alert blood pressure reading if the average of her two systolic blood pressure readings (12b: SBP1 and 12d: SBP2) is greater than 180 mmHg *or* if the average of her two diastolic blood pressure readings (12c: DBP1 and 12e: DBP2) is greater than 110 mmHg. If a second blood pressure was not taken, then the first reading should be used to determine whether a participant has an alert value. Only participants who are coded as having an alert blood pressure reading (15a: BPAlert = '1 Workup complete,' 2 Follow-up – workup by alternate provider,' 8 Client refused workup,' or '9 Workup not completed, client lost to follow-up') can have a blood pressure diagnostic exam date. If a participant with an alert blood pressure value has a blood pressure workup status (16a: BPAlert) coded as ''1 Workup complete,' this field must be completed with the date of the diagnostic exam. If a participant with an alert blood pressure value has a blood pressure workup status (16a: BPAlert) coded as ''2 Follow-up – workup by alternate provider,' and the program is unable to obtain the date of her diagnostic exam, this field may be left blank. If a participant with an alert blood pressure value has a blood pressure workup status (16a: BPAlert) coded as '8 Client refused workup,' this field should contain the date of refusal as defined by program protocol. If a participant with an alert blood pressure value has a blood pressure workup status (16a: BPAlert) coded as '9 Workup not completed, client lost to follow-up,' this field should contain the date that the program considered the participant lost to follow-up as defined by program protocol ***Cross edits*** For participants with an alert blood pressure value who received a complete workup, the diagnostic exam date should be on or after the blood pressure measurement date. *Error:* ((((SBP1 + SBP2)/2) >180) **OR** ((DBP1 + DBP2)/2) >110) **AND** BPALERT = 1 **AND** BPDIDATE = [valid date] **AND** BPDATE = [valid date] **AND** BPDIDATE < BPDATE A blood pressure diagnostic exam date should not be recorded if average systolic or diastolic blood pressure is not an alert value. If a blood pressure diagnostic exam date is recorded for a participant who does not have an alert blood pressure value, this field will be flagged as an error. *Error:* ((((SBP1 + SBP2)/2) ≤180) **AND** ((DBP1 + DBP2)/2) ≤110) **AND** BPDIDATE = [valid date] A blood pressure diagnostic exam date should be recorded only if first systolic or diastolic blood pressure was obtained. An error flag will occur if a date is recorded when first systolic or diastolic blood pressure was not obtained.			

Item 16b: BPDiDate	**If Average SBP >180 or DBP >110, Workup Date** This variable indicates the workup date for a participant with an alert level blood pressure reading.
OTHER INFORMATION	***Guidance (con't):*** *Error:* SBP1 = 777, 888, or 999 **AND** DBP1 = 777, 888, or 999 **AND** BPDIDATE = [valid date] For participants with an alert blood pressure value who received a complete workup, a blood pressure diagnostic exam date should not be missing or more than seven days later than the blood pressure measurement date. An error flag will occur if the diagnostic exam date is missing or more than seven days after the date that blood pressure measurements were taken. *Error:* ((((SBP1 + SBP2)/2) >180) **OR** ((DBP1 + DBP2)/2) >110) **AND** BPALERT = 1 **AND** ((BPDIDATE = [valid date] **AND** BPDATE = [valid date] **AND** BPDIDATE - BPDATE >7) OR BPDIDATE = .) A blood pressure diagnostic exam date should be recorded for participants with an alert blood pressure value when the participant intends to see an alternate provider for alert workup. This date should not be more than seven days after the blood pressure measurement date. *Error:* ((((SBP1 + SBP2)/2) >180) **OR** ((DBP1 + DBP2)/2) >110) **AND** BPALERT = 2 **AND** (BPDIDATE = [valid date] **AND** BPDATE = [valid date] **AND** ((BPDIDATE - BPDATE >7) **OR** BPDIDATE = .) A date of refusal should be provided for participants with an alert blood pressure value who refused a blood pressure workup. An error flag will occur if the date of refusal is not provided. *Error:* (((SBP1 + SBP2)/2) > 180 **OR** ((DBP1 + DBP2)/2) > 110) **AND** BPALERT = 8 **AND** BPDIDATE = . The date the program considered the participant lost to follow-up should be provided for participants with an alert blood pressure value who were lost to follow-up for a blood pressure workup. An error flag will occur if the date of lost to follow-up is not provided. *Error:* (((SBP1 + SBP2)/2) > 180 **OR** ((DBP1 + DBP2)/2) > 110) **AND** BPALERT = 9 **AND** BPDIDATE = .

Item 16c: BGAlert	**If GLUCOSE ≤50 or GLUCOSE ≥250, what is the status of the workup?** This variable indicates the status of the workup of a participant's alert level blood glucose.			
FORMAT	**Type:**	Numeric	**Other Format:**	N/A
	Item Length:	1	**Justification:**	Right
	Field Length:	2	**Beginning Position:**	298
	Leading Zeros:	No	**Valid Range:**	See values; cannot be blank if TYPE is 1 or 2 (baseline screening or rescreening)
	Static Field:	No		
SOURCE	Not applicable; health screening measurement			
DENOMINATOR POPULATION	Participants who have alert level fasting glucose values are included in the denominator.			
VALUES AND DESCRIPTION	**1 Workup complete**	Workup for participant with an alert level fasting glucose reading is complete		
	2 Follow-up – work up by alternate provider	Patient intends to see an alternate provider within 7 days		
	3 Not an alert reading	Participant does not have an alert level fasting glucose reading		
	8 Client refused workup	Participant had an alert level fasting glucose reading but refused workup		
	9 Workup not completed, client lost to follow-up	Participant had an alert level fasting glucose reading but was lost to follow-up, and workup was not completed *Lost to follow-up* is defined as a participant who did not attend her scheduled workup within three months after a screening visit and was unable to be reached to reschedule another appointment This value will be flagged as an error.		
ANALYSIS AND USE	To assess whether participants with alert level blood glucose readings are receiving workup To assist in determining diabetes prevention, management, and control			
OTHER INFORMATION	***Guidance*** Codes and response options highlighted in gray should not appear on the data collection forms completed by the provider. They are provided for funded program use only. A participant is classified as having an alert blood glucose reading if her blood glucose is less than or equal to 50 mg/dL or greater than or equal to 250 mg/dL. Participants who have been diagnosed with diabetes as determined by diabetes health history status and/or A1C measurement at screening will not be classified as having an alert blood glucose reading. If a participant does not have a valid A1C measurement at screening, her blood glucose will be used to determine her alert blood glucose status (regardless of diabetes health history status). ***Cross edits*** If Glucose is an alert value, then this field should not be recorded as a non-alert value. An error flag will occur if a participant with an alert value is recorded as a non-alert value. *Error:* (GLUCOSE ≤50 **OR** GLUCOSE ≥250) **AND** ((SRD ≠ 1 **AND** A1C < 6 .5) **OR** (A1C = 7777, 8888, 9999)) **AND** BGALERT ≠ (1, 2, 8, 9) If Glucose is not an alert value, then this field should be coded '3 Not an alert reading.' An error flag will occur if this code is not selected for participants who do not have an alert value. *Error:* 50< GLUCOSE <250 **AND** BGALERT ≠ 3 If a glucose measurement is not obtained, glucose workup status should be coded '3 Not an alert reading.' An error flag will occur if this code is not selected for participants who do not have a glucose measurement. *Error:* GLUCOSE = 777, 888, or 999 **AND** BGALERT ≠ 3 If Glucose is an alert value, then the glucose workup status should be obtained. An error flag will occur if the alert participant is coded as '8 Client refused workup' or '9 Workup not completed, client lost to follow-up. *Error:* (GLUCOSE ≤50 **OR** GLUCOSE ≥250) **AND** ((SRD ≠ 1 **AND** A1C < 6.5) **OR** (A1C = 7777, 8888, 9999)) **AND** BGALERT = (8, 9) **AND** BGDIDIATE = [valid date]			

Item 16d: BGDiDate	**If GLUCOSE ≤50 or GLUCOSE ≥250 Workup Exam Date** This variable indicates the workup date for a participant with an alert level fasting blood glucose reading.			
FORMAT	**Type:**	Numeric	**Other Format:**	MMDDCCYY
	Item Length:	8	**Justification:**	Right
	Field Length:	16	**Beginning Position:**	300
	Leading Zeros:	Yes	**Valid Range:**	Valid date; must be blank if BGAlert=3; cannot be blank if BGAlert=1, 2, 8, or 9 and TYPE is 1 (baseline screening) or 2 (rescreening)
	Static Field:	No		
SOURCE	Not applicable; WISEWOMAN-specific variable			
DENOMINATOR POPULATION	Participants who have alert level fasting glucose values are included in the denominator.			
VALUES AND DESCRIPTION	**Blood glucose workup date**	Valid date in MMDDCCYY format If follow-up information is provided for this referral, the workup date can be entered Example: September 10, 2013 = 09102013		
ANALYSIS AND USE	To assess whether providers are performing timely workups for participants with alert level fasting blood glucose values To determine whether programs are meeting the guideline of workup within one week of the screening for alert participants			
OTHER INFORMATION	***Guidance*** A participant is classified as having an alert blood glucose reading if her blood glucose is less than or equal to 50 mg/dL or greater than or equal to 250 mg/dLParticipants who have been diagnosed with diabetes as determined by diabetes health history status and/or A1C measurement at screening will not be classified as having an alert blood glucose reading. If a participant does not have a valid A1C measurement at screening, her blood glucose will be used to determine her alert blood glucose status (regardless of diabetes health history status). Only participants who are coded as having an alert blood glucose reading (16c: BGAlert = '1 Workup complete,' '2 Follow-up – work up by alternate provider' '8 Client refused workup,' or '9 Workup not completed, client lost to follow-up') should have a blood glucose diagnostic exam date. If a participant with an alert blood glucose value has a blood glucose workup status (16c: BGAlert) coded as ''2 Follow-up – work up by alternate provider' and the program is unable to obtain the date of her diagnostic exam, this field may be left blank. If a participant with an alert blood glucose value has a blood glucose workup status (16c: BGAlert) coded as '8 Client refused workup,' this field should contain the date of refusal as defined by program protocol. If a participant with an alert blood glucose value has a blood glucose workup status (16c: BGAlert) coded as '9 Workup not completed, client lost to follow-up,' this field should contain the date that the program considered the participant lost to follow-up as defined by program protocol. ***Cross edits*** For participants with an alert glucose value who received a complete workup, the diagnostic exam date should be on or after the glucose measurement date. Otherwise, this field will be flagged as an error. *Error:* (GLUCOSE ≤50 **OR** GLUCOSE ≥250) **AND** ((SRD ≠ 1 **AND** A1C < 6.5) **OR** (A1C = 7777, 8888, 9999)) **AND** BGDIDATE = [valid date] **AND** BGDATE = [valid date] **AND** BGDIDATE < BGDATE **AND** BGALERT = 1 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 <250) **AND** BGDIDATE = [valid date]			

Item 16d: BGDiDate	**If GLUCOSE ≤50 or GLUCOSE ≥250 Workup Exam Date** This variable indicates the workup date for a participant with an alert level fasting blood glucose reading.
OTHER INFORMATION	**Guidance (con't):** A glucose diagnostic exam date should only be recorded if blood glucose was obtained. An error flag will occur if a date is recorded when blood glucose was not obtained. *Error:* GLUCOSE = 777, 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. An error flag will occur if the diagnostic exam date is missing or more than seven days after the date that glucose measurements were taken. *Error:* (GLUCOSE ≤50 **OR** GLUCOSE ≥250) **AND** ((SRD ≠ 1 **AND** A1C < 6.5) **OR** (A1C = 7777, 8888, 9999)) **AND** BGALERT = 1 **AND** ((BGDIDATE = [valid date] **AND** BGDATE = [valid date] **AND** BGDIDATE - BGDATE >7) **OR** BGDIDATE = .) A glucose diagnostic exam date should be recorded for participants with an alert glucose value when the participant intends to see an alternate provider for alert workup. This date should not be more than seven days after the glucose measurement date. An error flag will occur if the glucose diagnostic exam date is missing or is more than seven days after the glucose measurement date. *Error:* (GLUCOSE ≤50 **OR** GLUCOSE ≥250) **AND** ((SRD ≠ 1 **AND** A1C < 6.5) **OR** (A1C = 7777, 8888, 9999)) **AND** BGALERT = 2 **AND** (BGDIDATE = [valid date] **AND** BGDATE = [valid date] **AND** BGDIDATE - BGDATE >7) **OR** BGDIDATE = . A date of refusal should be provided for participants with an alert glucose value who refused a glucose workup. An error flag will occur if the date of refusal is not provided. *Error:* (GLUCOSE ≤ 50 **OR** GLUCOSE ≥250) **AND** ((SRD ≠ 1 **AND** A1C < 6.5) **OR** (A1C = 7777, 8888, 9999)) **AND** BGALERT = 8 **AND** BGDIDATE = . The date the program considered the participant lost to follow-up should be provided for participants with an alert glucose value who were lost to follow-up for a glucose workup. An error flag will occur if the date of lost to follow-up is not provided. *Error:* (GLUCOSE ≤ 50 **OR** GLUCOSE ≥250) **AND** ((SRD ≠ 1 **AND** A1C < 6.5) **OR** (A1C = 7777, 8888, 9999)) **AND** BGALERT = 9 **AND** BGDIDATE = .

4. RISK REDUCTION COUNSELING MDE SPECIFICATIONS

This section provides grantees with the information necessary to support collection and reporting of Risk Reduction Counseling MDEs, which must be done according to the specifications provided in this section of the manual.

Variables for inclusion are those that can be associated with a participant who has a valid screening, which at a minimum, is defined as a record with a valid blood pressure date (12a: BPDate) and valid values at baseline screening and rescreening for the following:[7]

- Month and year of birth (3d);
- Previous cardiovascular disease risk [high cholesterol, hypertension, diabetes, coronary heart disease/chest pain, heart attack, heart failure, stroke/TIA, vascular disease, or congenital heart defects (4a-4d)];
- Use of medications to lower cholesterol, blood pressure, or blood sugar (5a – 5c);
- Diet [consumption of fruits, vegetables, fish, whole grains, and beverages with added sugar (7a-7e)];
- Physical activity [moderate and vigorous physical activity (8a and 8b)];
- Smoking status (9a);
- Biometric screening measures [height and weight (11a and 11b), and first systolic blood pressure (12b), diastolic blood pressure (12c), total cholesterol (14b), and glucose (15b) or A1C (15c)]

For risk reduction counseling to be counted and considered in the related performance measure, it must include a valid risk reduction counseling start and completion date, participant decided priority area, readiness to change assessment date, and participant stage of change.[8]

This section begins with a summary of the 8 required variables (Subsection a) and then provides the technical specifications for each variable (Subsection b).

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7 Valid values for required baseline screening and rescreening items are provided in the footnotes on page 17.

8 Values left blank or coded as unknown are considered invalid values for nutrition priority area and physical activity priority area if valid date is provided for risk reduction counseling start date.
Values left blank or coded as unknown are considered invalid values for smoking cessation priority area if valid date is provided for risk reduction counseling start date and the participant is a smoker.
Values left blank or coded as unknown are considered invalid values for hypertension medication adherence priority area if valid date is provided for risk reduction counseling start date and the participant takes medication for hypertension.
Values left blank are considered invalid values for risk reduction counseling start date.
Values left blank are considered invalid values for risk reduction counseling completion date and readiness to change assessment date if a valid date is provided for risk reduction counseling start date.
Values of blank or coded as missing are considered invalid values for participant stage of change if a valid date is provided for readiness to change assessment date.
As part of CDC's performance assessment, programs must also provide evidence that they have delivered risk reduction counseling to 100 percent of the women with valid screenings (performance measure #4).

a. Summary of Risk Reduction Counseling MDEs

Item Number	Variable Name	Position	Possible Rounds of Collection[1]	Variable Label	Type
17a	RRCDate	316	2	Risk reduction counseling date	Numeric
17b	RRCComplete	332	2	Risk reduction counseling completion date	Numeric
17c	RRCNut	348	2	Participant decided nutrition is a priority area	Numeric
17d	RRCPA	350	2	Participant decided physical activity is a priority area	Numeric
17e	RRCSmoke	352	2	Participant decided smoking cessation is a priority area	Numeric
17f	RRCMedAdhere	354	2	Participant decided medication adherence for hypertension (high blood pressure) is a priority area	Numeric
18a	RTCDate	356	2	Readiness to change assessment date	Numeric
18b	RTC	372	2	Participant stage of change	Numeric

[1] Number of times the item may be collected during the screening cycle. For example, for an item with 2 possible rounds of data collection, a value may be provided at both baseline screening/rescreening and at follow-up assessment.

b. Risk Reduction Counseling MDE Specifications

Item 17a: RRCDate	**Risk Reduction Counseling Date** This variable indicates the date that the initial risk reduction counseling occurred.			
FORMAT	**Type:**	Numeric	**Other Format:**	MMDDCCYY
	Item Length:	8	**Justification:**	Right
	Field Length:	16	**Beginning Position:**	316
	Leading Zeros:	Yes	**Valid Range:**	Valid date; cannot be blank if Type = 1 or 2 (baseline screening or rescreening)
	Static Field:	No		
SOURCE	Not applicable; WISEWOMAN-specific variable			
DENOMINATOR POPULATION	The denominator includes all WISEWOMAN participants with a valid baseline screening			
VALUES AND DESCRIPTION	**Risk reduction counseling date**	Valid date in MMDDCCYY format Date must occur within the submission period Example: September 10, 2013 = 09102013		
ANALYSIS AND USE	To determine the date of the risk reduction counseling To assess receipt of risk reduction counseling to inform analyses of behavior change To facilitate analysis of changes in risk reduction counseling provision over time			
OTHER INFORMATION	***Guidance*** All participants should receive risk reduction counseling at the time of screening (baseline screening or rescreening). To calculate the number of risk reduction counseling sessions per participant, the number of initial risk reduction counseling dates is counted for each unique participant ID (3a: EncodeID). ***Additional edits*** Initial risk reduction counseling should have been occured on the current date or earlier. An error flag will occur if the risk reduction counseling date is in the future. *Error:* RRCDate > [current date] Initial risk reduction counseling date should be recorded if the record represents a baseline screening visit or a rescreening visit. Otherwise, this field will be flagged as an error. *Error:* Type = 1 or 2 **AND** RRCDate = .			

Item 17b: RRCComplete	**Risk Reduction Counseling Completion Date** This variable indicates the date that risk reduction counseling was completed.			
FORMAT	**Type:**	Numeric	**Other Format:**	MMDDCCYY
	Item Length:	8	**Justification:**	Right
	Field Length:	16	**Beginning Position:**	332
	Leading Zeros:	Yes	**Valid Range:**	Valid date; cannot be blank if valid date is provided for RRCDate
	Static Field:	No		
SOURCE	Not applicable; WISEWOMAN-specific variable			
DENOMINATOR POPULATION	The denominator includes all WISEWOMAN participants with a valid baseline screening			
VALUES AND DESCRIPTION	**Risk reduction counseling follow-up date**	Valid date in MMDDCCYY format Date must occur within the submission period Example: September 10, 2013 = 09102013		
	88888888 Participant refused further program contact	Participant refused further program contact This value will be flagged as a quality check		
	99999999 Participant lost to follow-up	Provider made three attempts to follow-up with participant but participant lost to follow-up. This value will be flagged as a quality check		
ANALYSIS AND USE	To determine the date of a completed risk reduction counseling session To facilitate analysis of changes in risk reduction counseling provision over time			
OTHER INFORMATION	***Guidance*** If laboratory results are not available at the time of the screening visit to provide risk reduction counseling, this field should be used to indicate the date on which risk reduction counseling was completed. If risk reduction counseling was completed on the same date that it began, the same date should be recorded for RRCDate and RRCComplete. ***Additional edits*** Initial risk reduction counseling must be completed on the same date or within 60 days after the office visit (12a: BPDate). Otherwise, this field will be flagged as a quality check. *Quality Check:* RRCComplete ≥ BPDate + 60 days Initial risk reduction counseling date should have occurred on or before the date that risk reduction counseling for that session was completed. Otherwise, this field will be flagged as an error. *Error:* RRCComplete < RRCDate Completion of risk reduction counseling should have been occured on the current date or earlier. An error flag will occur if the risk reduction counseling completion date is in the future. *Error:* RRCComplete > [current date] Risk reduction counseling completion date should be recorded if initial risk reduction counseling date was recorded. Otherwise, this field will be flagged as an error. *Error:* RRCDate = [valid date] **AND** RRCComplete = .			

Item 17c: RRCNut	**Participant Decided Nutrition is a Priority Area** This variable indicates whether the participant decided that nutrition is a priority area after receiving risk reduction counseling.			
FORMAT	**Type:**	Numeric	**Other Format:**	N/A
	Item Length:	1	**Justification:**	Right
	Field Length:	2	**Beginning Position:**	348
	Leading Zeros:	No	**Valid Range:**	See values; cannot be blank if valid date is provided for RRCDate
	Static Field:	No		
SOURCE	Not applicable; WISEWOMAN-specific variable			
DENOMINATOR POPULATION	The denominator includes all WISEWOMAN participants that received risk reduction counseling			
VALUES AND DESCRIPTION	**1 Yes**	Participant decided that nutrition is a priority area		
	2 No	Participant did not decide that nutrition is a priority area		
	7 Unknown	It is unknown whether the participant decided that nutrition is a priority area This value will be flagged as an error		
ANALYSIS AND USE	To determine the number of participants that decided nutrition is a priority area after receiving risk reduction counseling To assist in determining participant health education on cardiovascular disease risk factors To assist in assessments of reduction of risk over time in context of types of counseling received			
OTHER INFORMATION	***Guidance*** Codes and response options highlighted in gray should not appear on the data collection forms completed by the provider. They are provided for funded program use only. ***Additional Edits*** Nutrition priority area should be recorded if initial risk reduction counseling date was recorded. Otherwise, this field will be flagged as an error. *Error:* RRCDate = [valid date] **AND** RRCNut = .			

Item 17d: RRCPA	**Participant Decided Physical Activity is a Priority Area** This variable indicates whether the participant decided that physical activity is a priority area after receiving risk reduction counseling.			
FORMAT	**Type:**	Numeric	**Other Format:**	N/A
	Item Length:	1	**Justification:**	Right
	Field Length:	2	**Beginning Position:**	350
	Leading Zeros:	No	**Valid Range:**	See values; cannot be blank if valid date is provided for RRCDate
	Static Field:	No		
SOURCE	Not applicable; WISEWOMAN-specific variable			
DENOMINATOR POPULATION	The denominator includes all WISEWOMAN participants that received risk reduction counseling			
VALUES AND DESCRIPTION	**1 Yes**	Participant decided that physical activity is a priority area		
	2 No	Participant did not decide that physical activity is a priority area		
	7 Unknown	It is unknown whether the participant decided that physical activity is a priority area This value will be flagged as an error		
ANALYSIS AND USE	To determine the number of participants that decided physical activity is a priority area after receiving risk reduction counseling To assist in determining participant health education on cardiovascular disease risk factors To assist in assessments of reduction of risk over time in context of types of counseling received			
OTHER INFORMATION	***Guidance*** Codes and response options highlighted in gray should not appear on the data collection forms completed by the provider. They are provided for funded program use only. ***Additional Edits*** Physical activity priority area should be recorded if initial risk reduction counseling date was recorded. Otherwise, this field will be flagged as an error. *Error:* RRCDate = [valid date] **AND** RRCPA = .			

Item 17e: RRCSmoke	**Participant Decided Smoking Cessation is a Priority Area** This variable indicates whether the participant decided that smoking cessation is a priority area after receiving risk reduction counseling.			
FORMAT	**Type:**	Numeric	**Other Format:**	N/A
	Item Length:	1	**Justification:**	Right
	Field Length:	2	**Beginning Position:**	352
	Leading Zeros:	No	**Valid Range:**	See values; cannot be blank if valid date is provided for RRCDate and Smoker = 1
	Static Field:	No		
SOURCE	Not applicable; WISEWOMAN-specific variable			
DENOMINATOR POPULATION	The denominator includes all WISEWOMAN participants that have received risk reduction counseling and are smokers			
VALUES AND DESCRIPTION	**1 Yes**	Participant decided that smoking cessation is a priority area		
	2 No	Participant did not decide that smoking cessation is a priority area		
	7 Unknown	It is unknown whether the participant decided that smoking cessation is a priority area This value will be flagged as an error		
ANALYSIS AND USE	To determine the number of participants that decided smoking cessation is a priority area after receiving risk reduction counseling To assist in determining participant health education on cardiovascular disease risk factors To assist in assessments of reduction of risk over time in context of types of counseling received			
OTHER INFORMATION	***Guidance*** Codes and response options highlighted in gray should not appear on the data collection forms completed by the provider. They are provided for funded program use only. ***Additional Edits*** Smoking cessation priority area should be recorded if initial risk reduction counseling date was recorded and if participant is a smoker. Otherwise, this field will be flagged as an error. *Error:* RRCDate = [valid date] **AND** Smoker = 1 **AND** RRCSmoke = .			

Item 17f: RRCMedAdhere	**Participant Decided Medication Adherence for Hypertension (high blood pressure) is a Priority Area** This variable indicates whether the participant decided medication adherence for her hypertension (high blood pressure) is a priority area after receiving risk reduction.			
FORMAT	**Type:**	Numeric	**Other Format:**	N/A
	Item Length:	1	**Justification:**	Right
	Field Length:	2	**Beginning Position:**	354
	Leading Zeros:	No	**Valid Range:**	See values; cannot be blank if valid date is provided for RRCDate and HBPMeds = 1
	Static Field:	No		
SOURCE	Not applicable; WISEWOMAN-specific variable			
DENOMINATOR POPULATION	The denominator includes all WISEWOMAN participants taking medication for hypertension (high blood pressure) and have received risk reduction counseling			
VALUES AND DESCRIPTION	**1 Yes**	Participant decided that medication adherence for hypertension (high blood pressure) is a priority area		
	2 No	Participant did not decide that medication adherence for hypertension (high blood pressure) is a priority area		
	7 Unknown	It is unknown whether the participant decided that medication adherence for hypertension (high blood pressure) is a priority area This value will be flagged as an error		
ANALYSIS AND USE	To determine the number of participants that decided that medication adherence for hypertension (high blood pressure) is a priority area after receiving risk reduction counseling To assist in determining hypertension (high blood pressure) prevention, management, and control To assist in determining participant health education on cardiovascular disease risk factors To assist in assessments of reduction of risk over time in context of types of counseling received			
OTHER INFORMATION	***Guidance*** Codes and response options highlighted in gray should not appear on the data collection forms completed by the provider. They are provided for funded program use only. ***Additional Edits*** Medication adherence for hypertension priority area should be recorded if initial risk reduction counseling date was recorded and if participant is taking medication for hypertension. Otherwise, this field will be flagged for a quality check. . *Quality Check:* RRCDate = [valid date] **AND** HBPMeds = 1 **AND** RRCMEDADHERE = .			

Item 18a: RTCDate	**Readiness to Change Assessment Date** This variable indicates the date that an assessment of readiness to change occurred.			
FORMAT	**Type:**	Numeric	**Other Format:**	MMDDCCYY
	Item Length:	8	**Justification:**	Right
	Field Length:	16	**Beginning Position:**	356
	Leading Zeros:	Yes	**Valid Range:**	Valid date; cannot be blank if RRCDate date is valid
	Static Field:	No		
SOURCE	Not applicable; WISEWOMAN-specific variable			
DENOMINATOR POPULATION	The denominator includes all WISEWOMAN participants that received risk reduction counseling			
VALUES AND DESCRIPTION	**Readiness to change assessment date**	Valid date in MMDDCCYY format Date must occur within the submission period Example: September 10, 2013 = 09102013		
ANALYSIS AND USE	To determine the date of the readiness to change assessment To assist in determining whether the participant has received an assessment of readiness to change To facilitate analysis of changes in readiness to change for the participant and for the program over time			
OTHER INFORMATION	***Guidance*** Readiness to change assessment must be provided to all WISEWOMAN participants at the time of their risk reduction counseling. ***Additional Edits*** Readiness to change assessment date should be recorded if initial risk reduction counseling date was recorded. Otherwise, this field will be flagged as an error. *Error:* RRCDate = [valid date] **AND** RTCDate = . Readiness to change assessment should have been occured on the current date or earlier. An error flag will occur if the risk reduction counseling completion date is in the future. *Error:* RTCDate > [current date]			

Item 18b: RTC	**Participant Stage of Change** This variable indicates the participant's state of change based on a readiness to change assessment.			
FORMAT	**Type:**	Numeric	**Other Format:**	N/A
	Item Length:	1	**Justification:**	Right
	Field Length:	2	**Beginning Position:**	372
	Leading Zeros:	No	**Valid Range:**	See values; cannot be blank if valid date is provided for RTCDate
	Static Field:	No		
SOURCE	Prochaska, JO.; DiClemente, CC. The transtheroretical approach. In: Norcross, JC; Goldfried, MR. (eds.) Handbook of psychotherapy integration. 2nd ed. New York: Oxford University Press; 2005. p. 147–171.			
DENOMINATOR POPULATION	The denominator includes all WISEWOMAN participants that received risk reduction counseling			
VALUES AND DESCRIPTION	**1 Pre-contemplation**	Participant has little or no intention to change her behavior in the foreseeable future		
	2 Contemplation	Participant is thinking about making a change in her behavior		
	3 Preparation	Participant is ready to plan how she will make a change in her behavior		
	4 Action	Participant is in the process of trying to make a change in her behavior		
	5 Maintenance	Participant is trying to maintain a change she has made in her behavior		
	8 Refused	Participant refused to answer readiness to change assessment questions This value will be flagged as a quality check		
	9 No answer recorded	No answer was recorded This value will be flagged as an error if a valid date was provided for RTCDate		
ANALYSIS AND USE	To assess participant's stage of change based on a readiness to change assessment To facilitate analysis of changes in readiness to change for the participant and for the program over time To assist in assessments of participant behavior change outcomes in context of readiness to change			
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. Readiness to change assessment must be provided to all WISEWOMAN participants at the time of their risk reduction counseling. ***Additional edits*** Participant stage of change should be recorded if readiness to change assessment date was recorded. Otherwise, this field will be flagged as an error. *Error:* RTCDate = [valid date] **AND** RTC = . or 9			

5. HEALTHY BEHAVIOR SUPPORT OPTIONS MDE SPECIFICATIONS

This section provides grantees with the information necessary to support collection and reporting of Lifestyle Program/Health Coaching MDEs as well as referrals to community-based tobacco cessation resources which must be done according to the specifications provided in this section of the manual.

Variables for inclusion are those that can be associated with a participant who has a valid screening, which at a minimum, is defined as a record with a valid blood pressure date (12a: BPDate) and valid values at baseline screening and rescreening for the following:[9]

- Month and year of birth (3d);
- Previous cardiovascular disease risk [high cholesterol, hypertension, diabetes, coronary heart disease/chest pain, heart attack, heart failure, stroke/TIA, vascular disease, or congenital heart defects (4a-4d)];
- Use of medications to lower cholesterol, blood pressure, or blood sugar (5a – 5c);
- Diet [consumption of fruits, vegetables, fish, whole grains, and beverages with added sugar (7a-7e)];
- Physical activity [moderate and vigorous physical activity (8a and 8b)];
- Smoking status (9a);
- Biometric screening measures [height and weight (11a and 11b), and first systolic blood pressure (12b), diastolic blood pressure (12c), total cholesterol (14b), and glucose (15b) or A1C (15c)]

An LSP/HC contact is counted if the following MDE variables in a record have valid values: date of LSP/HC session, LSP/HC ID, and date of referral.[10] Grantees may report LSP/HC data that do not meet these requirements, but they will not be counted as an LSP/HC session, analyzed in data reports generated by CDC, or counted in the related performance measure unless additional documentation is provided.

This section begins with a summary of the 11 required variables (Subsection a) and then provides the technical specifications for each variable (Subsection b).

9 Valid values for required baseline screening and rescreening items are provided in the footnotes on page 17.

10Values left blank or that are not included on the current list of CDC-approved LSP/HC IDs are considered invalid values for LSP/HC ID if a valid date of LSP/HC session is provided.

Values left blank are considered invalid values for date of LSP/HC session.

As part of CDC's performance assessment, programs must also provide evidence that 80 percent of the women with valid screenings and referred to an LSP/HC participate in the program (performance measure #5).

a. Summary of Healthy Behavior Support Options MDEs

Item Number	Variable Name	Position	Possible Rounds of Collection [1]	Variable Label	Type
19a	RefDate	374	2	Lifestyle Program (LSP) / Health Coaching (HC) referral date	Numeric
20a	LSPHCRec	390	1	Number of Lifestyle Program (LSP) / Health Coaching (HC) sessions received by the participant	Numeric
20b	Intervention	392	16	Date of Lifestyle Program (LSP) / Health Coaching (HC) session)	Numeric
20c	LSPHCID	520	16	Lifestyle Program (LSP) / Health Coaching (HC) ID	Character
20d	LSPHCTime	680	16	Length of Lifestyle Program (LSP) / Health Coaching (HC) session received by the participant	Numeric
20e	ContactType	728	16	Type of Lifestyle Program (LSP) / Health Coaching (HC) session	Numeric
20f	Setting	744	16	Setting of Lifestyle Program (LSP) / Health Coaching (HC) session	Numeric
20g	LSPHCComp	760	16	Completion of Lifestyle Program (LSP) / Health Coaching (HC)	Numeric
21a	TobResDate	776	3	Date of referral to Tobacco Cessation Resource	Numeric
21b	TobResType	800	3	Type of Tobacco Cessation Resource	Numeric
21c	TResComp	803	3	Tobacco Cessation activity completed	Numeric

[1] Number of times the item may be collected during the screening cycle. For example, for an LSP curriculum with 16 sessions (or rounds of data collection), a value may be collected and recorded for each of 16 sessions.

b. Healthy Behavior Support Options MDE Specifications

Item 19a: RefDate	**Lifestyle Program (LSP) / Health Coaching (HC) Referral Date** This variable indicates the date that a referral to a LSP/HC occurred.			
FORMAT	**Type:**	Numeric	**Other Format:**	MMDDCCYY
	Item Length:	8	**Justification:**	Right
	Field Length:	16	**Beginning Position:**	374
	Leading Zeros:	Yes	**Valid Range:**	Valid date
	Static Field:	No		
SOURCE	Not applicable; WISEWOMAN-specific variable			
DENOMINATOR POPULATION	The denominator includes all WISEWOMAN participants with a valid baseline screening			
VALUES AND DESCRIPTION	**Lifestyle Program/Health Coaching Referral Date**	Valid date in MMDDCCYY format Date must occur within the submission period Example: September 10, 2013 = 09102013		
ANALYSIS AND USE	To determine the date of the referral to a LSP/HC To assist in determining whether the participant has received a referral to a LSP/HC To assist in determining the number of LSP/HC referrals per participant To facilitate analysis of changes in LSP/HC referrals over time			
OTHER INFORMATION	***Guidance*** To calculate the number of LSP or HC referrals per participant, the number of LSP/HC referral dates is counted for each unique participant ID (3a: EncodeID). ***Additional edits*** Lifestyle program/health coaching referral date should have occured on the current date or earlier. An error flag will occur if the lifestyle program/health coaching referral date is in the future. *Error:* RefDate > [current date]			

Item 20a: LSPHCRec	**Number of Lifestyle Program (LSP) / Health Coaching (HC) Sessions Received by the Participant During the Screening Cycle** This variable indicates the number of LSP/HC sessions the participant has received during the current screening cycle.			
FORMAT	**Type:**	Numeric	**Other Format:**	N/A
	Item Length:	2	**Justification:**	Right
	Field Length:	2	**Beginning Position:**	390
	Leading Zeros:	Yes	**Valid Range:**	Cannot be blank if RefDate is valid
	Static Field:	No		
SOURCE	Not applicable; WISEWOMAN-specific variable			
DENOMINATOR POPULATION	The denominator includes all WISEWOMAN participants with a valid baseline screening			
VALUES AND DESCRIPTION	**Number of Sessions**	Value representing the number of LSP/HC sessions the participant has received during the current screening cycle Example: 6 visits = 06		
ANALYSIS AND USE	To track the number of LSP/HC sessions that the participant has received To assess LSP/HC sessions in context of types and settings, and readiness to change of a participant			
OTHER INFORMATION	***Guidance*** The number of LSP sessions the participant has received during the current screening cycle should be provided in this field. The number of HC sessions the participant has received during the current screening cycle should be provided in this field. The value reported for this field should include the sum of LSP sessions AND the sum of HC sessions. A screening cycle should include the initial screening contact for the submission period (baseline screening or rescreening), one or more LSP/HC contacts as assigned at the screening, and a follow-up assessment contact (that is not also considered a rescreening) if follow-up occurred during or following completion of the LSP/HC program. During the creation of the analytic file, CDC will check that the number of LSP/HC sessions received by the participant is equal to the number of unique LSP/HC dates provided during the cooperative agreement period. ***Additional edits*** Number of lifestyle programs/health coaching session should be recorded if lifestyle program/health coaching referral date was recorded. Otherwise, this field will be flagged as an error. *Error:* RefDate = [valid date] **AND** LSPHCRec = . Number of lifestyle programs/health coaching sessions entered for LSPHCRec should be equal to the number of lifestyle programs/health coaching session dates provided for the screening cycle. Otherwise, this field will be flagged for a quality check. *Quality Check:* LSPHCRec ≠ COUNT(INTERVENTION)			

Item 20b: Intervention	**Date of Lifestyle Program (LSP) / Health Coaching (HC) Session** For LSP/HC records, this variable indicates the date that the LSP/HC session occurred.			
FORMAT	**Type:**	Numeric	**Other Format:**	MMDDCCYY
	Item Length:	8	**Justification:**	Right
	Field Length:	128	**Beginning Position:**	392
	Leading Zeros:	Yes	**Valid Range:**	Valid date
	Static Field:	No		
SOURCE	Not applicable; WISEWOMAN-specific variable			
DENOMINATOR POPULATION	All LSP/HC sessions among WISEWOMAN participants with a valid baseline screening			
VALUES AND DESCRIPTION	**Lifestyle Program/Health Coaching Session Date**	Valid date in MMDDCCYY format Date must occur within the submission period Example: September 10, 2013 = 09102013		
ANALYSIS AND USE	To determine the date of the LSP/HC session To assist in determining whether the participant has received an LSP/HC session To assist in calculating the number of LSP/HC sessions per participant To assess whether participants with risk factors receive LSP/HC services To assess changes in risk profile between participants who participate in the LSP/HC and participants who do not			
OTHER INFORMATION	***Guidance*** To calculate the number of LSP or HC sessions per participant, the number of LSP/HC session dates is counted for each unique participant ID (3a: EncodeID). ***Cross edits*** Date of lifestyle program/health coaching session should have been occured on the current date or earlier. An error flag will occur if the lifestyle program/health coaching session date is in the future. *Error:* Intervention > [current date] Date of first lifestyle program/health coaching session should be recorded if lifestyle program/health coaching referral date was recorded. Otherwise, this field will be flagged for a quality check. *Quality Check:* RefDate = [valid date] **AND** Intervention = . Date of lifestyle program/health coaching referral should be recorded if date of first lifestyle program/health coaching session was recorded. Otherwise, this field will be flagged as an error. *Error:* Intervention = [valid date] **AND** RefDate = .			

Item 20c: LSPHCID	**Lifestyle Program (LSP) / Health Coaching (HC) ID** This variable indicates which LSP/HC was used.			
FORMAT	**Type:**	Character	**Other Format:**	N/A
	Item Length:	10	**Justification:**	Left
	Field Length:	160	**Beginning Position:**	520
	Leading Zeros:	N/A	**Valid Range:**	Valid code for an LSP/HC; cannot be blank if a valid date is provided for Intervention
	Static Field:	No		
SOURCE	Not applicable; WISEWOMAN-specific variable			
DENOMINATOR POPULATION	All LSP/HC sessions among WISEWOMAN participants with a valid baseline screening			
VALUES AND DESCRIPTION	**Lifestyle Program ID**	Value representing the ID code of the LSP as assigned		
	Health Coaching ID	Value representing the ID code of the HC as assigned		
ANALYSIS AND USE	To track the number of WISEWOMAN participants who receive an LSP/HC session from each WISEWOMAN LSP/HC provider To describe differences in participant demographics or other characteristics by LSP/HC provider To identify the number of LSP/HC providers in a given geographic area			
OTHER INFORMATION	***Guidance*** If the participant receives a LSP session, the LSP ID should be provided in this field. If the participant receives a HC session, a HC ID should be provided in this field. ***Additional edits*** LSP/HC should be recorded if date of LSP/HC session was recorded. Otherwise, this field will be flagged as an error. *Error:* Intervention = [valid date] **AND** LSPHCID = .			

Item 20d: LSPHCTime	**Length of Lifestyle Program (LSP) / Health Coaching (HC) Session Received by the Participant** This variable indicates the length (in minutes) of the LSP/HC sessions that the participant has received.			
FORMAT	**Type:**	Numeric	**Other Format:**	N/A
	Item Length:	3	**Justification:**	Right
	Field Length:	48	**Beginning Position:**	680
	Leading Zeros:	Yes	**Valid Range:**	000-120; cannot be blank if a valid date is provided for Intervention
	Static Field:	No		
SOURCE	Not applicable; WISEWOMAN-specific variable			
DENOMINATOR POPULATION	All LSP/HC sessions among WISEWOMAN participants with a valid baseline screening			
VALUES AND DESCRIPTION	**Length of Session**	Value representing the length of the LSP/HC session in minutes Any value outside the valid range (000-120)will be flagged as quality checks Example: 90 minutes = 090		
ANALYSIS AND USE	To track the length of the LSP/HC sessions that the participant has received To assess LSP/HC sessions in context of types and settings, and readiness to change of a participant			
OTHER INFORMATION	***Guidance*** If the participant receives a LSP session, the duration of the LSP session should be provided in this field. If the participant receives a HC session, the duration of the HC session should be provided in this field. ***Additional edits*** Duration of LSP/HC session should be recorded if date of LSP/HC session was recorded. Otherwise, this field will be flagged as an error. *Error:* Intervention = [valid date] **AND** LSPHCTime = .			

Item 20e: ContactType	**Type of Lifestyle Program (LSP) / Health Coaching (HC) Session** This variable indicates the type of the LSP/HC session.			
FORMAT	**Type:**	Numeric	**Other Format:**	N/A
	Item Length:	1	**Justification:**	Right
	Field Length:	16	**Beginning Position:**	728
	Leading Zeros:	No	**Valid Range:**	See values; cannot be blank if a valid date is provided for Intervention
	Static Field:	No		
SOURCE	Not applicable; WISEWOMAN-specific variable			
DENOMINATOR POPULATION	All LSP/HC contacts among WISEWOMAN participants with a valid baseline screening			
VALUES AND DESCRIPTION	**1 Face-to-face**	LSP/HC session was completed face-to-face		
	2 Phone	LSP/HC session was completed by phone		
	3 Smart phone/tablet Application	LSP/HC session was completed with a smart phone or tablet application session. The program has received evidence that the application session was completed.		
	4 Evidence that mailed materials were opened and reviewed	LSP/HC session was completed by review of mailed materials. The program has received evidence that the materials were opened and reviewed		
	5 Evidence that audiotape or DVD as opened and reviewed	LSP/HC session was completed by review of an audiotape or DVD. The program has received evidence that the audiotape or DVD was opened and reviewed		
	6 Evidence that non-interactive computer-based session was completed	LSP/HC session was completed with a computer-based session that did not involve an interactive component. The program has received evidence that the computer-based session was completed		
	7 Evidence that interactive computer-based session was completed	LSP/HC session was completed with a computer-based session that involved an interactive component. The program has received evidence that the interactive computer-based session was completed.		
	0 Other	Other LSP/HC session type.		
	9 No answer recorded	No answer was recorded This value will be flagged as an error if a valid date is provided for Intervention		
ANALYSIS AND USE	To assess how frequently different types of LSP/HC sessions are being used within and across programs To determine whether frequency of LSP/HC session types are consistent with programs' LSP models To assess LSP/HC sessions in context of types and settings, and readiness to change of a participant			
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 the participant receives a LSP session, the type of LSP session should be provided in this field. If the participant receives a HC session, the type of HC session should be provided in this field. If the receipt of mailed materials, an audiotape, or a DVD is confirmed by a phone call that includes counseling, the contact type should be coded as '2 Phone.' Together, the mailing of materials and follow-up call should be considered one HC/LSP contact.			

Item 20e: ContactType	**Type of Lifestyle Program (LSP) / Health Coaching (HC) Session** This variable indicates the type of the LSP/HC session.
	Cross edits Type of LSP/HC session should be recorded if date of LSP/HC session was recorded. Otherwise, this field will be flagged as an error. *Error:* Intervention = [valid date] **AND [**ContactType = . **OR** ContactType = 9]

Item 20f: Setting	**Setting of Lifestyle Program (LSP) / Health Coaching (HC) Session** This variable indicates the setting of the LSP/HC session.			
FORMAT	**Type:**	Numeric	**Other Format:**	N/A
	Item Length:	1	**Justification:**	Right
	Field Length:	16	**Beginning Position:**	744
	Leading Zeros:	No	**Valid Range:**	See values; cannot be blank if a valid date is provided for Intervention
	Static Field:	No		
SOURCE	Not applicable; WISEWOMAN-specific variable			
DENOMINATOR POPULATION	All LSP/HC contacts among WISEWOMAN participants with a valid baseline screening			
VALUES AND DESCRIPTION	**1 Individual**	LSP/HC contact for the participant occurred as an individual session		
	2 Group	LSP/HC contact for the participant occurred as a group session		
	3 Combination	LSP/HC contact for the participant occurred as a combination of individual and group sessions		
	9 No answer recorded	No answer was recorded This value will be flagged as an error if a valid date is provided for Intervention		
ANALYSIS AND USE	To assess how frequently different types of LSP/HC settings are being used within and across programs To determine whether the settings of LSP/HC sessions are consistent with programs' LSP/HC models To assess LSP/HC sessions in context of types and settings, and readiness to change of a participant			
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 the participant receives a LSP session, the setting of the LSP session should be provided in this field. If the participant receives a HC session, the setting of the HC session should be provided in this field. The setting of each LSP/HC session may vary. ***Cross edits*** Setting of LSP/HC session should be recorded if date of LSP/HC session was recorded. Otherwise, this field will be flagged as an error. *Error:* Intervention = [valid date] **AND [**Setting = . **OR** Setting = 9]			

Item 20g: LSPHCComp	**Completion of Lifestyle Program (LSP) / Health Coaching (HC)** This variable indicates if the participant has completed the LSP/HC.			
FORMAT	**Type:**	Numeric	**Other Format:**	N/A
	Item Length:	1	**Justification:**	Right
	Field Length:	16	**Beginning Position:**	760
	Leading Zeros:	No	**Valid Range:**	See values; cannot be blank if a valid date is provided for Intervention
	Static Field:	No		
SOURCE	Not applicable; WISEWOMAN-specific variable			
DENOMINATOR POPULATION	All WISEWOMAN participants with a valid baseline screening that received an LSP/HC			
VALUES AND DESCRIPTION	**1 Yes – Lifestyle Program/ Health Coaching is Complete**	Participant has completed the LSP/HC. An LSP requires multiple sessions, e.g., multiple sessions in a curriculum		
	2 No – Lifestyle Program/ Health Coaching is still in progress	Participant's LSP/HC is still in progress		
	3 No – Withdrawal/Discontinued	Participant has withdrawn from the LSP/HC or discontinued the LSP/HC		
	9 No answer recorded	No answer was recorded for completion of LSP/HC This value will be flagged as an error if a valid date is provided for Intervention		
ANALYSIS AND USE	To determine whether the participant has completed an LSP/HC To assist in determining the date of the participant's final LSP/HC session in the program To assess changes in risk profile between participants who complete the LSP/HC and participants who do not			
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 the participant receives a LSP session, the completion status of the LSP session should be provided in this field. If the participant receives a HC session, the completion status of the HC session should be provided in this field. If a participant receives additional LSP or HC sessions beyond the CDC-approved number of sessions required for the program to be classified as "Complete", LSPHCComp should be coded as 1 (Yes – LSP/HC is complete) for each additional session. ***Cross edits*** Completion status of LSP/HC session should be recorded if date of LSP/HC session was recorded. Otherwise, this field will be flagged as an error. *Error:* Intervention = [valid date] **AND [**LSPHCComp = . **OR** LSPHCComp = 9]			

Item 21a: TobResDate	**Date of Referral to Tobacco Cessation Resource** This variable indicates the date that the referral to a tobacco cessation resource occurred.			
FORMAT	**Type:**	Numeric	**Other Format:**	MMDDCCYY
	Item Length:	8	**Justification:**	Right
	Field Length:	24	**Beginning Position:**	776
	Leading Zeros:	Yes	**Valid Range:**	Valid date; cannot be blank if RRCSmoke =1
	Static Field:	No		
SOURCE	Not applicable; WISEWOMAN-specific variable			
DENOMINATOR POPULATION	WISEWOMAN participants with a valid baseline screening wwho identify themselves as current smokers			
VALUES AND DESCRIPTION	**Tobacco Cessation Resource Referral Date**	Valid date in MMDDCCYY format Date must occur within the submission period Example: September 10, 2013 = 09102013		
ANALYSIS AND USE	To document the date of a referral to tobacco cessation resource To assist in tracking receipt of tobacco cessation resource			
OTHER INFORMATION	***Guidance*** To calculate the number of tobacco cessation resources referrals per participant, the number of tobacco cessation resource referral dates is counted for each unique participant ID (3a: EncodeID). If a participant is referred to one or more tobacco cessation resources, the date of referral (Item 21a:TobResDate), type of resource the participant was referred to (Item 21b: TobResType), and completion status for the resource at the end of the screening cycle (Item 21c: TResComp) should be recorded for each referral. The positions for the type of resource and completion status of resource for each referral should align with the position of the date of referral. For example, if a participant is receives two referrals during the screening period, the date of referral, type of resource, and completion status for the second referral should be provided in the second position for each item. ***Cross edits*** Date of referral to tobacco cessation resources should be recorded if participant indicated that tobacco cessation is a priority area during risk reduction counseling. Otherwise, this field will be flagged for a quality check. *Quality Check:* RRCSmoke = 1 **AND** TobResDate = . Date of referral to tobacco cessation resource should have been occured on the current date or earlier. An error flag will occur if the tobacco cessation resource referral date is in the future. *Error:* TobResDate > [current date]			

Item 21b: TobResType	**Type of Tobacco Cessation Resource** This variable indicates the type of tobacco cessation resource that the participant was referred to.			
FORMAT	**Type:**	Numeric	**Other Format:**	N/A
	Item Length:	1	**Justification:**	Right
	Field Length:	3	**Beginning Position:**	800
	Leading Zeros:	No	**Valid Range:**	See values; cannot be blank if valid date is provided for TobResDate
	Static Field:	No		
SOURCE	Not applicable; WISEWOMAN-specific variable			
DENOMINATOR POPULATION	WISEWOMAN participants with a valid baseline screening who identify themselves as current smokers			
VALUES AND DESCRIPTION	**1 Quit line**	Participant was referred to a proactive tobacco quit line		
	2 Community-based tobacco program	Participant was referred to a community-based tobacco program		
	3 Other tobacco cessation resources	Participant was referred to other tobacco cessation resources		
	9 No answer recorded	No answer was recorded This value will be flagged as an error if a valid date is provided for TobResDate		
ANALYSIS AND USE	To determine the number of smokers that received a referral to tobacco cessation resource To determine how frequently different types of tobacco cessation resources are being used within and across programs To compare the smoking status at rescreening and follow-up of women who were linked to tobacco cessation resources versus those who were not			
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*** Type of tobacco cessation resource should be recorded if date of tobacco cessation resource referral was recorded. Otherwise, this field will be flagged as an error. *Error:* TobResDate = [valid date] **AND [**TobResType = . **OR** TobResType = 9]			

Item 21c: TResComp	**Tobacco Cessation Activity Completed** This variable indicates whether the participant completed tobacco cessation activity.			
FORMAT	**Type:**	Numeric	**Other Format:**	N/A
	Item Length:	1	**Justification:**	Right
	Field Length:	3	**Beginning Position:**	803
	Leading Zeros:	No	**Valid Range:**	See values; cannot be blank if valid date is provided for TobResDate
	Static Field:	No		
SOURCE	Not applicable; WISEWOMAN-specific variable			
DENOMINATOR POPULATION	WISEWOMAN participants with a valid baseline screening who identify themselves as current smokers			
VALUES AND DESCRIPTION	**1 Yes – Completed tobacco cessation activity**	Participant completed tobacco cessation activity		
	2 No – Partially completed tobacco cessation activity	Participant partially completed tobacco cessation activity		
	3 No – Discontinued from tobacco cessation activity when reached	Participant decided to discontinue from tobacco cessation counseling when contacted by the tobacco cessation resource		
	4 No – Could not reach to conduct tobacco cessation activity	Participant could not be reached when contacted by the tobacco cessation resource		
	9 No answer recorded	No answer was recorded This value will be flagged as an error if a valid date is provided for TobResDate		
ANALYSIS AND USE	To determine the number of smokers that participated in tobacco cessation activities To compare the smoking status at rescreening and follow-up of women who were linked to tobacco cessation resources versus those who were not			
OTHER INFORMATION	***Guidance*** If a participant receives a referral to a tobacco cessation resource but the completion status of the resource is unknown, TResComp should be coded as 2 (No – Partially completed tobacco cessation activity) and updated accordingly if the completion status becomes available. 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*** Completion of tobacco cessation activity should be recorded if date of tobacco cessation resource referral was recorded. Otherwise, this field will be flagged as an error. *Error:* TobResDate = [valid date] **AND [**TResComp = . **OR** TResComp = 9]			

APPENDIX A:
MDE SUBMISSION

This Appendix describes the submission requirements for MDE files, including those related to timeline, format, procedures, and security. Submissions will not be processed if grantees fail to follow the guidelines provided below.

Submission Dates

Grantees must submit MDE data semiannually, on April 1 and October 1. The table below provides the dates for the submissions under FOA DP13-1302. For this cooperative agreement, grantees are encouraged to submit all data collected during the cooperative agreement for each submission, including all new data collecting during the current reporting period. For each submission, grantees also have the opportunity the make corrections and updates to data submitted for the previous two reporting periods (the equivalent of one year of data).

Submission Due Date	Reporting Period for New Data	Reporting Period for Corrections to Previous Data
April 1, 2014	Not Applicable	Not Applicable
October 1, 2014	Jan 1, 2014–Jun 30, 2014	Not Applicable
April 1, 2015	Jul 1, 2014–Dec 31, 2014	Jan 1, 2014–Jun 30, 2014
October 1, 2015	Jan 1, 2015–Jun 30, 2015	Jan 1, 2014–Dec 31, 2014
April 1, 2016	Jul 1, 2015–Dec 31, 2015	Jul 1, 2014–Jun 30, 2015
October 1, 2016	Jan 1, 2016–Jun 30, 2016	Jan 1, 2015–Dec 31, 2015
April 1, 2017	Jul 1, 2016–Dec 31, 2016	Jul 1, 2015–Jun 30, 2016
October 1, 2017	Jan 1, 2017–Jun 30, 2017	Jan 1, 2016–Dec 31, 2016

After MDE data are submitted, an analytic file is created by the CDC data contractor. Summary reports are created for each grantee; the format and content are detailed further in Appendix C—Data Analysis and Use.

Data Submission Options

Grantees may submit data to CDC using one of two options: (1) direct data entry into the WISEWOMAN Data Management System or (2) submission of bulk data to the Data Management System.

Direct Data Entry into the MDE Data Management System

Grantees that chose to use the Data Management System for data entry should refer to the Data Management System Quick Reference Guide, available on the WISEWOMAN Data Management System website (https://partner.cdc.gov), for more information about this functionality.

Bulk Data Submissions

Grantees that chose to submit bulk data, i.e., upload datasets to the MDE Data Management System, rather than direct entering data into the system must follow the data, file, and submission conventions described below.

a. Data Conventions

This section provides an overview of the data file format and layout for MDEs for each screening cycle. It defines data length and position and describes the types of MDE data. The data conventions described here represent the raw file format and layout of MDEs that grantees choosing to submit bulk data to CDC must follow.

- ***Data Types.*** There are several data types, including date, geographic, character, and numeric.
    - Dates have the format MMDDCCYY.
        - MM represents the month and has a range of 01–12; use leading zeros with months 01–09. If month is missing, month is blank (as indicated by a period [.] in each blank position).
        - DD represents the day of the month and has a range of 01–31; use leading zeros with days 01–09. If day is missing, day is blank (as indicated by a period [.] in each blank position).
        - CC represents the century and has a range of 19–20. If century is missing, century is blank (as indicated by a period [.] in each blank position).
        - YY represents the year and has a range of 00–99; use leading zeros with years 00–09. If year is missing, year is blank (as indicated by a period [.] in each blank position).
    - Geographic data elements are state/tribal FIPS code, ANSI county code, county of residence, and ZIP code of residence. These are character variables, and require leading zeros to fill the field length.
    - Character data elements are composed of letters of the alphabet, numbers, and special characters. These are left-justified, and in cases where the value does not fill the entire field length, extra spaces in the length should be left blank (as indicated by a period [.] in each blank position).
    - Numeric data elements are composed of numbers, minus signs, and decimal points. Numeric data elements are right-justified. If numbers are expected to the right of the decimal, the number of decimal places required is indicated in the MDE specification. In

cases where the value does not fill the entire field length, leading zeros should be used to fill the field length.

- ***Item Length.*** Item length represents the number of characters (i.e., letters of the alphabet, numbers, and special characters) for one entry of the item.

- ***Field Length.*** If the data element may be collected more than one time during the screening cycle, the field length will allow for multiple entries of the data element.[1] For example, if both a rescreening and a follow-up screening assessment are provided within the six-month reporting period, the item length is 8 for the date of the screening and the field length is 16 to allow for recording the two dates. If a participant does not have a follow-up assessment or has less than 16 LSP sessions during the submission period, the second round of positions within one or more MDE item fields may be left blank. A period (.) should be used to indicate each blank position.

- ***Static Field.*** If the field is static, it should not be updated or modified after the first time the element is recorded. For example, month and year of birth is considered a static field because it is not expected that a participant's date of birth would change over time. However, blood pressure measurements are not static fields since it could change over time.

- ***Beginning Position.*** Position is the location in the record of a data element. The length and position of each data element are provided in the MDE specifications.

b. File Type and Format

Data files must be submitted as fixed-format ASCII text files. For grantees that choose to submit bulk data to CDC, MDEs must be recorded in the locations identified in the MDE specifications. Each record in the file should represent data for one cycle, which should include a unique screening visit (baseline or rescreening) with all associated activities. The associated activities may include LSP and/or health coaching (HC) contacts, readiness to change assessments, and follow-up assessment (if any). The participants' next valid screening (rescreening) would then start the next screening cycle. Each data element must conform to the format and values as specified. Files must include data for the appropriate time period as shown in the table of submission dates above.

1 A screening cycle will contain a participant's unique screening visit (baseline or rescreening), any LSP and/or health coaching (HC) contacts, readiness to change assessments, and a follow-up assessment or follow-up screening (if any). The next valid screening (rescreening) would then start the participant's next screening cycle.

c. File-Naming Convention

File name has the format PPYYMM, where:

- PP is the program abbreviation.
- YYMM is the date of the submission. YY is the two-digit year, and MM is the month from 01 to 12. Use leading zeros when specifying years and months between 01 and 09.

An example of a valid file name is NC1404.

Submission Procedures

Data managers for each grantee have been provided with a username and password to log into the web-based WISEWOMAN Data Management System. Other grantee staff will be provided with a separate username and password upon request.

- ***Grantees directly entering data into the system.*** Prior to submission, grantees should check the data entered to make sure all error and quality check flags are addressed and data are complete.
- ***Grantees submitting bulk data files.*** Prior to submission, grantees should prepare bulk data files as instructed for the relevant period and run it through the online validation tool to identify errors and quality checks. These errors and quality checks should be addressed to the extent possible prior to submission.

All grantees should fill out the submission overview form provided at the end of this section. Other forms that grantees may submit include data validation, alert follow-up, and participant unique ID change forms as described in Appendix B and available through the web-based WISEWOMAN Data Management System website (https://partner.cdc.gov).

As the data contractor prepares the analytic file after programs' final submissions, data issues may be identified for immediate correction. In these instances, project officers will notify programs that there are data issues for correction and will follow up with programs about making these corrections. The project officer will act as a liaison to the data contractor on these issues. Programs will resubmit corrected data through the WISEWOMAN website and notify their project officers.

Data Confidentiality and Security

This section describes the data confidentiality and security guidelines for preparing and submitting MDE data. Data and documents submitted via the WISEWOMAN website will be encrypted during transmission. Programs must not

send information that will allow participants to be identified and must use encoded identifiers and so on to uniquely identify participants' data. In addition, data submissions must be de-identified pursuant to the Health Insurance Portability and Accountability Act of 1996 (HIPAA).

MDE data are "limited data sets" in which all identifying information has been removed, with the exception of encoded participant ID, county of residence, ZIP code of residence, birth month and year, Hispanic origin, and race. The participant ID must not be linked to any other external datasets containing personal information. Submissions must not include any of the identifiers stipulated in HIPAA.

Grantees are expected to implement data security procedures that will secure participant identifying and health information, including those related to back-up, hardcopy and electronic storage, and transmission. Additional information about CDC data security procedures will be provided once available.

WISEWOMAN Data Submission Form

State/Tribal Organization: _____

Date of Submission: _____

Contact Name: _____

Email Address: _____

Telephone Number: _____

MDEs Period Covered: _____

File Name: _____

Edition of MDE Used to Generate File: _____

Number of Records Submitted: _____

Validation of Data Form Submitted? (Yes/No): _____

Period Covered: _____

Participant ID Change Form Submitted? (Yes/No): _____

Period Covered: _____

Correction to Previous MDE File Form Submitted? (Yes/No): _____

Period Covered: _____

Additional Comments:

_____

_____

_____

_____

_____

APPENDIX B:
DATA QUALITY AND VALIDATION

CDC is committed to ensuring that the data submitted are accurate, valid, reliable, and complete, and provides grantees with several tools to help monitor and improve data quality. This section describes three items: online validation; data validation procedures and forms; and the method for calculating error rates. These items together form a data quality system that allows the identification and validation/correction of out-of-range values, improbable values, and missing data (unknown, refused, and not obtained). It also provides an assessment of data quality through an error rate calculation algorithm.

Validation of Data

Online validation will be available through the WISEWOMAN Data Management System. Additional information about validation functions will be provided once available.
CDC distinguishes between errors and quality checks using the following definitions.

- ***Errors*** are out-of-range and missing values for variables that are critical to assessment of program performance, management, and areas for improvement. Responses that are not considered programmatically acceptable may also be defined as errors.

- ***Quality Checks*** are values that seem improbable but are still possible; should be available but are unknown, refused, or unable to be obtained; or are not required but are missing.[1] Responses that may be clinically problematic may also be highlighted for quality checks as may values that are programmatically problematic, i.e., values that do not align with program guidance, such as ages outside of 40-65 years.

Prior to data submission, programs should ensure that their data are validated. Programs are encouraged to check on the validity of their data multiple times before the deadline to maximize data quality. Whenever possible, errors should be corrected and quality check values validated before the data are submitted to CDC.

As needed, the online validation provided on the web-based WISEWOMAN website will be updated by the data contractor to reflect any changes in specifications and to account for nuances discovered about the data. Any changes will be documented. Revisions to the edits will be noted in revisions of the WISEWOMAN MDE Manual. The error messages are provided in the subsections below.

1 Valid values for items used to determine a valid screening record are provided on page 17 of the manual.

Validation Report Format and Contents

Administrative MDE Error and Quality Check Edit Description

MDE Item/ Edit #	Status	Edit Message
00A_1	Error	MDE version is missing
00A_2	Error	MDE version is invalid
01A_1	Error	State FIPS code is missing
01A_2	Error	State FIPS code is invalid
01B_1	Error	ANSI geographic code is missing
01C_1	Error	Enrollment site ID is missing
01D_1	Error	Screening site ID is missing
02A_1	Error	Time period of baseline screening is missing
02A_2	Error	Time period of baseline screening is invalid
02A_3	Error	Time period of baseline screening does not match the date of baseline screening
02B_1	Error	Number of screening cycles received by the participant is missing
02B_2	Quality check	Number of screenings cycles received by the participant is out of range
02C_1	Error	Type of screening visit is missing
02C_2	Error	Type of screening visit is invalid
03A_1	Error	Participant ID is missing

Screening and Assessment MDE Error and Quality Check Edit Description

MDE Item/ Edit #	Status	Edit Message
03B_1	Error	Geographic code of residence is missing
03C_1	Error	ZIP code of residence is missing
03C_2	Error	ZIP code of residence is invalid
03D_1	Error	Month and year of birth is missing
03E_1	Error	Hispanic or Latino indicator is missing
03E_2	Error	Hispanic or Latino indicator is invalid
03E_3	Error	No race or ethnicity coded
03E_4	Error	Patient is non-Hispanic, but all races missing
03F_1	Error	First race is missing and participant is non-Hispanic
03F_2	Error	First race is invalid
03F_3	Error	Patient's first race is missing while they have other race information
03G_1	Error	Second race is missing
03G_2	Error	Second race is invalid
03H_1	Error	Education is missing
03H_2	Error	Education is invalid
03H_3	Quality Check	Education is unknown/refused
03I_1	Error	Primary language is missing
03I_2	Error	Primary language is invalid
03I_3	Quality Check	Primary language is refused
04A_1	Error	History of high cholesterol is missing
04A_2	Error	History of high cholesterol is invalid
04A_3	Quality Check	History of high cholesterol is unknown/refused
04B_1	Error	History of high blood pressure is missing
04B_2	Error	History of high blood pressure is invalid

MDE Item/ Edit #	Status	Edit Message
04B_3	Quality Check	History of high blood pressure is unknown/refused
04C_1	Error	History of diabetes is missing
04C_2	Error	History of diabetes is invalid
04C_3	Quality Check	History of diabetes is unknown/refused
04D_1	Error	History of heart attack is missing
04D_2	Error	History of heart attack is invalid
04D_3	Quality Check	History of heart attack is unknown/refused
05A_1	Error	Medication for high cholesterol is missing*
05A_2	Error	Medication for high cholesterol is invalid
05A_3	Quality Check	Medication status for high cholesterol is unknown/refused
05A_4	Quality Check	Participant does not have high cholesterol and does not have response of not applicable
05B_1	Error	Medication for high blood pressure is missing
05B_2	Error	Medication for high blood pressure is invalid
05B_3	Quality Check	Medication status for high blood pressure is unknown/refused
05B_4	Quality Check	Participant does not have high blood pressure and does not have response of not applicable
05C_1	Error	Medication for diabetes is missing*
05C_2	Error	Medication for diabetes is invalid
05C_3	Quality Check	Medication status for diabetes is unknown/refused
05C_4	Quality Check	Participant does not have diabetes/high glucose and does not have a response of not applicable
05D_1	Error	High cholesterol medication adherence is missing
05D_2	Error	High cholesterol medication adherence is invalid
05D_3	Quality Check	High cholesterol medication adherence is unknown/refused
05D_4	Error	Participant not taking cholesterol medication and does not have response of not applicable
05D_5	Error	Participant taking cholesterol medication and has a response of not applicable
05E_1	Error	High blood pressure medication adherence is missing
05E_2	Error	High blood pressure medication adherence is invalid

MDE Item/ Edit #	Status	Edit Message
05E_3	Quality Check	High blood pressure medication adherence is unknown/refused
05E_4	Error	Participant not taking blood pressure medication and does not have a response of not applicable
05E_5	Error	Participant taking blood pressure medication and has a response of not applicable
05F_1	Error	Diabetes medication adherence is missing
05F_2	Error	Diabetes medication adherence is invalid
05F_3	Quality Check	Diabetes medication adherence is unknown/refused
05F_4	Error	Participant not taking diabetes medication and does not have a response of not applicable
05F_5	Error	Participant taking diabetes medication and has a response of not applicable
06A_1	Error	Blood pressure home measurement is missing
06A_2	Error	Blood pressure home measurement is invalid
06A_3	Quality Check	Blood pressure home measurement is unknown/refused
06A_5	Error	Participant has high blood pressure and has a response of not applicable
06B_1	Error	Blood pressure home measurement frequency is missing
06B_2	Error	Blood pressure home measurement frequency is invalid
06B_3	Quality Check	Blood pressure home measurement frequency is unknown/refused
06B_4	Error	Participant does not measure blood pressure at home and does not have a response of not applicable
06B_5	Error	Participant measures blood pressure at home and has a response of not applicable
06C_1	Error	Blood pressure home measurement feedback status is missing
06C_2	Error	Blood pressure home measurement feedback status is invalid
06C_3	Quality Check	Blood pressure home measurement feedback status is unknown/refused
06C_4	Error	Participant does not measure blood pressure at home and does not have a response of not applicable
06C_5	Error	Participant measures blood pressure at home and has a response of not applicable
07A_1	Error	Average fruit consumption is missing
07A_2	Quality Check	Average fruit consumption is refused

MDE Item/ Edit #	Status	Edit Message
07A_3	Error	Average fruit consumption is out of range
07B_1	Error	Average vegetable consumption is missing
07B_2	Quality Check	Average vegetable consumption is refused
07B_3	Error	Average vegetable consumption is out of range
07C_1	Error	Average fish consumption is missing
07C_2	Error	Average fish consumption is invalid
07C_3	Quality Check	Average fish consumption is refused
07D_1	Error	Average whole grain consumption is missing
07D_2	Error	Average whole grain consumption is invalid
07D_3	Quality Check	Average whole grain consumption is refused
07E_1	Error	Average sugar-sweetened beverage consumption is missing
07E_2	Error	Average sugar-sweetened beverage consumption is invalid
07E_3	Quality Check	Average sugar-sweetened beverage consumption is refused
07F_1	Error	Sodium intake watch status is missing
07F_2	Error	Sodium intake watch status is invalid
07F_3	Quality Check	Sodium intake watch status is refused
08A_1	Error	Average moderate physical activity is missing
08A_2	Quality Check	Average moderate physical activity is refused
08A_3	Quality Check	Average moderate physical activity is out of range
08B_1	Error	Average vigorous physical activity is missing
08B_2	Quality Check	Average vigorous physical activity is refused
08B_3	Quality Check	Average vigorous physical activity is out of range
09A_1	Error	Smoking status is missing
09A_2	Error	Smoking status is invalid
09A_3	Quality Check	Smoking status is refused
09B_1	Error	Secondhand smoke exposure is missing
09B_2	Quality Check	Secondhand smoke exposure is refused

MDE Item/ Edit #	Status	Edit Message
09B_3	Error	Secondhand smoke exposure is out of range
10A_1	Error	Physical health status is missing
10A_2	Quality Check	Physical health status is unknown/refused
10A_3	Error	Physical health status is out of range
10B_1	Quality Check	Mental health status is missing
10B_2	Quality Check	Mental health status is unknown/refused
10B_3	Error	Mental health status is out of range
10C_1	Quality Check	Mental or physical health effect status is missing
10C_2	Quality Check	Mental or physical health effect status is unknown/refused
10C_3	Error	Mental or physical health effect status is out of range
11A_1	Error	Height is missing
11A_2	Error	Height is out of range
11A_3	Quality Check	Unusually low or high height measurement
11A_4	Error	Height could not be obtained
11A_5	Error	Height measurement was refused
11B_1	Error	Weight is missing
11B_2	Error	Weight is out of range
11B_3	Quality Check	Unusually low or high weight measurement
11B_4	Quality Check	Weight could not be obtained
11B_5	Quality Check	Weight measurement was refused
11C_1	Quality Check	Waist circumference is missing
11C_2	Quality Check	Waist circumference is out of range
11D_1	Quality Check	Hip circumference is missing
11D_2	Quality Check	Hip circumference is out of range
12A_1	Error	Blood pressure date is blank, missing, or invalid

MDE Item/ Edit #	Status	Edit Message
12A_2	Error	Blood pressure date occurred after submission date
12A_3	Error	Blood pressure date occurred before 7/1/2013
12B_1	Error	First systolic blood pressure is missing
12B_2	Error	First systolic blood pressure is out of range
12B_3	Error	First systolic blood pressure refused
12B_4	Quality Check	Unusually high first systolic blood pressure
12B_5	Error	First systolic blood pressure was unable to be obtained
12B_6	Error	First systolic blood pressure should be measured before second
12C_1	Error	First diastolic blood pressure is missing
12C_2	Error	First diastolic blood pressure is out of range
12C_3	Error	First diastolic blood pressure refused
12C_4	Quality Check	Unusually high or low first diastolic blood pressure
12C_5	Error	First diastolic blood pressure was unable to be obtained
12C_6	Error	First diastolic blood pressure should be measured before second
12C_7	Error	First systolic or diastolic blood pressure obtained while other one unobtainable
12D_1	Error	Second systolic blood pressure is missing
12D_2	Error	Second systolic blood pressure is out of range
12D_3	Error	Second systolic blood pressure refused
12D_4	Quality Check	Unusually high second systolic blood pressure
12D_5	Error	Second systolic blood pressure was unable to be obtained
12E_1	Error	Second diastolic blood pressure is missing
12E_2	Error	Second diastolic blood pressure is out of range
12E_3	Error	Second diastolic blood pressure refused
12E_4	Quality Check	Unusually low or high second diastolic blood pressure
12E_5	Error	Second diastolic blood pressure was unable to be obtained
12E_6	Error	Second systolic or diastolic blood pressure obtained while other one unobtainable
13A_1	Quality Check	Fasting status is missing
13A_2	Error	Fasting status is invalid

MDE Item/ Edit #	Status	Edit Message
13A_3	Quality Check	Fasting status is not missing and all measurements were refused
13A_4	Quality Check	Fasting status is not missing and all measurements were unobtainable
13A_5	Quality Check	Fasting status is not missing and all measurements are missing
14A_1	Error	Cholesterol date is missing and cholesterol measurement has been attempted
14A_2	Error	Cholesterol date occurred after submission date
14B_1	Error	Total cholesterol is missing
14B_2	Error	Total cholesterol is out of range
14B_3	Quality Check	Total cholesterol measurement is unusually high or low
14B_4	Quality Check	Total cholesterol measurement is unable to be obtained or refused
14C_1	Error	HDL cholesterol is missing
14C_2	Error	HDL cholesterol is out of range
14C_3	Quality Check	HDL measurement is unusually high
14C_4	Quality Check	HDL measurement is unable to be obtained or refused
14D_1	Error	LDL cholesterol is missing
14D_2	Error	LDL cholesterol is out of range
14D_3	Quality Check	Non-fasting - LDL value should be 999
14D_4	Quality Check	LDL measurement is unusually high
14E_1	Error	Triglycerides is missing
14E_2	Error	Triglycerides is out of range
14E_3	Quality Check	Non-fasting - triglycerides value should be 9999
14E_4	Quality Check	Triglyceride measurement is unusually high
15A_1	Error	Glucose date is missing and glucose measurement has been attempted
15A_2	Error	Glucose date occurred after submission date
15B_1	Error	Glucose is missing
15B_2	Error	Glucose and A1C are both missing

MDE Item/ Edit #	Status	Edit Message
15B_3	Error	Glucose is out of range
15B_4	Quality Check	Glucose measurement is usually high or low
15B_5	Quality Check	Glucose measurement is unable to be obtained
15B_6	Quality Check	Glucose and A1C measurements were refused
15B_7	Error	Non-fasting - glucose value should be 999
15C_1	Error	A1C is missing
15C_2	Error	A1C is out of range
15C_3	Quality Check	A1C measurement is unusually high or low
15C_4	Quality Check	A1C measurement is unable to be obtained
16A_1	Error	Blood pressure alert status is missing
16A_2	Error	Blood pressure alert status is invalid
16A_3	Error	Documentation required: Alert BP, workup status coded as non-alert
16A_4	Error	No alert BP, workup status coded as alert
16A_5	Error	No BP value, workup status coded as if BP was taken
16A_6	Error	Documentation required: refused workup or lost to follow-up
16B_1	Error	Alert BP, complete workup, invalid diagnostic exam date
16B_2	Error	No alert BP, invalid diagnostic exam date
16B_3	Error	No BP value, invalid diagnostic exam date
16B_4	Error	Documentation required: BP diagnostic exam for complete workup missing or not within a week of office visit
16B_5	Error	Documentation required: BP workup by alternate provider, exam date missing or not within a week of office visit
16B_6	Error	Documentation required: BP workup refused and date of refusal missing
16B_7	Error	Documentation required: Lost to follow-up and date of lost to follow-up missing
16C_1	Error	Glucose alert is missing
16C_2	Error	Glucose alert is invalid
16C_3	Error	Documentation required: Alert BG, workup status coded as non-alert
16C_4	Error	No alert BG, workup status coded as alert

MDE Item/ Edit #	Status	Edit Message
16C_5	Error	No BG value, workup status coded as if BG was taken
16C_6	Error	Documentation required: refused workup or lost to follow-up
16D_1	Error	Alert BG, complete workup, invalid diagnostic exam date
16D_2	Error	No alert BG, invalid diagnostic exam date
16D_3	Error	No BG value, invalid diagnostic exam date
16D_4	Error	Documentation required: BG diagnostic exam for complete workup missing or not within a week of office visit
16D_5	Error	Documentation required: BG workup by alternate provider, exam date missing or not within a week of office visit
16D_6	Error	Documentation required: BG workup refused and date of refusal missing
16D_7	Error	Documentation required: Lost to follow-up and date of lost to follow-up missing

Risk Reduction Counseling MDE Error and Quality Check Edit Description

MDE Item/ Edit #	Status	Edit Message
17A_1	Error	Initial RRC date is missing and screening type is baseline or rescreening
17A_3	Error	Initial RRC date occurred after submission date
17B_1	Error	RRC completion date is missing and risk reduction counseling date is valid
17B_2	Error	RRC completion date occurs before initial risk reduction counseling date
17B_3	Error	RRC completion date occurred after submission date
17B_4	Quality Check	RRC completion date is refused or lost to follow-up
17B_5	Quality Check	RRC was completed on or within 60 days after office visit date
17C_1	Error	Nutrition priority area is missing and RRC date is valid
17C_2	Error	Nutrition priority area is invalid
17C_3	Error	Nutrition priority area is unknown
17D_1	Error	Physical activity priority area is missing and RRC date is valid
17D_2	Error	Physical activity priority area is invalid
17D_3	Error	Physical activity priority area is unknown
17E_1	Error	Smoking cessation priority area is missing for a smoker and RRC date is valid
17E_2	Error	Smoking cessation priority area is invalid
17E_3	Error	Smoking cessation priority area is unknown
17F_1	Quality Check	Medication adherence priority area missing and RRC date is valid
17F_2	Error	Medication adherence for hypertension priority area is invalid
17F_3	Error	Medication adherence for hypertension priority area is unknown
18A_1	Error	Readiness to change assessment date is missing and RRC date is valid
18A_2	Error	Readiness to change assessment date occurred after submission date
18B_1	Error	Participant stage of change is missing and readiness to change assessment date is valid
18B_2	Error	Participant stage of change is invalid
18B_3	Quality Check	Participant stage of change is refused

Healthy Behavior Support Options MDE Error and Quality Check Edit Description

MDE Item/ Edit #	Status	Edit Message
19A_1	Error	LSP/HC referral date occurred after submission date
20A_1	Error	Number of LSP/HC sessions is missing and date of LSP/HC referral is valid
20A_2	Quality Check	LSPHCRec does not equal number of LSP/HC sessions entered
20B_1	Quality Check	Date of LSP/HC session is missing and date of LSP/HC referral is valid
20B_2	Error	LSP/HC date occurred after submission date
20B_3	Error	Date of LSP/HC referral is missing and date of LSP/HC session is valid.
20C_1	Error	LSP/HC ID is missing and date of LSP/HC session is valid
20D_1	Error	Length of LSP/HC session is missing and date of LSP/HC session is valid
20D_2	Quality check	Length of LSP/HC session is out of range
20E_1	Error	Contact type of LSP/HC session is missing and date of LSP/HC session is valid
20E_2	Error	Contact type of LSP/HC session is invalid
20F_1	Error	Setting of LSP/HC session is missing and date of LSP/HC session is valid
20F_2	Error	Setting of LSP/HC session is invalid
20G_1	Error	Completion of LSP/HC status is missing and date of LSP/HC session is valid
20G_2	Error	Completion of LSP/HC status is invalid
21A_1	Quality Check	Tobacco cessation resource referral date is missing and smoking cessation is a priority area
21A_2	Error	Tobacco cessation resource referral date occurred after submission date
21B_1	Error	Type of tobacco cessation resource is missing and tobacco cessation resource referral date is valid
21B_2	Error	Type of tobacco cessation resource is invalid
21C_1	Error	Tobacco cessation activity completion status is missing and tobacco cessation resource referral date is valid
21C_2	Error	Tobacco cessation activity completion status is invalid

Validation Report Format and Contents

Data Validation Procedures and Forms

Specific response options for some data elements require that grantees provide information in addition to that in the MDE data files. This section describes the procedures and forms that can be used to validate or explain values in the MDE data submitted, to provide explanation for alerts not seen within seven days, and to notify CDC of changes in participants' unique IDs.

Validation or Explanation of Values

When quality checks and errors are flagged for values, grantees can confirm these values to be valid or provide further explanation about them. Values for validation or explanation fall into the following general categories:

- ***Out-of-range values.*** These will be identified as quality checks or errors. In general, values that are highly unusual will be identified as quality checks, while values that are nearly impossible or are not a response option for a categorical field will be identified as errors. For example, heights less than 48 inches will be flagged as errors. Because such a height would result in an error for this record, the program might confirm this height by submitting an attachment to explain the circumstances.

- ***Responses codes as participant refused.*** Although participants are able to refuse any question or clinical service, it may be appropriate to inform CDC why the program has chosen to include a woman who refuses basic assessment or screening services as a participant in the program.

- ***Other.*** Other errors or quality checks flagged for which the grantee would like to provide an explanation.

To validate or provide explanation for a value, grantees should use the form shown at the end of this Appendix, which will be included in the WISEWOMAN system. If there are values for validation or explanation, the form should be filled out through the web-based WISEWOMAN Data Management System at the time of the MDE submission.

Notification of Participant Unique ID Changes

If the participant unique ID number changes for one or more participants between submissions, grantees must notify CDC of the change by submitting a Participant ID Change Form, which details the participant unique IDs affected. This form can be filled on the web-based WISEWOMAN Data Management System. CDC and the data contractor will change the woman's ID in the Data

Management System. Identifying these changes is critical to accurately link records between periods and track participant changes over time.

Error Rate Calculation Method

This section provides the method used to calculate error rates. The WISEWOMAN website will generate a validation report for immediate viewing after programs submit their data (either through the online validation tool or after the program indicates that it would like a report generated for direct data entry). The report contains an error rate calculated for the entire submission. There are 84 variables overall. The error rate is calculated using the following formula:

Error Rate = # of Errors / (# of Records * # of Variables)

Programs can provide explanations for any errors by submitting to CDC the Validation of Data form shown at the end of this Appendix. The calculation of the final error rate will be conducted following the final submission and review of documentation provided by programs.

Validation of Data Form

The Validation of Data Form should be filled out to validate or explain any values submitted. These values will include mainly those flagged as errors or quality checks. (See the Validation of Data section above for a list of errors and quality checks.) However, grantees can use this form to comment on any values in the MDE data. CDC will review the information provided in this form and consider these values in the calculation of performance measure #1: Program submits minimum data elements files on schedule and with no more than a 5% error rate. Each value in the form (which will be made available on the WISEWOMAN website) should be reviewed and verified by your program staff. Below are directions for filling out each column.

- ***Validation Type.*** Identify whether the validation or explanation is for an error (E), quality check (Q), or some other issue (O).
- ***StFIPS.*** Provide your state or tribal code as entered for the record to be validated/explained.
- ***EncodeID.*** Provide the participant unique ID number for the record to be validated/explained.
- ***BPDate.*** Provide the BPate for the record to be validated/explained.
- ***MDE Item #.*** Provide the MDE item number with the error, quality check, or other value for validation/explanation.
- ***Value.*** Provide the value or code (e.g., numeric value for height, '7 unknown') to be verified/explained.
- ***Validation/Explanation.*** Provide an explanation for the value (e.g., review of hard-copy record, discussion with provider verified value). For ease of reading longer explanations in Excel, use of wrapped text is encouraged.

Validation Type (E, Q, or O)	StFIPS	EncodeID	BPDate	MDE Item #	Value	Validation/ Explanation

E= error; Q = quality; O = other.

Participant ID Change Form

The Participant ID Change Form should be filled out when a participant's Encode ID has changed after a previous submission. The correct Encode ID for a participant is needed to link screening and lifestyle intervention records and calculate rescreening data. Each value in the form (which will be made available on the WISEWOMAN website) should be reviewed and verified by your program staff. Below are directions for filling out each column.

- ***StFIPS.*** Provide your state or tribal code as entered for the participant with the new Encode ID.
- ***Original EncodeID.*** Provide the original participant unique ID number for the participant.
- ***New EncodeID.*** Provide the new, changed participant unique ID number for the participant.
- ***Date of Change.*** Provide the date that the EncodeIDs were changed.
- ***Reassigned Date.*** If the original EncodeID has been reassigned to a new participant, provide the date of the reassignment here; otherwise, leave this field blank.

StFIPS	Original EncodeID	New EncodeID	Date of Change	Reassigned Date

Correction to Previous MDE File Form

The Correction to Prevoius MDE File Form may be filled out when modifications have been made to a screening cycle record that had been previously submitted to CDC. Grantees are not required to submit this form, but may choose to submit it if they would like to provide an explanation to CDC about updates or corrections made to previously submitted data.

Each value in the form (which will be made available on the WISEWOMAN website) should be reviewed and verified by your program staff. Below are directions for filling out each column.

- ***StFIPS.*** Provide your state or tribal code as entered for the participant with the new Encode ID.
- ***EncodeID.*** Provide the original participant unique ID number for the participant.
- ***BPDate.*** Provide the office visit date (BPDate) for the screening (baseline screening or rescreening) that took place during the screening cycle that the corrections affect.
- ***NScreen.*** Provide the number of screning cycles received by the particpant (NScreen) as of the screening cycle that the corrections affect.
- ***Description of Change(s).*** Provide a summary of the change(s) to the screening cycle record.

StFIPS	EncodeID	Office Visit Date	Screening Cycle Number	Description of Change(s)

APPENDIX C:
DATA ANALYSIS AND USE

MDEs provide a rich source of data for the WISEWOMAN Program. CDC and grantees use MDEs in a variety of ways to monitor and assess progress and performance. This Appendix describes the data summary report generated with every submission and other data uses for the MDEs by CDC. It also discusses potential ways in which grantees can use the data.

Data Summary Report Format and Content

MDE data submissions are used to generate biannual program-specific and aggregate MDE reports. CDC and grantees use these reports to gauge program progress in meeting goals and identify areas for improvement. For example, CDC project officers may use these reports to help identify areas for technical assistance, and grantees may use them to detect areas where further provider training is needed. Uses of MDE data are discussed in greater detail in the subsections below.

Additional information about the data summary report format and content will be provided once available.

Data Use by CDC

CDC's use of MDEs can be organized into four main categories: program progress and performance; program improvement and technical assistance; data quality improvement; and evaluation. These categories are described below.

- ***Progress and performance.*** Overall Program progress and performance drive justification for Program continuance. MDEs are used to assess grantee and overall Program progress toward meeting set goals and performance measures. Overall Program data can also be compared to other national data to understand potential Program contribution to meeting national goals for cardiovascular disease. In the WISEWOMAN Program Guidance and Resource Document, cited uses of MDEs by CDC include assessing:
    - Grantee progress in meeting goals related to screenings
    - Prevalence of risk factors in the state/tribal populations served
    - Reach of the program to priority populations
    - Implementation of risk reduction counseling and LSP/HC in accordance with CDC WISEWOMAN Program requirements and as intended
    - Grantee progress in meeting performance measures
    - Changes in participant outcomes over time

- ***Program improvement and technical assistance.*** Program improvement occurs at two levels: CDC and grantee. MDE data

aggregated across grantees provide a picture of overall strengths and weaknesses of the Program, thereby identifying areas where CDC technical assistance may be needed for all grantees. Individual grantee data can be viewed alone or compared to that for the overall Program to assess grantee strengths and areas for improvement. Project officers may then use grantee MDE data to tailor individualized technical assistance.

- ***Data quality improvement.*** Because Program progress and performance can greatly affect continued support and funding for the Program, having high-quality data to describe the Program is essential. Analysis of MDEs can be used to identify the types of data quality issues that exist and where improvements are needed.

- ***Evaluation.*** As distinguished from the monitoring uses bulleted above, MDEs may contribute to data provided for evaluation. It may provide the service and outcomes data required for analyses that assess the effect of the program. It may also help identify areas for further investigation, where the program is performing better than or not as well as expected.

Potential Data Use by Funded Programs

Grantees use MDEs in a variety of ways to drive program improvement and track program progress. Below are some examples of MDE use among funded programs.

- ***Analysis of provider performance.*** Grantees have used MDEs to track the number of screenings and LSP/HC sessions conducted by provider sites. In addition, some have created program-level performance measures that they calculate for individual providers.

- ***Identification of areas for provider trainings.*** Grantees have used MDEs to identify areas where provider sites were in need of training or technical assistance.

- ***Assessment of performance in comparison to national benchmarks.*** Grantees have used MDEs to assess the characteristics and risks of the population served in comparison to that for their entire state or the nation.

- ***Assessment of participant changes in risk factors.*** Grantees have used MDEs to analyze changes between participants' baseline screening, rescreening, and follow-up screening visits.

Grantees interested in receiving technical assistance related to using MDEs as a data source for program monitoring and evaluation should contact their project officer.

APPENDIX D:
TECHNICAL ASSISTANCE RESOURCES

To support grantees in collecting and submitting data, CDC has developed several strategies and tools to provide technical assistance to grantees. This appendix describes the various types of technical assistance available to grantees, the web-based WISEWOMAN Data Management System, the method for requesting individualized technical assistance, and the technical assistance Helpdesk.

Types of Technical Assistance Available

Technical assistance available to grantees can be broadly categorized as individualized technical assistance, group technical assistance, and tools. Below, specific types of technical assistance/tools within these categories are described. The table at the end of this subsection summarizes the types of technical assistance/tools by category, provider, and timeline.

Individualized Technical Assistance

- ***Data Review Calls.*** After each MDE submission, summary reports are generated and reviewed with grantees during a data review call. The purpose of the calls is to discuss with grantees any programmatic and quality issues highlighted in the data. As needed, data quality reports and other materials may also be reviewed.

- ***Helpdesk Requests.*** Grantees can request individualized technical assistance through the Helpdesk (WISEWOMANTA@mathematica-mpr.com). This type of assistance is tailored to the grantee and the question. More information is provided in the following subsections of this appendix, "Requesting Individualized Technical Assistance" and "Helpdesk for Technical Assistance Requests."

- ***Site Visit Consultation.*** Throughout the year, project officers conduct site visits to programs. During these visits, project officers provide technical assistance to their programs on a wide variety of programmatic issues, including those related to data. If requested by the project officer and/or program, the data contractor may also accompany the project officer on a site visit to provide consultation on data issues.

- ***WISEWOMAN Annual Meeting One-on-One Sessions.*** In addition to group presentations at the WISEWOMAN Annual meeting, grantees also have an opportunity to set up one-on-one meetings with data staff to answer grantee-specific questions.

Group Technical Assistance

- ***WISEWOMAN Annual Meeting Data Sessions.*** At each annual meeting, presentations related to data issues are conducted. The topics of these sessions vary from year to year and are dependent on overall Program activities and needs at the time.

- ***All-Program Calls.*** Data-related issues may be discussed during the monthly all-program calls. In general, data issues will not be discussed in depth, as the calls are only an hour long and are designed to cover multiple topics. Therefore, updates will be provided mainly during all-program calls, and in-depth data-related discussions or trainings will take place through other venues.

- ***Ad Hoc Data Calls and Trainings.*** Throughout the course of the year, data issues affecting a majority of or all grantees may be identified, either through individualized technical assistance or as a result of changes to the MDE submission process and specifications (e.g., modification of MDE specifications, added MDE variables). As a result, trainings or group communications may be needed. If the need for these trainings or group communications cannot be fulfilled at the annual meeting, ad hoc data calls and trainings will be held.

Tools

- ***WISEWOMAN MDE Manual.*** This manual is a technical assistance tool for grantees. It provides detailed guidance on the MDE submission process and MDE specifications, and it will be updated as necessary to stay current with the data submission and collection requirements. Grantees can access the current edition on the WISEWOMAN website (https://partner.cdc.gov).

  Edits Documentation. The edits documentation details all the edits programmed in the validation tool. The documentation provides the coding used for validation in plain language. It also documents the changes to the edits from the previous MDE edition. Grantees can access the current edition on the WISEWOMAN website (https://partner.cdc.gov).

As needed, other tools may be disseminated, such as instructions for using the web-based WISEWOMAN website. Some tools currently being considered include a frequently-asked-questions document, a repository for grantee forms, and a listserv or other interface for grantee communications. All these would be made available through the WISEWOMAN website.

Summary of Types of Technical Assistance and Tools Available

TA Type	Provider	Timeline
Individual		
Data review calls	Project officers and/or data contractor	Semiannually, after MDE submission and release of data summary reports
Helpdesk requests	Data contractor	As needed
Site visit consultation	Project officers and/or data contractor	Annually
Annual meeting one-on-one session	Data contractor	Annually
Group		
Annual Meeting data sessions	CDC staff and data contractor	Annually
All-program calls	CDC staff and/or data contractor	As needed during monthly calls
Ad hoc data calls and trainings	Data contractor	As needed
*Tools**		
WISEWOMAN MDE Manual	Data contractor	Ongoing
Edits documentation	Data contractor	Ongoing

** Other tools are under development.*

Helpdesk for Individualized Technical Assistance Requests

Technical assistance may be requested through by emailing the data contractor at WISEWOMANTA@mathematica-mpr.com.[1] Once a request for technical assistance related to MDEs is received, Helpdesk will automatically confirm receipt of the request. For more complicated requests or those requiring project officer input, responses may take more than 24 hours. Requests received immediately before or after the data submission period may also take longer to process, though confirmation of the request will always occur within 24 hours of its receipt.

All requests are tracked by Helpdesk staff; this is to ensure that follow-up is completed for all requests and that responses are satisfactory to the requester. In addition, project officers will be kept abreast of the technical assistance needs of their programs. The tracking of technical assistance requests by the Helpdesk and project officers allows CDC to identify common issues to inform Program-wide technical assistance.

1 Grantees may also choose to telephone individual members of the data contractor team. However, requesting technical assistance through email or website guarantees that all data contractor team members receive notification of the request, and therefore requests are more likely to receive a prompt response.

APPENDIX E:
MDE EDITIONCROSSWALK

Crosswalk of Changes Between MDE Edition8.2 and 9.00

This crosswalk documents changes between MDE 8.2 used in the previous cooperative agreement and MDE 9.00 used in the current cooperative agreement. Changes to MDE items from MDE 9.02 to MDE 9.04 are noted in the Summary of MDE Manual Updates document that accompanied this manual.[14]

MDE 9.00 Items			
Item Number	**Variable Name**	**Status**	**Comments on Modifications to MDE Item Labels, Values, and Value Descriptions from MDE 8.2 to 9.00[a]**
0a	MDEver	Modified	• MDE Version was changed from 8.00 to 9.00.
1a	StFIPS	Modified	• State/Tribal FIPS Code were updated to reflect current grantee states/tribes.
1b	HdANSI	New	
1c	EnrollSiteID	Modified	• EnrollSiteID was modified to capture ZIP code where enrollment was conducted.
1d	ScreenSiteID	Modified	• ScreenSiteID was modified to capture National Provider Identifier (NPI) for provider.
2a	TimePer	New	
2b	NScreen	New	
2c	Type	New	
3a	EncodeID	No change	
3b	ResANSI	New	
3c	ZIP	No change	

[14] [a] Changes to MDE item validation edits from MDE 8.0 to MDE 9.0 are noted in the SQL validation edits spreadsheet. For MDE 9.0, response options 8/88/888 (Don't want to answer/Client refused) changed to display in grey highlights, indicating that these responses should not appear on data collection forms.

MDE 9.00 Items			
Item Number	**Variable Name**	**Status**	**Comments on Modifications to MDE Item Labels, Values, and Value Descriptions from MDE 8.2 to 9.00[a]**
3d	MYB (previously DOB)	Modified	• MDE label changed from “Date of Birth” to “Month and Year of Birth.” • Response option wording changed from “Date of Birth” to “Month and Year of Birth.”
3e	Latino	No change	
3f	Race1	No change	
3g	Race2	No change	
3h	Education	No change	
3i	Language	New	
4a	SRHC	Modified	• MDE label changed from “Have you ever been told by a doctor, nurse, or other health professional that your blood cholesterol is high?” to “Do you have high cholesterol?” • Response option 7 changed from “Don’t know” to “Don’t know/Not sure.”
4b	SRHB	Modified	• MDE label changed from “Have you ever been told by a doctor, nurse, or other health professional that you have high blood pressure?” to “Do you have hypertension (high blood pressure)?” • Response option 7 changed from “Don’t know” to “Don’t know/Not sure.”
4c	SRD	Modified	• MDE label changed from “Have you ever been told by a doctor, nurse, or other health professional that you have diabetes?” to “Do you have diabetes? (either Type 1 or Type 2).” • Modified response option 1 (Yes) description to remove guidance that “This response should include a diagnosis of diabetes beyond pregnancy.” • Removed response option 3 (“Yes – Gestational (pregnancy) diabetes only”). • Response option 7 changed from “Don’t know” to “Don’t know/Not sure.”

MDE 9.00 Items			
Item Number	**Variable Name**	**Status**	**Comments on Modifications to MDE Item Labels, Values, and Value Descriptions from MDE 8.2 to 9.00[a]**
4d	SRHA	Modified	• MDE label changed from “Has a doctor, nurse, or other health professional ever told you that you had any of the following: heart attack (also called myocardial infraction), angina, coronary heart disease, or stroke?” to “Have you been diagnosed by a healthcare provider as having any of these conditions: coronary heart disease/chest pain, heart attack, heart failure, stroke/transient ischemic attack (TIA), vascular disease, or congenital heart defects?” • Response option 7 changed from “Don’t know” to “Don’t know/Not sure.”
5a	HCMeds	Modified	• MDE label changed from “Are you taking any medicine prescribed by your doctor, nurse, or other health professional for your high cholesterol?” to “Do you take medication to lower your cholesterol?” • Changed coding for response option 3 (No) to 2. • Added response options 3 (No – Could not obtain medication) and 5 (Not Applicable).
5b	HBPMeds	Modified	• MDE label changed from “Are you taking any medicine prescribed by your doctor, nurse, or other health professional for your high blood pressure?” to “Do you take medication to lower your blood pressure?” • Changed coding for response option 3 (No) to 2. • Added response options 3 (No – Could not obtain medication) and 5 (Not Applicable).
5c	DMeds	Modified	• MDE label changed from “Are you taking any medicine prescribed by your doctor, nurse, or other health professional for your diabetes?” to “Are you taking medication to lower your blood sugar (for diabetes)?” • Changed coding for response option 3 (No) to 2. • Added response options 3 (No – Could not obtain medication) and 5 (Not Applicable).
5d	HCAdhere	New	
5e	HBPAdhere	New	
5f	DAdhere	New	
6a	BPHome	New	
6b	BPFreq	New	

MDE 9.00 Items			
Item Number	**Variable Name**	**Status**	**Comments on Modifications to MDE Item Labels, Values, and Value Descriptions from MDE 8.2 to 9.00[a]**
6c	BPSend	New	
7a	Fruit	New	
7b	Vegetables	New	
7c	Fish	New	
7d	Grains	New	
7e	Sugar	New	
7f	SaltWatch	New	
8a	PAMod	New	
8b	PAVig	New	
9a	Smoker	Modified	• MDE label changed from “Do you now smoke cigarettes every day, some days, or not at all?” to “Do you smoke? Includes cigarettes, pipes, or cigars (smoked tobacco in any form).” • Response option 1 changed from “Every day” to “Current smoker.” • Response option 2 changed from “Some days” to “Quit (1-12 months ago).” • Response option 3 changed from “Not at all” to “Quit (more than 12 months ago).” • Added response option 4 (Never smoked). • Removed response option 7 (Don’t know/Not sure).

MDE 9.00 Items			
Item Number	**Variable Name**	**Status**	**Comments on Modifications to MDE Item Labels, Values, and Value Descriptions from MDE 8.2 to 9.00[a]**
9b	SecHand	Modified	• MDE label changed from “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?” to “About how many hours a day, on average, are you in the same room or vehicle with another person who is smoking?” • Changed response option from “Number of days” to “Number of hours.” • Removed response option 77 (Don’t know). • Added response option 66 “Less than one.” • Changed coding for response option 0 (None) to 00.
0a	QOLPH	New	
10b	QOLMH	New	
10c	QOLEffect	New	
11a	Height	Modified	• Changed MDE length from 3 to 2. • Changed valid range from 54-78 inches to 52-76 inches. • Changed unusually high values from 74-78 inches to 74-76 inches and unusually low values from 54-58 inches to 52-58 inches.
11b	Weight	Modified	• Changed valid range from 75-460 pounds to 74-460 pounds. • Changed unusually low values from 75-90 pounds to 74-90 pounds.
11c	Waist	New	
11d	Hip	New	
12a	BPDate	No change	

MDE 9.00 Items			
Item Number	**Variable Name**	**Status**	**Comments on Modifications to MDE Item Labels, Values, and Value Descriptions from MDE 8.2 to 9.00[a]**
12b	SBP1	No change	
12c	DBP1	No change	
12d	SBP2	No change	
12e	DBP2	No change	
13a	Fast (previously TCFast)	Modified	• MDE label changed from “Fasting Status for Cholesterol Measurements” to “Fasting status.” • Removed response options 6 (No cholesterol results available (inadequate blood sample or unable to obtain for total cholesterol, HDL cholesterol, LDL cholesterol, and triglycerides)), 7 (Don’t know), and 8 (Client refused).
14a	TCDate	No change	
14b	TotChol	No change	
14c	HDL	No change	
14d	LDL	No change	
14e	Trigly	No change	
15a	BGDate	Modified	• MDE label changed from “Glucose Measurement Date” to “Glucose/A1C Measurement Date”
15b	Glucose	Modified	• MDE label changed from “Glucose (fasting or nonfasting)” to “Glucose (fasting).” • Removed response options 666 (Participant has a previous diagnosis of diabetes—glucose reading not necessary), 700 (A1C taken for screening purposes), and 800 (Participant has previous diagnosis of diabetes—A1C measured by another provider.
15c	A1C	Modified	• Removed response option 6666 (No previous diagnosis of diabetes).

MDE 9.00 Items			
Item Number	**Variable Name**	**Status**	**Comments on Modifications to MDE Item Labels, Values, and Value Descriptions from MDE 8.2 to 9.00[a]**
16a	BPAlert	Modified	• Removed response options 1 (Workup pending), 3 (Workup not medically indicated, client being treated), and 7 (No blood pressure value recorded). • Added response option 2 (Follow-up – workup by alternate provider). • Changed coding for response option 2 (Workup complete) to 1. • Changed coding for response option 6 (Not an alert reading) to 3.
16b	BPDiDate	Modified	• MDE label changed from "If Average SBP >180 or DBP >110, Diagnostic Exam Date" to "If Average SBP >180 or DBP >110, Workup Date." • Response option wording changed from "Blood Pressure Diagnostic Exam Date" to "Blood Pressure Workup Date."
16c	BGAlert	Modified	• MDE label changed from "If GLUCOSE ≤50 or GLUCOSE ≥275, what is the status of the workup?" to "If GLUCOSE ≤50 or GLUCOSE ≥250, what is the status of the workup?" • Removed response options 1 (Workup pending), 3 (Workup not medically indicated, client being treated), and 7 (7 No blood glucose value recorded). • Added response option 2 (Follow-up – workup by alternate provider). • Coding for response option 2 (Workup complete) to 1. • Coding for response option 6 (Not an alert reading) changed to 3.
16d	BGDiDate	Modified	• MDE label changed from "If GLUCOSE ≤50 or GLUCOSE ≥275 Diagnostic Exam Date" to "If GLUCOSE ≤50 or GLUCOSE ≥250 Workup Exam Date." • Response option wording changed from "Blood glucose diagnostic exam date" to "Blood glucose workup date."
17a	RRCDate	New	
17b	RRCComplete	New	
17c	RRCNut	New	
17d	RRCPA	New	

MDE 9.00 Items			Comments on Modifications to MDE Item Labels, Values, and Value Descriptions from MDE 8.2 to 9.00[a]
Item Number	**Variable Name**	**Status**	
17e	RRCSmoke	New	
17f	RRCMedAdhere	New	
18a	RTCDate	New	
18b	RTC	New	
19a	RefDate	New	
20a	LSPHCRec	New	
20b	Intervention	Modified	• MDE label changed from “Date of Lifestyle Intervention (LSI) Session (Date of Referral to a Community-Based Resource)” to “Date of Lifestyle Program (LSP) / Health Coaching (HC) Session.” • Response option wording changed from “LSI Session Date (MMDDCCYY)” to “Lifestyle Program/Health Coaching Session Date (MMDDCCYY).”
20c	LSPHCID	New	
20d	LSPHCTime	New	

MDE 9.00 Items			
Item Number	**Variable Name**	**Status**	**Comments on Modifications to MDE Item Labels, Values, and Value Descriptions from MDE 8.2 to 9.00[a]**
20e	ContactType	Modified	• MDE label changed from "Type of Lifestyle Intervention (LSI) Contact" to "Type of Lifestyle Program (LSP) / Health Coaching (HC) Session." • Removed response options 6 (Referral to community-based resources with no WISEWOMAN LSI-referral confirmed), 7 (Referral to community-based resources with no WISEWOMAN LSI-referral not confirmed), and 77 (Unknown). • Response option 5 wording changed from "Evidence that computer-based session was completed" to "Evidence that non-interactive computer-based session was completed;" coding for response option 5 (Evidence that computer-based session was completed) changed to 6. • Added response options 3 (Smart phone/tablet Application), 7 (Evidence that interactive computer-based session was completed), 0 (Other), and 99 (No answer recorded). • Coding for response option 3 (Evidence that mailed materials were opened and reviewed) changed to 4. • Coding for response option 4 (Evidence that audiotape or DVD was opened and reviewed) changed to 5.
20f	Setting	Modified	• MDE label changed from "Setting of Lifestyle Intervention (LSI) Session" to "Setting of Lifestyle Program (LSP) / Health Coaching (HC) Session." • Removed response option 7 (Unknown). • Added response options 3 (Combination) and 9 (No answer recorded).
20g	LSPHCComp	New	
21a	TobResDate	New	
21b	TobResType	New	
21c	TobResComp	New	

MDE Items Removed Between MDE Versions 8.2 and 9.00

Item Number	Variable Name	Variable Label
Screening and Assessment MDE Items		
1b	HDFips	FIPS County Code (Provider)
2a	NRec	Unique Screening Record ID Number
3b	CntyFIPS	County of Residence
3h	Race3	Race: Third Race
3i	Race4	Race: Fourth Race
3j	Race5	Race: Fifth Race
6a	FAMHAM	Has your father, brother, or son had a stroke or heart attack before age 55?
6b	FAMHAF	Has your mother, sister, or daughter had a stroke or heart attack before age 65?
6c	FAMD	Has either of your parents, your brother or sister, or your child ever been told by a doctor, nurse, or other health professional that he or she has diabetes?
12c	BGFast	Fasting Status for Glucose Measurements
13d	TCAlert	If TOTCHOL>400, what is the status of the workup?
13e	TCDiDate	If TOTCHOL>400, Diagnostic Exam Date
Lifestyle Intervention MDE Items		
0a	MDEver	MDE Version
1a	StFIPS	State/Tribal FIPS Code
2a	NRec	Unique Lifestyle Intervention (LSI) Record ID Number
3a	EncodeID	Unique Participant ID Number
6a	Nutrition	Receive Nutrition Counseling as Part of a Lifestyle Intervention (LSI) Session
6b	NutLink	Linked to Community-Based Nutrition Resources
6c	PA	Received Physical Activity Counseling as Part of LSI Session
6d	PALink	Linked to Community-Based Physical Activity Resources
6e	QuitLine	Linked to Proactive Tobacco QuitLine
6f	TobacLink	Linked to Community-Based Tobacco Cessation Resources
6g	TobacCoun	Received Smoking Cessation Counseling During LSI Session

APPENDIX F:
PERFORMANCE MEASURES

1. Program submits minimum data elements files on schedule and with no more than a 5% error rate. (*Calculated using MDEs*)

2. Program has actively engaged with a minimum of two public or private partner organizations to promote and support environmental changes for increased physical activity, access to healthy food choices, smoking cessation and elimination of exposure to secondhand smoke. (*Determined from information provided in the annual performance reports*)

3. Program has met or exceeded 95% of its CDC approved screening goals. Screening goals include baseline and rescreenings (including overscreens), and follow-up screenings. (*Calculated using MDEs*)

4. Program delivers risk reduction counseling to 100% of women screened. Risk reduction counseling includes appropriate referral to health coaching, community resources or lifestyle programs. (*Calculated using MDEs and annual performance reports*)

5. Program follows-up with 100% of women with abnormal blood pressure values. Follow-up parameters should be determined by WISEWOMAN guidelines and facility medical protocol. (*Calculated using annual performance reports*)

6. Program ensures that 80% of women referred to a lifestyle program or health coaching participate in the program. Participation is defined as attendance at a minimum of one lifestyle program or coaching session. (*Calculated using MDEs*)

7. Program ensures that 60% of women who participate in a lifestyle program or health coaching complete the program. Completion is defined as the number of sessions that the evidence base for the program has determined to be required for behavior change. (*Calculated using MDEs and annual performance reports*)

APPENDIX G:
EXAMPLES FROM AMERICAN HEART ASSOCIATION'S LIFE'S SIMPLE 7

Adapted from the American Heart Association Life's Simple 7™

American Heart Association Handout

MDE Item 7a: Fruit

Examples of 1 cup serving of fruit:

1 large banana

1 small wedge of watermelon

1 medium grapefruit

1 small apple

1 medium pear

8 large strawberries

2 large plums

MDE Item 7b: Vegetables

Examples of 1 cup serving of vegetables:

10 broccoli florets

1 large ear of corn

2 cups lettuce

12 baby carrots (or 2 medium carrots)

2 large stalks of celery

1 large sweet potato

1 large bell pepper

MDE Item 7c: Fish

Examples of 2 servings of fish

7oz canned tuna

8oz salmon steak

MDE Item 7d: Whole Grains

Example:

½ cup oatmeal

1 slice whole wheat bread

3 cups popcorn

3 ounces of whole grains

MDE Item 7e: Sugar

Examples:

= 36 oz (450 calories) of beverages with added sugars

1 teaspoon (4g) of sugar added to tea/coffee x 28 times = 450 calories

MDE Item 8a: Moderate Physical Activity

Examples of moderate physical activity:

Walking briskly (3 miles per hour or faster but not race-walking)

Water aerobics

General gardening

MDE Item 8b: Vigorous Physical Activity

Examples of vigorous physical activity: Bicycling 10 miles an hour or faster

Race-walking, jogging, or running

Aerobic dancing

APPENDIX H:
WISEWOMAN HEALTH RISK ASSESSMENT MDE ELEMENTS

WISEWOMAN Health Risk Assessment MDE Elements

A health risk assessment is a health questionnaire that provides individuals with an evaluation of their health risks and quality of life. The information gathered from the assessments help providers work collaboratively with patients to make decisions and improve their health.

Cardiovascular health risk assessment must be conducted for each WISEWOMAN participant during screening visits.[1]

As health risk assessment results and screening values provide the basis for risk reduction counseling tailored to each individual, the assessment **must** be completed prior to risk reduction counseling. Risk reduction counseling must be provided to all WISEWOMAN participants face-to-face at the time of their screening visit.[2]

The required MDE items for a WISEWOMAN Health Risk Assessment are listed below:

- **Medication Use**
    - Use of medication to lower cholesterol (5a: HCMeds), blood pressure (5b: HBPMeds), or blood sugar (5c: DMeds)
- **Medication Adherence**
    - Medication adherence for participants taking medication to lower cholesterol (5d: HCAdhere), blood pressure (5e: HBPAdhere), or blood sugar (5f: DAdhere)
- **Self-Monitoring Blood Pressure** (for participants with high blood pressure or previously diagnosed with hypertension [high blood pressure] only)
    - Blood pressure self-monitoring (6a-6c: BPHome, BPFreq, BPSend)
- **Nutrition**
    - Consumption of fruits (7a: Fruits), vegetables (7b: Vegetables), fish (7c: Fish), whole grains (7d: Grains), and beverages with added sugar (7e: Sugar)
    - Sodium or salt intake (7f: SaltWatch)

1 Patients may complete health risk assessment forms in the health care setting at the time of screening or before their initial visit. If the health risk assessment is completed prior to the screening office visit, the information must be available to the clinician/counselor and incorporated into risk reduction counseling.
2 Technical Assistance and Guidance Document Version 2 (Page 56).

- **Physical Activity**
    - Moderate (8a: PAMod) and vigorous physical activity (8b: PAVig)
- **Tobacco use and Secondhand Smoke Exposure**
    - Smoking status (9a: Smoker)
    - Exposure to secondhand smoke (9b: Secondhand)
- **Quality of Life Indicators** (10a-10c: QOLMH, QOLPH, QOLEffect)

In addition to these required MDE items, grantees may choose to use other health assessment questions that align with their provider clinical practice protocols, evaluation needs, or other program purposes.

If additional non-MDE questions are used, grantees should use validated questions and are encouraged to share additional information collected with their assigned Project Officer.

APPENDIX I:
SUBMITTING RECORDS FOR NAVIGATED WOMEN

SUBMITTING RECORDS FOR NAVIGATED WOMEN

Starting with the October 2016 submission, grantees have the option to submit records for navigated women in line with NBCCEDP criteria for navigation. **Navigated women** are participants who receive healthy behavior support services (such as health coaching or lifestyle programs), but whose cardiovascular screenings are **NOT funded*** by WISEWOMAN. Submitting data for navigated women is optional.

The navigated women reporting form should be used to identify records associated with navigated women. All records for navigated participants included in the mde submission should be noted in this spreadsheet. This will help grantees know what percentage of their data and their budget consists of navigated women.

Instructions:

1. Include records for navigated women in the MDE file due April 1 and October 1 of each program year. Records for navigated women should be integrated into the mde file.
2. In addition to the MDE file grantees should complete the WISEWOMAN Navigated Women Reporting form* excel spreadsheet, which is availabled in DMS 2.0 under "Documentation":

    a. In the rows provided in the spreadsheet, enter the required fields for each record for a navigated woman in the MDE file. The required fields include:
        - Grantee FIPS code (1a: StFIPS)
        - Unique ID (3a: EncodeID)
        - Month and Birth of Year (3d: MYB)
        - Blood Pressure Date (12a: BPDate)

    b. For each submission, use the excel spreadsheet to report the complete set of records for navigated women included in the MDE file. For example, if a grantee includes 10 records for navigated participants in the October 2016 MDE file, the Navigated Women Reporting spreadsheet for October 2016 should list 10 records for navigated women. In April 2017, the spreadsheet should be cumulative to include all records for navigated women from the October 2016 reporting period plus the new records for navigated women from the April 2017 reporting period.

3. Upload the MDE file and Navigated Women Reporting spreadsheet to the DMS by the MDE submission deadline:

a. Save the file using the format Navigated_PPYYMM, where PP is the program abbreviation and YYMM is the date of submission. YY is the two-digit year and MM is the month from 01 to 12. Use leading zeros when specifying years and months between 01 and 09 (for example, "Navigated_AL1610").

b. Upload the MDE file and the Navigated Women Reporting spreadsheet to the DMS by the MDE submission deadline. CDC will assume that grantees that do NOT submit the Navigated Women Reporting spreadsheet by the MDE submission deadline do not have any records associated with navigated women.

4. Contact the WISEWOMAN TA HelpDesk (WISEWOMANTA@mathematica-mpr.com) with any questions.

*For the purposes of submitting records for navigated women, NOT funded includes women for whom screening services were reimbursed through an alternative payment source other than WISEWOMAN. Women screened using Indian Health Services funds are excluded from this definition.

APPENDIX J:
OTHER DOCUMENTS AND COMMUNICATION

[INSERT OTHER DOCUMENTS AND COMMUNICATION]