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WISEWOMAN Program

MDE Manual
Edition 23.1

CONTENTS

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 recipients of the cooperative agreement across the United States to improve cardiovascular health among low-income, underinsured, and uninsured participants 35 to 64 years of age. Funded recipients 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 recipients to describe, monitor, and assess progress and performance.

The MDEs in this manual (Edition 23.1) received final approval in August 2023 from the Federal Office of Management and Budget. This manual pertains to the WISEWOMAN cooperative agreement. Data for the 71 MDEs are separated into eight categories: Administrative, Demographic, Health History and Medication Use, Behavioral, Clinical Values, Risk Reduction Counseling, Healthy Behavior Support Services, and Social Determinants of Health.

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, definition, format, source of data, denominator population, acceptable values, description, and use for data analysis. ***Please note that the format provided is relevant for data submitted by recipients for a six-month reporting period.*** *V*ariables are reported for each participant. These values for each participant establish a record for their assessment visit. The manual is organized as follows:

- **Administrative MDE Specifications.** This category includes nine MDE variables. It includes data about the recipient program, including its geography, provider sites, aggregate assessments, and unique IDs of participants to track their health over time.
- **Demographic MDE Specifications**. This category includes eight MDE variables. It includes data about participant's county of residence, their month and year of birth, their race and ethnicity, educational attainment, and spoken language.
- **Health History and Medication Use MDE Specifications.** This category includes five MDE variables. It includes data about participant's medical history, their medication use, and medication adherence.
- **Behavioral MDE Specifications.** This category includes 14 MDE variables. It includes data about participant's health behaviors, such as self-measurement of blood pressure, nutrition, physical activity, smoking status, alcohol consumption, and mental well-being.

1 Throughout this document, capital "Program" refers to the CDC WISEWOMAN Program, and lower-case "program" refers to the CDC-funded state/tribal recipients.

- **Clinical Values MDE Specifications.** This category includes 15 MDE variables. It includes data about participant's clinical assessment values as it relates to cardiovascular disease risk factors.
- **Risk Reduction Counseling MDE Specifications.** This category contains one required MDE variable. It includes data about the risk reduction counseling received by participants from a provider discussing their cardiovascular disease risk.
- **Healthy Behavior Support Services MDE Specifications.** This category contains seven required MDE variables. It includes data about the evidence-informed Lifestyle Program/Health Coaching sessions available and received by participants as well as referrals to community-based tobacco cessation resources.
- **Social Determinants of Health MDE Specifications.** This category contains 12 MDE variables. It includes data about evidence-based social determinants of health variables, including information about internet and computer access, transportation, housing, food insecurity, childcare, intimate partner violence, medication adherence, and referral/attendance to social services.
- **Appendix A—MDE Assessment Definitions and Submission Guidance.** Data are required to be submitted semiannually, on June 1 and December 1 or the Monday following if the 1st falls on a weekend. This appendix details assessment visit definitions and submission guidance.
- **Appendix B—Data Quality and Validation.** To promote high-quality, consistent data across recipients, several tools are provided for use by recipients prior to MDE submission and by CDC after submission. This appendix describes the various validation procedures that recipients can use prior to submission and that CDC uses to assess data quality. In addition, the method used to calculate the error rate is provided for MDE submission files.
- **Appendix C—Data Analysis and Use.** MDEs have several analytic purposes for CDC and recipients, including (1) promoting public health practice through continuous program improvement (2) measuring and improving program performance, (3) assessing program health outcomes through evaluation, and (4) calculating Atherosclerotic Cardiovascular disease Risk (ASCVD). This appendix describes the summary report format, and the content produced and provided to recipients after each submission. It also discusses use of the data by CDC as well as potential ways in which recipients can utilize the data.
- **Appendix D—Technical Assistance Resources.** Several technical assistance resources are available to support recipients' MDE data collection and reporting. This appendix describes the various types of technical assistance resources that recipients can access, including one-on-one technical assistance, group trainings, documents, and tools available on the WISEWOMAN website. It describes the process for requesting individual technical assistance and the response process for CDC and the data contractor.
- **Appendix E –Nutritional prompts.** This appendix includes a supplemental handout with examples for MDE items sourced from American Heart Association's Life's Simple 7.

This manual is a living document that will be updated as needed. When changes are made to it, CDC will notify recipients that the updated manual is available on the WISEWOMAN Data Management System website [https://wwwn.cdc.gov/wisewoman].

2. ADMINISTRATIVE MDE SPECIFICATIONS

This section provides recipients 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 recipient programs and are essential to the services provided through the program. For each participant record, programs provide Federal Information Processing Standards/American National Standards Institute (FIPS/ANSI) codes to perform geospatial analyses for public health purposes. In addition, for the six-month submission period recipients must report for each participant the enrollment site, assessment site, the type of assessment received, and unique participant ID. Missing or invalid values for these variables will be considered errors.

This section begins with a summary of the nine required MDEs (Subsection a) and then provides the technical specifications for each MDE (Subsection b).

a. Summary of Administrative MDEs

Item Number	Variable Name	Beginning Position	Variable Label	Type
1a	StFIPS	1	State/Tribal FIPS code	Character
1b	HdANSI	3	ANSI Geographic code (provider)	Character
1c	EnrollSiteID	8	Enrollment site ID	Character
1d	ScreenSiteID	13	Screening (Assessment) site ID	Numeric
2a	TimePer	23	Time period of Screening (Assessment)	Numeric
2b	NScreen	24	Number of Screenings (Assessments) received by the participant	Numeric
2c	Type	25	Type of Screening (Assessment) visit	Numeric
2d	Navigation	26	Were the navigation services paid for by NBCCEDP funds, WISEWOMAN funds, Indian Health Services/ Tribal funds, or other funds?	Numeric
3a	EncodeID	27	Unique participant ID number	Character

b. Administrative MDE Specifications

Item 1a: StFIPS*	**State/Tribal FIPS Code** This variable indicates the FIPS or tribal program code for the state, tribal organizations, or territory 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:**	1
	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 Complete/BP+ baseline assessments.			
VALUES AND DESCRIPTION	**National FIPS Code**	Two-digit (character) value representing the identification of the awardee that is providing services to the participant.		
ANALYSIS AND USE	To calculate the number of individuals assessed by each recipient To assess the reach of the WISEWOMAN Program nationally and within a particular state, tribal organization, or territory			
OTHER INFORMATION	The state FIPS codes are the Federal Information Processing Standards 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. Programs should always record the FIPS code for the state, tribal organizations, or territory where their program is located. This may differ from the FIPS code for the participant's state, tribal organization, or territory of residence if the participant resides in a state, tribal organization, or territory 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.			

*Complete and BP+ records require a valid response for this item. Refer to Table A.2 in Appendix A for more information.

Item 1b: HdANSI*	**ANSI Geographic Code (Provider)** This indicates the ANSI geographic code of the provider that conducts the WISEWOMAN assessment office visit.			
FORMAT	**Type:**	Character	**Other Format:**	N/A
	Item Length:	5	**Justification:**	Left
	Field Length:	5	**Beginning Position:**	3
	Leading Zeros:	Yes	**Valid Range:**	Valid ANSI code
	Static Field:	No		
SOURCE	National ANSI Code List, Census Bureau			
DENOMINATOR POPULATION	The denominator includes all assessment visits.			
VALUES AND DESCRIPTION	**ANSI Geographic Code**	Five-digit (character) value representing the geographic area of the provider that conducts the assessment office visit.		
ANALYSIS AND USE	To evaluate whether programs and specific providers are meeting assessment visit goals in targeted geographic areas To identify geographic areas where eligible individuals have access to the WISEWOMAN Program To provide information for geospatial 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 office visit, and the last three digits should represent the provider's county.			

*Complete and BP+ records require a valid response for this item. Refer to Table A.2 in Appendix A for more information.

Item 1c: EnrollSiteID*	**Enrollment Site ID** This variable indicates the site of a participant's enrollment into the WISEWOMAN Program.			
FORMAT	**Type:**	Character	**Other Format:**	N/A
	Item Length:	5	**Justification:**	Left
	Field Length:	5	**Beginning Position:**	8
	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 Complete/BP+ baseline assessments.			
VALUES AND DESCRIPTION	**Enrollment Site ID**	Valid five-digit ZIP code for the location where the participant is enrolled.		
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 location where the participant is enrolled. This may be the ZIP code for a provider site location if a provider conducts enrollment, or the ZIP code of the recipient location if the recipient conducts enrollment of the participant.			

*Complete and BP+ records require a valid response for this item. Refer to Table A.2 in Appendix A for more information.

Item 1d: ScreenSiteID*	**Screening (Assessment) Site ID** This variable indicates the site where a participant received their WISEWOMAN assessment.			
FORMAT	**Type:**	Numeric	**Other Format:**	N/A
	Item Length:	10	**Justification:**	Right
	Field Length:	10	**Beginning Position:**	13
	Leading Zeros:	N/A	**Valid Range:**	Valid code for assessment site; cannot be blank
	Static Field:	No		
SOURCE	National Provider Identifier			
DENOMINATOR POPULATION	The denominator includes all assessments.			
VALUES AND DESCRIPTION	**Screening (Assessment) Site ID**	Value representing a National Provider Identifier for the provider who conducts the assessment office visit.		
ANALYSIS AND USE	To identify the geographic locations of sites providing assessments to participants To track the number of WISEWOMAN participants screened at each WISEWOMAN assessment site To describe differences in participant demographics or other characteristics by assessment site To provide information for geospatial analysis To identify the number of assessments provided in each geographic area To identify provider pool for assessment of health systems and providers that use clinical systems of care successful in blood pressure control			

*Complete and BP+ records require a valid response for this item. Refer to Table A.2 in Appendix A for more information.

Item 2a: TimePer*	**Time Period of Screening (Assessment)** This variable indicates the 6-month time period of the assessment visit for the participant.			
FORMAT	**Type:**	Numeric	**Other Format:**	N/A
	Item Length:	1	**Justification:**	Right
	Field Length:	1	**Beginning Position:**	23
	Leading Zeros:	No	**Valid Range:**	See values; cannot be blank
	Static Field:	Yes		
SOURCE	Not applicable; WISEWOMAN-specific variable			
DENOMINATOR POPULATION	The denominator includes all Complete/BP+ baseline assessments.			
VALUES AND DESCRIPTION	**1 6-month period 1**	Assessment took place between 09/30/23 and 03/31/24.		
	2 6-month period 2	Assessment took place between 04/01/24 and 09/29/24.		
	3 6-month period 1	Assessment took place between 09/30/24 and 03/31/25.		
	4 6-month period 2	Assessment took place between 04/01/25 and 09/29/25.		
	5 6-month period 1	Assessment took place between 09/30/25 and 03/31/26.		
	6 6-month period 2	Assessment took place between 04/01/26 and 09/29/26.		
	7 6-month period 1	Assessment took place between 09/30/26 and 03/31/27.		
	8 6-month period 2	Assessment took place between 04/01/27 and 09/29/27.		
	9 6-month period 1	Assessment took place between 09/30/27 and 03/31/28.		
	0 6-month period 2	Assessment took place between 04/01/28 and 09/29/28.		
ANALYSIS AND USE	To track the number of assessments for each participant			
OTHER INFORMATION	Time period of assessment should be provided for each participant assessment.			

*Complete and BP+ records require a valid response for this item. Refer to Table A.2 in Appendix A for more information.

Item 2b: NScreen*	**Number of Screenings (Assessments) Received by the Participant** This variable indicates the total number of assessments that the participant has received since the beginning of the cooperative agreement.			
FORMAT	**Type:**	Numeric	**Other Format:**	N/A
	Item Length:	1	**Justification:**	Right
	Field Length:	1	**Beginning Position:**	24
	Leading Zeros:	No	**Valid Range:**	Cannot be blank
	Static Field:	No		
SOURCE	Not applicable; WISEWOMAN-specific variable			
DENOMINATOR POPULATION	The denominator includes all WISEWOMAN participants with a Complete/BP+ baseline assessment.			
VALUES AND DESCRIPTION	**Number of Visits**	Value representing the number of assessments that the participant has received since the beginning of this cooperative agreement (includes current assessment) Any values outside 1 to 8 will be flagged for a quality check.		
ANALYSIS AND USE	To track the number of assessments/ follow-up assessments/re-assessments			
OTHER INFORMATION	This field should include the number of assessments that the participant has received since the beginning of the cooperative agreement.			

*Complete and BP+ records require a valid response for this item. Refer to Table A.2 in Appendix A for more information.

Item 2c: Type*	**Type of Screening (Assessment) Visit** This variable indicates whether the record represents a baseline assessment visit, a reassessment 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:	1	**Beginning Position:**	25
	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 assessments.			
VALUES AND DESCRIPTION	**1 Baseline Assessment**	Record represents a baseline assessment visit.		
	2 Reassessment	Record represents a reassessment visit.		
	3 Follow-up assessment (in-person)	Record represents an in-person follow-up assessment visit.		
	4 Follow-up assessment (at-home)	Record represents an at-home follow-up assessment visit.		
	9 No answer recorded	No answer recorded. This value will be flagged as an error.		
ANALYSIS AND USE	To assess the number of unique participants served by the WISEWOMAN Program To track participants assessment values over time To link baseline assessments with reassessments To assess participant progress after completion of an LSP/HC			
OTHER INFORMATION	Baseline assessments, reassessments, and follow-up assessments will be classified as complete, blood pressure plus (BP+), or incomplete based on the definitions in Appendix A. Reassessments occur between 11 and 18 months following the previous assessment/re-assessment. Follow-up assessments occur between 3 and no later than 11 months after the previous baseline assessment/ re-assessment and within 4 to 6 weeks after LSP/HC completion.			

*Complete and BP+ records require a valid response for this item. Refer to Table A.2 in Appendix A for more information.

Item 2d: Navigation*	**Were the navigation services paid for by NBCCEDP funds, WISEWOMAN funds, Indian Health Services/ Tribal funds, or other funds?** This variable indicates the funding source for navigation services for participants who receive healthy behavior support services, but whose cardiovascular assessments are not funded by WISEWOMAN.			
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
	Static Field:	No		
SOURCE	Not applicable; WISEWOMAN-specific variable			
DENOMINATOR POPULATION	The denominator includes all assessments.			
VALUES AND DESCRIPTION	**1 NBCCEDP funds**	Funding source for navigation services was paid by NBCCEDP funds.		
	2 WISEWOMAN funds	Funding source for navigation services was paid by WISEWOMAN funds.		
	3 Indian Health Service/Tribal funds	Funding source for navigation services was paid by Indian Health Services/ Tribal funds.		
	4 Other funds	Funding source for navigation services was paid by other funds.		
	5 Not Applicable	Not applicable		
ANALYSIS AND USE	To track funding sources for navigation services for participants who receive healthy behavior support services through the federally-funded WISEWOMAN program			
OTHER INFORMATION	WISEWOMAN participants who receive healthy behavior support services, such as health coaching or lifestyle programs, but whose cardiovascular assessments are reimbursed through an alternative payment source other than WISEWOMAN are considered navigated.			

*Complete and BP+ records require a valid response for this item. Refer to Table A.2 in Appendix A for more information.

Item 3a: EncodeID*	**Unique Participant ID Number** This variable indicates a participant's unique identification number.			
FORMAT	**Type:**	Character	**Other Format:**	N/A
	Item Length:	15	**Justification:**	Left
	Field Length:	15	**Beginning Position:**	27
	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 Complete/BP+ baseline assessment.			
VALUES AND DESCRIPTION	**Unique Participant ID Number**	Value representing the unique identifier for a participant		
ANALYSIS AND USE	To assess the number of unique participants served by the WISEWOMAN Program To track participants over time To link baseline assessments with re-assessments To link assessments with risk reduction counseling, lifestyle programs, health coaching, and community-based resource referrals			
OTHER INFORMATION	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).			

*Complete and BP+ records require a valid response for this item. Refer to Table A.2 in Appendix A for more information.

3. DEMOGRAPHIC MDE SPECIFICATIONS

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

Demographic data elements characterize the participants served by our program and help ensure the program activities are conducted through a health equity lens. Data elements in this section include information about a participant's county of residence, their month and year of birth, their race and ethnicity, educational attainment, and spoken language.

For a record to be counted as a Complete or BP+ assessment, it must have valid values for required MDEs. **Definitions of complete and BP+ assessments are provided in Appendix A.**

This section begins with a summary of the eight MDEs (Subsection a) and provides the technical specifications for each MDE (Subsection b).

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a. Summary of Demographic MDEs

Item Number	Variable Name	Beginning Position	Variable Label	Type
3b	ResANSI	42	ANSI geographic code of residence	Character
3c	ZIP	47	ZIP code of residence	Character
3d	MYB	52	Month and year of birth	Numeric
3e	Latino	58	Hispanic or Latino origin	Numeric
3f	Race1	59	Race: first race	Numeric
3g	Race2	60	Race: second race	Numeric
3h	Education	61	Education (highest grade completed)	Numeric
3i	Language	62	What is the primary language spoken in your home?	Numeric

b. Demographic 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:**	42
	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 Complete/BP+ baseline assessment.			
VALUES AND DESCRIPTION	**ANSI Geographic Code** Value representing the participant's geographic area of residence			
ANALYSIS AND USE	To assess whether programs are meeting assessment visit 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	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 their actual state of residence should be recorded. ANSI geographic code of residence should be captured at the first assessment 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.			

*Complete and BP+ records require a valid response for this item. Refer to Table A.2 in Appendix A for more information.

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:**	47
	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 Complete/BP+ baseline assessment.			
VALUES AND DESCRIPTION	**ZIP Code of Residence**	Valid five-digit (character) ZIP code		
	99999[a]	No ZIP code recorded. This value will be flagged as an error.		
ANALYSIS AND USE	To assess whether programs are meeting assessment 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	[a]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. 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 the participant 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 participant. If a participant does not reside in the same state as the program, the ZIP code from their actual state of residence should be recorded. ZIP code of residence should be captured at the first assessment 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.			

*Complete and BP+ records require a valid response for this item. Refer to Table A.2 in Appendix A for more information.

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:**	52
	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 Complete/BP+ baseline assessment.			
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 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	The priority population for the WISEWOMAN Program is participants aged 35 to 64. Services provided to participants outside the priority age range will be monitored by CDC. Month and year of birth at the assessment visit is required for a record to count as a complete or BP+ record. If MYB is blank, the record will not count as a complete or BP+ record, and the record will not count toward meeting a program's assessment goal.			

*Complete and BP+ records require a valid response for this item. Refer to Table A.2 in Appendix A for more information.

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:**	58
	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 Complete/BP+ baseline assessment.			
VALUES AND DESCRIPTION	**1 Yes**	Participant reports Hispanic or Latino origin.		
	2 No	Participant does not report Hispanic or Latino origin.		
	7 Unknown	Participant is unsure about their Hispanic or Latino origin.		
	9 No answer recorded[a]	Participant has not reported whether they are 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 assessments, 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	[a]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.			

*Complete and BP+ records require a valid response for this item. Refer to Table A.2 in Appendix A for more information.

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:**	59
	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 Complete/BP+ baseline assessment.			
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 their 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[a]	Race information is missing for the participant. Any race information gathered should be entered beginning with the Race1 field.		
ANALYSIS AND USE	To assess the race/ethnicity of WISEWOMAN participants To understand and analyze assessments, 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	[a]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 another race is recorded in the subsequent race field (3g: Race2).			

*Complete and BP+ records require a valid response for this item. Refer to Table A.2 in Appendix A for more information.

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:**	60
	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 Complete/BP+ baseline assessment.			
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 their race or does not identify with any of the races listed above.		
	9 No answer recorded[a]	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 assessments, 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	[a]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:**	61
	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 Complete/BP+ baseline assessment.			
VALUES AND DESCRIPTION	**1 <9th grade**	Participant reports that they did not attend high school.		
	2 Some high school	Participant reports they attended high school but did not graduate.		
	3 High school graduate or equivalent	Participant reports that they graduated from high school or have the equivalent of a high school diploma, and they did not attend any college or higher education.		
	4 Some college or higher	Participant reports that they 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 they do not know the highest grade they completed. This value will be flagged as a quality check.		
	8 Don't want to answer[a]	Participant does not want to answer the highest grade they completed. This value will be flagged as a quality check.		
	9 No answer recorded[a]	Education information is missing for the participant. This value will be flagged as an error.		
ANALYSIS AND USE	To assess the educational attainment of participants in the WISEWOMAN population To understand assessments, 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	[a]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:**	62
	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 Complete/BP+ baseline assessment.			

VALUES AND DESCRIPTION	
01 English	Participant identifies English as the primary language spoken in their home.
02 Spanish	Participant identifies Spanish as the primary language spoken in their home
03 Arabic	Participant identifies Arabic as the primary language spoken in their home.
04 Chinese	Participant identifies Chinese as the primary language spoken in their home.
05 French	Participant identifies French as the primary language spoken in their home.
06 Italian	Participant identifies Italian as the primary language spoken in their home.
07 Japanese	Participant identifies Japanese as the primary language spoken in their home.
08 Korean	Participant identifies Korean as the primary language spoken in their home.
09 Polish	Participant identifies Polish as the primary language spoken in their home.
10 Russian	Participant identifies Russian as the primary language spoken in their home.
11 Tagalog	Participant identifies Tagalog as the primary language spoken in their home.
12 Vietnamese	Participant identifies Vietnamese as the primary language spoken in their home.
13 Creole	Participant identifies Creole as the primary language spoken in their home.
14 Portuguese	Participant identifies Portuguese as the primary language spoken in their home.
15 Hmong	Participant identifies Hmong as the primary language spoken in their home.
16 "_____"(Write-in)	Participant identifies another language as the primary language spoken in their home (write-in response).
88 Don't want to answer[a]	Participant does not want to answer the primary language spoken in their home. This value will be flagged as a quality check.
99 No answer recorded[a]	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 participants 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	[a]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.

4. HEALTH HISTORY AND MEDICATION USE MDE SPECIFICATIONS

This section provides recipients with the information necessary to support collection and reporting of health history and medication use MDEs, which must be done according to the specifications provided in this section of the manual.

Understanding a WISEWOMAN participant's health history offers insights into participant's risk factors for cardiovascular disease and helps contextualize their results during their baseline, follow-up, and re-assessment visits. MDEs in this section collect information about a participant's medical history, their medication use, and medication adherence.

For a record to be counted as a Complete or BP+ assessment, it must have valid values for required MDEs. **Definitions of complete and BP+ assessments are provided in Appendix A.**

Recipients are required to report all records, including those records that do not meet assessment requirements, and they will be used to account for WISEWOMAN resources, but will not be analyzed in MDE reports generated by CDC or counted toward assessment visit goals unless additional documentation is provided.[2,3]

This section begins with a summary of the five required MDEs (Subsection a) and then provides the technical specifications for each MDE (Subsection b).

2 Assessment goals are agreed upon between each recipient and CDC. The number of assessments used to assess progress toward meeting the assessment goal is calculated as the number of records meeting minimum assessment requirements (baseline, follow-up assessment or re-assessment).

3 If the program is unable to obtain or the participant refuses to allow measurements for height, weight, blood pressure reading, labs, 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.

a. Summary of Health History and Medication Use MDEs

Item Number	Variable Name	Beginning Position	Variable Label	Type
4a	SRC	64	Which of the following conditions do you have: i. Hypertension, ii. High cholesterol, iii. Diabetes (Type 1 or Type 2)?	Numeric
4b	SRHA	67	Have you had any of the following: i. Stroke/ transient ischemic attack (TIA), ii. Heart attack, iii. Coronary heart disease, iv Heart failure, v. Vascular disease (peripheral arterial disease), vi. Congenital heart disease and defects?	Numeric
5a	Meds	76	Was medication prescribed to lower: i. Blood pressure, ii. Cholesterol (Statin), iii. Cholesterol (other prescribed medication), iv. Blood sugar?	Numeric
5b	Aspirin	80	Are you taking aspirin daily to help prevent a heart attack or stroke?	Numeric
5c	MedAdhere	81	During the past 7 days, how many days did you take prescribed medication for the following conditions: i. High blood pressure (0 – 7 days), ii. High cholesterol (0 – 7 days), iii. High blood sugar (0 – 7 days)?	Numeric

b. Health History and Medication Use MDE Specifications

Item 4a: SRC*	**Which of the following conditions do you have:** **i. Hypertension** **ii. High cholesterol** **iii. Diabetes (Type 1 or Type 2)** This variable indicates whether the participant has hypertension, high cholesterol, and/ or diabetes.			
FORMAT	**Type:**	Numeric	**Other Format:**	N/A
	Item Length:	3	**Justification:**	Right
	Field Length:	3	**Beginning Position:**	64
	Leading Zeros:	No	**Valid Range:**	See values; cannot be blank if TYPE is 1, 2, 3 or 4 (baseline assessment, re-assessment, or follow-up assessment)
	Static Field:	No		
SOURCE	American Heart Association			
DENOMINATOR POPULATION	The denominator includes all WISEWOMAN participants with a Complete/BP+ baseline assessment.			

VALUES AND DESCRIPTION (CODE FOR EACH CONDITION)	
1 Yes	Participant has the condition.
2 No	Participant does not have the condition.
7 Don't know/Not sure	Participant does not know whether they have the condition. This value will be flagged as a quality check.
8 Don't want to answer[a]	Participant does not want to answer whether the condition. This value will be flagged as a quality check.
9 No answer recorded[a]	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 cholesterol, and diabetes that have been previously diagnosed as opposed to newly detected cases among the WISEWOMAN population To assess control of and improvements in blood pressure, cholesterol, and diabetes for newly and previously diagnosed participants To provide data elements required to determine participant's cardiovascular risk score
OTHER INFORMATION	***Guidance*** [a]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. Each of the three positions in the SRC field corresponds to a specific condition. The first position aligns with the participant's hypertension history. The second position aligns with the participant's high cholesterol history. The third position aligns with the participant's diabetes history. Programs should assess a participant's history for each condition and record the corresponding value in the appropriate position in the SRC field. For example, if a participant report that they: (a) have hypertension, (b) do not have high cholesterol, and (c) don't know or not sure whether they have diabetes, SRC should be recorded as '127' (corresponding to values of '1- Yes' in position 1, '2 – No' in position 2, and '7 – Don't know/ not sure' in position 3). Some programs may have access to participants' medical charts. In some cases, the medical chart may show that a participant's diagnosis for hypertension, high blood cholesterol, and/or diabetes is inconsistent with their self-report. In these instances, if the medical record indicates that they have hypertension, high blood cholesterol, and/or diabetes, the program should recode the relevant position of SRC as '1 Yes.' Hypertension, cholesterol, and diabetes history status is required for a record to count as complete or BP+. If any position of SRC is blank or coded as ''9 No answer recorded,' the record will not count as a complete or BP+ record, and the record will not count toward meeting a program's assessment goal.

*Complete and BP+ records require a valid response for this item. Refer to Table A.2 in Appendix A for more information.

Item 4b: SRHA*	**Have you had any of the following:** **i. Stroke/ transient ischemic attack (TIA)** **ii. Heart attack** **iii. Coronary heart disease** **iv. Heart failure** **v. Vascular disease (peripheral arterial disease)** **vi. Congenital heart disease and defects** **vii. Gestational hypertension** **viii. Gestational diabetes** **ix. Pre-eclampsia/eclampsia** This variable indicates whether the participant has ever been diagnosed by a healthcare provider as having stroke/ TIA, heart attack, coronary heart disease, heart failure, vascular disease (peripheral arterial disease), congenital heart disease and defects, gestational hypertension, gestational diabetes, and/or pre-eclampsia/eclampsia.			
FORMAT	**Type:**	Numeric	**Other Format:**	N/A
	Item Length:	9	**Justification:**	Right
	Field Length:	9	**Beginning Position:**	67
	Leading Zeros:	No	**Valid Range:**	See values; cannot be blank if TYPE is 1, 2, 3 or 4 (baseline assessment, re-assessment, or follow-up assessment)
	Static Field:	No		
SOURCE	American Heart Association			
DENOMINATOR POPULATION	The denominator includes all WISEWOMAN participants with a Complete/BP+ baseline assessment.			
VALUES AND DESCRIPTION (CODE FOR EACH CONDITION)	**1 Yes**	Participant has been diagnosed by a healthcare provider as having the condition.		
	2 No	Participant has never been diagnosed by a healthcare provider as having each condition.		
	7 Don't know/Not sure	Participant does not know whether they have been diagnosed by a healthcare provider as having the condition. This value will be flagged as a quality check.		
	8 Don't want to answer[a]	Participant does not want to answer whether they have been diagnosed by a healthcare provider as having the condition. This value will be flagged as a quality check.		
	9 No answer recorded[a]	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 elements required to determine participant's cardiovascular risk			

OTHER INFORMATION	[a]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. Each of the nine positions in the SRHA field corresponds to a specific condition. The first position aligns with the participant's history of stroke/ TIA. The second position aligns with the participant's history of heart attack. The third position aligns with the participant's history of coronary heart disease. The fourth position aligns with the participant's history of heart failure. The fifth position aligns with the participant's history of vascular disease. The sixth position aligns with the participant's history of congenital heart disease and defects. The seventh position aligns with the participant's history of gestational hypertension. The eighth position aligns with the participant's history of gestational diabetes. The ninth position aligns with the participant's history of pre-eclampsia/eclampsia. Programs should assess a participant's history for each condition and record the corresponding value in the appropriate position in the SRHA field. For example, if a participant reports that they had a stroke, but did not have heart attack, coronary heart disease, heart failure, vascular disease (peripheral arterial disease), congenital heart disease and defects, gestational hypertension, gestational diabetes, or pre-eclampsia/eclampsia, then SRHA should be recorded as '122222222' (corresponding to values of '1- Yes' in position 1 and '2 – No' in position 2 through position 9).
OTHER INFORMATION (CONT.)	Some programs may have access to participants' medical charts. In some cases, the medical chart may show that a participant's diagnosis for one of the specified conditions is inconsistent with their self-report. In these instances, if the medical record indicates that they have any one of these conditions, the program should recode the corresponding position of SRHA as '1 Yes.' History of each of the nine conditions is required for a record to count as a complete or BP+ record. If any position of SRHA is blank or coded as ''9 No answer recorded,' the record will not count as a complete or BP+ record, and the record will not count toward meeting a program's assessment goal.

*Complete and BP+ records require a valid response for this item. Refer to Table A.2 in Appendix A for more information.

Item 5a: Meds*	**Was medication prescribed to lower:** **i. Blood pressure** **ii. Cholesterol (Statin)** **iii. Cholesterol (other prescribed medication)** **iv. Blood sugar** This variable indicates whether the participant was prescribed medication to lower their blood pressure, cholesterol, and/or blood sugar.			
FORMAT	**Type:**	Numeric	**Other Format:**	N/A
	Item Length:	4	**Justification:**	Right
	Field Length:	4	**Beginning Position:**	76
	Leading Zeros:	No	**Valid Range:**	See values; cannot be blank
	Static Field:	No		
SOURCE	American Heart Association			
DENOMINATOR POPULATION	The denominator includes WISEWOMAN participants with hypertension (high blood pressure), high cholesterol, or diabetes or participants who were previously diagnosed with hypertension (high blood pressure), high cholesterol, or diabetes.			

VALUES AND DESCRIPTION (CODE FOR EACH CONDITION)		
	1 Yes	Participant was prescribed medication for the condition.
	2 No	Participant was not prescribed medication for the condition.
	5 Not Applicable[a]	This question is not applicable for the patient because they have never been diagnosed with for the condition, either because they do not have the condition (as assessed with a measurement at baseline assessment/ re-assessment) or because they report that they have never been diagnosed with the condition (as assessed with self-report at baseline assessment / re-assessment).
	7 Don't know/Not sure	Participant does not know whether they were prescribed medication for the condition. This value will be flagged as a quality check.
	8 Don't want to answer[a]	Participant does not want to answer whether they were prescribed medication for the condition. This value will be flagged as a quality check.
	9 No answer recorded[a]	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 cholesterol, and diabetes that have been previously diagnosed as opposed to newly detected cases among the WISEWOMAN population To assess the control and management of blood pressure, cholesterol, and diabetes among participants who have hypertension, high cholesterol, or diabetes To assist in assessment of adherence to medication for hypertension, high cholesterol, and diabetes To provide data element required to determine participant's ASCVD risk
OTHER INFORMATION	[a]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. Each of the four positions in the Meds field corresponds to use of a condition-specific type of medication. The first position aligns with use of blood pressure medication. The second position aligns with use of statins for high cholesterol. The third position aligns with use of other medication (besides statins) for high cholesterol. The fourth position aligns with use of medication for diabetes.

OTHER INFORMATION (CONT.)	Programs should assess a participant's prescribed medication status for each condition and record the corresponding value in the appropriate position in the Meds field. For example, if a participant reports that they: (a) have hypertension and have not been prescribed blood pressure medication, (b) do not have high cholesterol and were not prescribed statins, (c) do not have high cholesterol and were not prescribed other cholesterol medication, and (d) have diabetes and were prescribed blood sugar medication, Meds should be recorded as '2551' (corresponding to values of '2 – No' in position 1, '5 – Not applicable' in position 2, '5 – Not applicable' in position 3, and '1 – Yes' in position 4). If a participant reports that they do not know whether they were prescribed medication for one of these conditions or doesn't want to answer whether they were prescribed medication for one of these conditions, programs should have a discussion with them to verify the response. Medication prescription status at baseline assessment is required for a record to count as a complete or BP+ record. If Meds is blank or coded as ''9 No answer recorded,' the record will not count as a complete or BP+ record, which means the record will not count toward meeting a program's assessment goal.

*Complete and BP+ records require a valid response for this item. Refer to Table A.2 in Appendix A for more information.

Item 5b: Aspirin*	**Are you taking aspirin daily to help prevent a heart attack or stroke?** This variable indicates whether the participant is taking aspirin daily to help prevent a heart attack or stroke.			
FORMAT	**Type:**	Numeric	**Other Format:**	N/A
	Item Length:	1	**Justification:**	Right
	Field Length:	1	**Beginning Position:**	80
	Leading Zeros:	No	**Valid Range:**	See values; cannot be blank
	Static Field:	No		
SOURCE	American College of Cardiology			
DENOMINATOR POPULATION	The denominator includes all WISEWOMAN participants with a Complete/BP+ baseline assessment.			
VALUES AND DESCRIPTION	**1 Yes**	Participant is taking aspirin daily to help prevent a heart attack or stroke.		
	2 No	Participant is not taking aspirin daily to help prevent a heart attack or stroke.		
	7 Don't know/Not sure	Participant does not know whether they are taking aspirin daily to help prevent a heart attack or stroke. This value will be flagged as a quality check.		
	8 Don't want to answer[a]	Participant does not want to answer whether they are taking aspirin daily to help prevent a heart attack or stroke. This value will be flagged as a quality check.		
	9 No answer recorded[a]	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			
OTHER INFORMATION	[a]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 they do not know whether they are taking aspirin or do not want to answer whether they are taking aspirin, programs should have a discussion with them to verify the response. Use of aspirin at assessments is required for a record to count as a complete or BP+ record. If Aspirin is blank or coded as ''9 No answer recorded,' the record will not count as a complete or BP+ record, which means the record will not count toward meeting a program's assessment goal.			

*Complete and BP+ records require a valid response for this item. Refer to Table A.2 in Appendix A for more information.

Item 5c: MedAdhere*	**During the past 7 days, how many days did you take prescribed medication for the following conditions:** **i. High blood pressure (0 – 7 days)** **ii. High cholesterol (0 – 7 days)** **iii. High blood sugar (0 – 7 days)** This variable indicates the number of days out of the past 7 days, including the day of the assessment, that the participant took prescribed medication to lower their blood pressure, cholesterol, and/or blood sugar.			
FORMAT	**Type:**	Numeric	**Other Format:**	N/A
	Item Length:	6	**Justification:**	Right
	Field Length:	6	**Beginning Position:**	81
	Leading Zeros:	Yes	**Valid Range:**	See values; 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, cholesterol, or blood sugar.			
VALUES AND DESCRIPTION (CODE FOR EACH CONDITION)	**Number of days (01-07)**	A numeric value indicating the number of days out of the past 7 days, including the day of the assessment, that the participant took prescribed medication for the condition. Any value outside the valid range (01 – 07) will be considered an error.		
	00 None	In the past 7 days, including the day of the assessment, the participant did not take prescribed medication for the condition.		
	55 Not Applicable[a]	This question is not applicable for the patient because they have never been diagnosed with the condition (high blood pressure, high cholesterol, or high blood sugar) and/or has indicated that they do not take medication for the condition.		
	77 Don't know/Not sure	Participant is not sure whether they took prescribed medication to lower their cholesterol during the past 7 days including the day of the assessment. This value will be flagged as a quality check.		
	88 Don't want to answer[a]	Participant did not want to answer whether they took prescribed medication for the condition during the past 7 days, including the day of the assessment. This value will be flagged as a quality check.		
	99 No answer recorded[a]	No answer recorded This value will be flagged as an error.		
ANALYSIS AND USE	To facilitate assessment of adherence to medication prescribed for high blood pressure, high cholesterol, and diabetes To assist in determining management and control for high blood pressure, high cholesterol, and diabetes			
OTHER INFORMATION	[a]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. Each of the three positions in the MedAdhere field corresponds with the number of days taking medication for a specific condition in the past week. The first position aligns with the number of days taking medication for hypertension. The second position aligns with the number of days taking medication for high cholesterol. The third position aligns with the number of days taking medication for high blood sugar.			
OTHER INFORMATION (CONT.)	Programs should assess the number of days a participant took prescribed medication for each condition and record the corresponding value in the appropriate position of 5c: MedAdhere. For example, if a participant reports that they: (a) have never been diagnosed with hypertension and have not been prescribed blood pressure medication, (b) were prescribed medication for high cholesterol and take medication 7 day per week, and (c) have diabetes and were prescribed medication for blood sugar, but do not take this medication ever, MedAdhere should be recorded as '550700' (corresponding to values of '55 – Not applicable' in position 1, '07 – 7 days per week' in position 2, and '00 – None' in position 3).			

*Complete and BP+ records require a valid response for this item. Refer to Table A.2 in Appendix A for more information.

5. BEHAVIORAL MDE SPECIFICATIONS

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

This section collects information around participant's health behaviors related to known cardiovascular disease risk factors. MDEs in this section collect information regarding participant's self-measurement of blood pressure, nutrition, physical activity, smoking status, alcohol consumption, and mental well-being.

For a record to be counted as a Complete or BP+ assessment, it must have valid values for required MDEs. **Definitions of complete and BP+ assessments are provided in Appendix A.**

Recipients are required to report all records, including those records that do not meet assessment requirements. These records are used to account for WISEWOMAN resources but are not analyzed in MDE reports generated by CDC or counted toward assessment visit goals unless additional documentation is provided.[2,3]

This section begins with a summary of the 14 MDEs (Subsection a) and provides the technical specifications for each MDE (Subsection b).

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2 Assessment goals are agreed upon between each recipient and CDC. The number of assessments used to assess progress toward meeting the assessment goal is calculated as the number of records meeting minimum assessment requirements (baseline, follow-up assessment or re-assessment).

3 If the program is unable to obtain or the participant refuses to allow measurements for height, weight, blood pressure reading, labs, 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.

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a. Summary of Behavioral MDEs

Item Number	Variable Name	Beginning Position	Variable Label	Type
5d	Monitored	87	After being prescribed medication, on what date(s) did the participant have their blood pressure re-measured either by a healthcare provider, or with another community resource?	Numeric
6a	BPHome	111	Do you measure your blood pressure at home or using other calibrated sources?	Numeric
6b	BPFreq	112	How often do you measure your blood pressure at home or using other calibrated sources?	Numeric
6c	BPSend	113	Do you regularly share blood pressure readings with a health care provider for feedback?	Numeric
7a	FruitVeg	114	How many cups of fruits and vegetables do you eat in an average day?	Numeric
7b	Fish	116	Do you eat fish at least two times a week?	Numeric
7c	Grains	117	Thinking about all the servings of grain products you eat in a typical day; how many are whole grains?	Numeric
7d	Sugar	118	Do you drink less than 36 ounces (450 calories) of beverages with added sugars weekly?	Numeric
7e	SaltWatch	119	Are you currently watching or reducing your sodium or salt intake?	Numeric
7f	AlcFreq	120	In the past 7 days, how often do you have a drink containing alcohol?	Numeric
7g	AlcDay	122	How many alcoholic drinks, on average, do you consume during a day you drink?	Numeric
8a	PA	124	How many minutes of physical activity (exercise) do you get in a week?	Numeric
9a	Smoker	128	Do you smoke? Includes cigarettes, pipes, or cigars (smoked tobacco in any form)	Numeric
10a	PHQ	129	Over the past 2 weeks, how often have you been bothered by any of the following problems? i. Little interest or pleasure in doing things (not at all, several days, more than half, or nearly every day). ii. Feeling down, depressed, or hopeless (not at all, several days, more than half, or nearly every day).	Numeric

b. Behavioral MDE Specifications

Item 5d: Monitored	**After being prescribed medication, on what date(s) did the participant have their blood pressure re-measured either by a healthcare provider, or with another community resource?** This variable indicates the date when blood pressure is re-measured for a participant who is prescribed blood pressure medication, which is often related to titration of prescribed blood pressure medications.			
FORMAT	**Type:**	Numeric	**Other Format:**	MMDDCCYY
	Item Length:	8	**Justification:**	Right
	Field Length:	24	**Beginning Position:**	87
	Leading Zeros:	Yes	**Valid Range:**	Valid date
	Static Field:	No		
SOURCE	WISEWOMAN-specific optional variable for blood pressure follow-up			
DENOMINATOR POPULATION	The denominator includes all WISEWOMAN participants taking medication to lower blood pressure.			
VALUES AND DESCRIPTION	**Blood Pressure Monitoring Dates**	Valid date in MMDDCCYY format Date when blood pressure is re-measured by a health care provider or another community resource. Example: December 01, 2023 = 12012023		
ANALYSIS AND USE	To assist in determining management and control for high blood pressure			
OTHER INFORMATION	**This is an optional recipient use field.** If systolic blood pressure re-measurements are recorded in 12b: SBP (positions 4 through 12) or diastolic blood pressure re-measurements are recorded in 12c: DBP (positions 4 through 12), programs should document the date of the blood pressure re-measurement in the Monitored field. The position of the re-measurement date in Monitored should correspond with the position of the blood pressure re-measurement in SBP and DBP. For example, the first systolic blood pressure re-measurement should be entered in positions 4 through 6 of SBP, the first diastolic blood pressure re-measurement should be entered in positions 4 through 6 of DBP, and the date of the first blood pressure re-measurement should be recorded in positions 1 through 8 of Monitored. If another re-measurement is obtained after the assessment date and prior to a subsequent follow-up assessment or re-assessment, the second systolic blood pressure re-measurement should be recorded in positions 7 through 9 of SBP, the second diastolic blood pressure re-measurement should be recorded in position 7 through 9 of DBP, and the re-measurement date associated with the second blood pressure re-measurement should be recorded in position 9 through 16 of Monitored. Programs can submit up to three blood pressure re-measurements and re-measurement dates. If one or more SBP re-measurements or DBP re-measurements are recorded, then a date must accompany it in Monitored (MDE 5d).			

Item 6a: BPHome	**Do you measure your blood pressure at home or using other calibrated sources (outside the home)?** This variable indicates whether the participant monitors their blood pressure at home or using other calibrated sources (select the best option).			
FORMAT	**Type:**	Numeric	**Other Format:**	N/A
	Item Length:	1	**Justification:**	Right
	Field Length:	1	**Beginning Position:**	111
	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 Yes**	Participant reports that they measure their blood pressure at home or using other calibrated sources (outside the home).		
	2 No – Was never told to measure their blood pressure	Participant reports that they do not measure their blood pressure at home or using other calibrated sources (outside the home) because they were never told they should measure their blood pressure.		
	3 No – Doesn't know how to measure their blood pressure	Participant reports that they do not measure their blood pressure at home or using other calibrated sources (outside the home) because they do not know how to measure their blood pressure.		
	4 No – Doesn't have equipment to measure their blood pressure	Participant reports that they do not measure their blood pressure at home or using other calibrated sources (outside the home) because they do not have access to the required equipment to measure their blood pressure.		
	5 Not Applicable[a]	This question is not applicable for the patient because they have never been diagnosed with hypertension (high blood pressure).		
	7 Don't know/Not sure/Other	Participant is not sure whether they measure their blood pressure at home or using other calibrated sources (outside the home) or provides some other reason for why they do not measure their blood pressure at home (for example, participant chooses not to measure their blood at home). This value will be flagged as a quality check.		
	8 Don't want to answer[a]	Participant did not want to answer whether they measure their blood pressure at home or using other calibrated sources (outside the home). This value will be flagged as a quality check.		
	9 No answer recorded[a]	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	[a]Codes and response options highlighted in gray should not appear on the data collection forms presented to participants. They are provided for funded program use only. Participants should select one response that is the best option. 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.)			

Item 6b: BPFreq	**How often do you measure your blood pressure at home or using other calibrated sources (outside the home)?** This variable indicates how frequently the participant measures their blood pressure at home or uses other calibrated sources (outside the home).			
FORMAT	**Type:**	Numeric	**Other Format:**	N/A
	Item Length:	1	**Justification:**	Right
	Field Length:	1	**Beginning Position:**	112
	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 their blood pressure at home or using other calibrated sources (outside the home) multiple times per day.		
	2 Daily	Participant measures their blood pressure at home or using other calibrated sources (outside the home) once per day.		
	3 A few times per week	Participant measures their blood pressure at home or using other calibrated sources (outside the home) a few times per week.		
	4 Weekly	Participant measures their blood pressure at home or using other calibrated sources (outside the home) once per week.		
	5 Monthly	Participant measures their blood pressure at home or using other calibrated sources (outside the home) once per month.		
	6 Not Applicable[a]	This question is not applicable for the patient because they have never been diagnosed with hypertension (high blood pressure) or do not monitor their blood pressure at home or using other calibrated sources (outside the home).		
	7 Don't know/Not sure/Other	Participant is not sure how frequently they measure their blood pressure at home or using other calibrated sources (outside the home). This value will be flagged as a quality check.		
	8 Don't want to answer[a]	Participant did not want to answer how frequently they measure their blood pressure at home or using other calibrated sources (outside the home). This value will be flagged as a quality check.		
	9 No answer recorded[a]	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	[a]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 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 from using other calibrated sources (outside the home), with a health care provider for feedback almost every time they see their provider.			
FORMAT	**Type:**	Numeric	**Other Format:**	N/A
	Item Length:	1	**Justification:**	Right
	Field Length:	1	**Beginning Position:**	113
	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 they regularly share blood pressure readings, taken at home or from using other calibrated sources (outside the home), with a health care provider for feedback almost every time they see their provider.		
	2 No	Participant reports that they do not regularly share blood pressure readings, taken at home or from using other calibrated sources (outside the home), with a health care provider for feedback.		
	5 Not Applicable[a]	This question is not applicable for the patient because they have never been diagnosed with hypertension (high blood pressure) or do not monitor their blood pressure at home or using other calibrated sources (outside the home).		
	7 Don't know/Not sure/Other	Participant is not sure whether they share blood pressure readings, taken at home or from using other calibrated sources (outside the home), with a health care provider for feedback. This value will be flagged as a quality check.		
	8 Don't want to answer[a]	Participant did not want to answer whether they share blood pressure readings, taken at home or from using other calibrated sources (outside the home), with a health care provider for feedback. This value will be flagged as a quality check.		
	9 No answer recorded[a]	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	[a]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 7a: FruitVeg*	**How many cups of fruits and vegetables do you eat in an average day?** This variable indicates the amount of fruit and vegetables the participant consumes in an average day.			
FORMAT	**Type:**	Numeric	**Other Format:**	N/A
	Item Length:	2	**Justification:**	Right
	Field Length:	2	**Beginning Position:**	114
	Leading Zeros:	Yes	**Valid Range:**	01-65; cannot be blank
	Static Field:	No		
SOURCE	American Heart Association			
DENOMINATOR POPULATION	The denominator includes all WISEWOMAN participants with a Complete/BP+ baseline assessment.			
VALUES AND DESCRIPTION	**Number of cups**	Two-digit (numeric) value representing the number of cups of fruit and vegetables the participant consumes in an average day Any value outside the valid range (01 -65) will be considered an error Example: 2 cups = 02		
	00 None	Participant does not consume fruit or vegetables in an average day.		
	88 Don't want to answer[a]	Participant does not want to answer how many cups of fruit and vegetables they consume in an average day. This value will be flagged as a quality check.		
	99 No answer recorded[a]	No answer recorded. This value will be flagged as an error.		
ANALYSIS AND USE	To determine the healthy behaviors and CVD risk factors of individual participants and the overall WISEWOMAN population To provide data elements required to determine participant's cardiovascular risk			
OTHER INFORMATION	[a]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. Examples of one cup of fruit and vegetables sourced from the American Heart Association's Life's Simple Seven provided in Appendix E. Average fruit and vegetable consumption at assessment is required for a record to count as a complete record. If FruitVeg is blank, coded as ''99 No answer recorded,' or outside of the valid range (1-65 cups) the record will not count as a complete record.			

*Complete records require a valid response for this item. Refer to Table A.2 in Appendix A for more information.

Item 7b: Fish*	**Do you eat fish at least two times a week?** 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:	1	**Beginning Position:**	116
	Leading Zeros:	No	**Valid Range:**	See values; cannot be blank
	Static Field:	No		
SOURCE	American Heart Association			
DENOMINATOR POPULATION	The denominator includes all WISEWOMAN participants with a Complete/BP+ baseline assessment.			
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[a]	Participant does not want to answer whether they consume two servings or more of fish weekly. This value will be flagged as a quality check.		
	9 No answer recorded[a]	No answer recorded. This value will be flagged as an error.		
ANALYSIS AND USE	To determine the healthy behaviors and CVD risk factors of individual participants and the overall WISEWOMAN population To provide data elements required to determine participant's cardiovascular risk			
OTHER INFORMATION	[a]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. Examples of servings of fish sourced from the American Heart Association's Life's Simple Seven provided in Appendix E. Average fish consumption at assessment is required for a record to count as a complete record. If Fish is blank or coded as "9 No answer recorded," the record will not count as a complete record.			

*Complete records require a valid response for this item. Refer to Table A.2 in Appendix A for more information.

Item 7c: Grains*	**Thinking about all the servings of grain products you eat in a typical day; how many are whole grains?** This variable indicates the relative amount of whole grains the participant consumes compared to the total amount of grains consumed in a typical day.			
FORMAT	**Type:**	Numeric	**Other Format:**	N/A
	Item Length:	1	**Justification:**	Right
	Field Length:	1	**Beginning Position:**	117
	Leading Zeros:	No	**Valid Range:**	See values; cannot be blank
	Static Field:	No		
SOURCE	United States Department of Agriculture			
DENOMINATOR POPULATION	The denominator includes all WISEWOMAN participants with a Complete/BP+ baseline assessment.			
VALUES AND DESCRIPTION	**1 Less than half**	Less than half of servings of grain products consumed in a typical day are whole grains.		
	2 About half	About half of servings of grain products consumed in a typical day are whole grains.		
	3 More than half	More than half of servings of grain products consumed in a typical day are whole grains.		
	8 Don't want to answer[a]	Participant does not want to answer how many servings of grain products consumed in a typical day are whole grains. This value will be flagged as a quality check.		
	9 No answer recorded[a]	No answer recorded. This value will be flagged as an error.		
ANALYSIS AND USE	To determine the healthy behaviors and CVD risk factors of individual participants and the overall WISEWOMAN population and provide data elements required to determine participant's cardiovascular risk			
OTHER INFORMATION	[a]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. Examples of servings of whole grains sourced from the American Heart Association's Life's Simple Seven provided in Appendix E. Average whole grain consumption at assessment is required for a record to count as a complete record. If Grains is blank or coded as ''9 No answer recorded,' the record will not count as a complete record.			

*Complete records require a valid response for this item. Refer to Table A.2 in Appendix A for more information.

Item 7d: Sugar*	**Do you drink less than 36 ounces (450 calories) of sugar sweetened beverages weekly?** This variable indicates whether the participant drinks less than 36 ounces (450 calories) of sugar sweetened beverages weekly.			
FORMAT	**Type:**	Numeric	**Other Format:**	N/A
	Item Length:	1	**Justification:**	Right
	Field Length:	1	**Beginning Position:**	118
	Leading Zeros:	No	**Valid Range:**	See values; cannot be blank
	Static Field:	No		
SOURCE	American Heart Association			
DENOMINATOR POPULATION	The denominator includes all WISEWOMAN participants with a Complete/BP+ baseline assessment.			
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[a]	Participant does not want to answer whether they consume *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[a]	No answer recorded. This value will be flagged as an error.		
ANALYSIS AND USE	To determine the healthy behaviors and CVD risk factors of individual participants and the overall WISEWOMAN population To provide data elements required to determine participant's cardiovascular risk			
OTHER INFORMATION	[a]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. Examples of 36 ounces of beverages with added sugars sourced from the American Heart Association's Life's Simple Seven provided in Appendix E. Average sugar-sweetened beverage consumption at assessment is required for a record to count as a complete record. If Sugar is blank or coded as "9 No answer recorded," the record will not count as a complete record.			

*Complete records require a valid response for this item. Refer to Table A.2 in Appendix A for more information.

Item 7e: SaltWatch*	**Are you currently watching or reducing your sodium or salt intake?** This variable indicates whether the participant is currently watching or reducing their sodium or salt intake.			
FORMAT	**Type:**	Numeric	**Other Format:**	N/A
	Item Length:	1	**Justification:**	Right
	Field Length:	1	**Beginning Position:**	119
	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 Complete/BP+ baseline assessment.			
VALUES AND DESCRIPTION	**1 Yes**	Participant is currently watching or reducing their sodium or salt intake.		
	2 No	Participant is not currently watching or reducing their sodium or salt intake.		
	8 Don't want to answer[a]	Participant does not want to answer whether they are currently watching or reducing their sodium or salt intake. This value will be flagged as a quality check.		
	9 No answer recorded[a]	No answer recorded. This value will be flagged as an error.		
ANALYSIS AND USE	To determine the healthy behaviors and CVD risk factors of individual participants and the overall WISEWOMAN population			
OTHER INFORMATION	[a]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. Whether a participant is watching their sodium intake at assessment is required for a record to count as a complete record. If Saltwatch is blank or coded as ''9 No answer recorded,' the record will not count as a complete record.			

*Complete records require a valid response for this item. Refer to Table A.2 in Appendix A for more information.

Item 7f: AlcFreq	**In the past 7 days, how often do you have a drink containing alcohol?** This variable indicates the number of days during the past 7 days that a participant had a drink containing alcohol.			
FORMAT	**Type:**	Numeric	**Other Format:**	N/A
	Item Length:	2	**Justification:**	Right
	Field Length:	2	**Beginning Position:**	120
	Leading Zeros:	Yes	**Valid Range:**	See values; cannot be blank
	Static Field:	No		
SOURCE	Alcohol Use Disorders Identification Test			
DENOMINATOR POPULATION	The denominator includes all WISEWOMAN participants with a Complete/BP+ baseline assessment.			
VALUES AND DESCRIPTION	**Number of days**	A two-digit (numeric) value representing the number of days during the past 7 days that the participant consumed a drink that contained alcohol. Any value outside the valid range (00-07) will be considered a quality check. Example: 4 days = 04		
	00 None	Participant has not consumed any drinks containing alcohol during the past 7 days.		
	88 Don't want to answer[a]	Participant does not want to answer how many days during the past 7 days they have consumed drinks containing alcohol. This value will be flagged as a quality check.		
	99 No answer recorded[a]	No answer recorded. This value will be flagged as a quality check.		
ANALYSIS AND USE	To determine the healthy behaviors and CVD risk factors of individual participants and the overall WISEWOMAN population			
OTHER INFORMATION	[a]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 7g: AlcDay	**How many alcoholic drinks, on average, do you consume during a day you drink?** This variable indicates the average number of alcoholic drinks consumed during a day.			
FORMAT	**Type:**	Numeric	**Other Format:**	N/A
	Item Length:	2	**Justification:**	Right
	Field Length:	2	**Beginning Position:**	122
	Leading Zeros:	Yes	**Valid Range:**	See values; cannot be blank
	Static Field:	No		
SOURCE	Alcohol Use Disorders Identification Test			
DENOMINATOR POPULATION	The denominator includes all WISEWOMAN participants with a Complete/BP+ baseline assessment.			
VALUES AND DESCRIPTION	**Number of drinks**	A numeric value indicating the average number of alcoholic drinks consumed during a day when the participant is drinking alcohol. Any value outside the valid range (00 – 50) will be considered a quality check.		
	00 None	The participant does not consume any alcoholic drinks.		
	88 Don't want to answer[a]	Participant did not want to answer the average number of alcoholic drinks they consume during a day when they are drinking alcohol. This value will be flagged as a quality check.		
	99 No answer recorded[a]	No answer recorded. This value will be flagged as a quality check.		
ANALYSIS AND USE	To determine the healthy and risky behaviors and CVD risk factors of individual participants and the overall WISEWOMAN population			
OTHER INFORMATION	[a]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. A standard alcoholic drink is defined in Appendix E and as the follows: 12 fluid ounces of beer (about 5% alcohol), 8-9 fluid ounces of malt liquor (about 7% alcohol), 5 fluid ounces of wine (about 12% alcohol), or a 1.5 fluid ounce shot of 80 proof spirits (e.g., vodka, rum, gin, whiskey, tequila; about 40% alcohol).			

Item 8a: PA*	**How many minutes of physical activity (exercise) do you get in a week?** This variable indicates the amount of physical activity the participant gets during an average week.			
FORMAT	**Type:**	Numeric	**Other Format:**	N/A
	Item Length:	4	**Justification:**	Right
	Field Length:	4	**Beginning Position:**	124
	Leading Zeros:	Yes	**Valid Range:**	010-1700; cannot be blank
	Static Field:	No		
SOURCE	American Heart Association Life's			
DENOMINATOR POPULATION	The denominator includes all WISEWOMAN participants with a Complete/BP+ baseline assessment.			
VALUES AND DESCRIPTION	**Number of minutes**	A four-digit (numeric) value representing the minutes of physical activity the participant gets during an average week Any value outside the valid range (0010 – 1700) will be considered a quality check. Example: 30 minutes = 0030 If the number of minutes of physical activity exceeds 1700 minutes, PA should be coded as 1700 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.		
	0000 None	Participant does not get any physical activity during an average week.		
	8888 Don't want to answer[a]	Participant does not want to answer how much physical activity they get during an average week. This value will be flagged as a quality check.		
	9999 No answer recorded[a]	No answer recorded. This value will be flagged as an error.		
ANALYSIS AND USE	To determine the healthy behaviors and CVD risk factors of individual participants and the overall WISEWOMAN population To provide data elements required to determine participant's cardiovascular risk			
OTHER INFORMATION	[a]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. Examples of physical activity sourced from the American Heart Association's Life's Simple Seven provided in Appendix E. Average physical activity at assessment is required for a record to count as a complete record. If PA is blank or coded as ''9999 No answer recorded,' the record will not count as a complete record.			

*Complete records require a valid response for this item. Refer to Table A.2 in Appendix A for more information.

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:	1	**Beginning Position:**	128
	Leading Zeros:	No	**Valid Range:**	See values; cannot be blank
	Static Field:	No		
SOURCE	American Heart Association			
DENOMINATOR POPULATION	The denominator includes all WISEWOMAN participants with a Complete/BP+ baseline assessment.			
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[a]	Participant does not want to answer whether they smoke tobacco in any form, including cigarettes, pipes, or cigars. This value will be flagged as a quality check.		
	9 No answer recorded[a]	No answer recorded. This value will be flagged as an error.		
ANALYSIS AND USE	To determine the healthy behaviors and CVD risk factors 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 elements required to determine participant's ASCVD risk			
OTHER INFORMATION	[a]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 assessment is required for a record to count as a complete or BP+ record. If Smoker is blank or coded as ''9 No answer recorded,' the record will not count as a complete or BP+ record, which means the record will not count toward meeting a program's assessment goal.			

*Complete and BP+ records require a valid response for this item. Refer to Table A.2 in Appendix A for more information.

Item 10a: PHQ*	**Over the past 2 weeks, how often have you been bothered by any of the following problems?** **i. Little interest or pleasure in doing things (not at all, several days, more than half, or nearly every day)?** **ii. Feeling down, depressed, or hopeless (not at all, several days, more than half, or nearly every day)?** This variable indicates the number of days during the past two weeks that the participant felt little interest or pleasure in doing things and felt down, depressed, or hopeless.			
FORMAT	**Type:**	Numeric	**Other Format:**	N/A
	Item Length:	2	**Justification:**	Right
	Field Length:	2	**Beginning Position:**	129
	Leading Zeros:	No	**Valid Range:**	See values; cannot be blank
	Static Field:	No		
SOURCE	Patient Health Questionnaire (PHQ-2)			
DENOMINATOR POPULATION	The denominator includes all WISEWOMAN participants with a Complete/BP+ baseline assessment.			
VALUES AND DESCRIPTION (CODE FOR EACH ISSUE)	**0 Not at all**	Participant has not been bothered by this issue at all over the past two weeks.		
	1 Several days	Participant has been bothered by this issue several days over the past two weeks.		
	2 More than half	Participant has been bothered by this issue more than half the days over the past two weeks.		
	3 Nearly every day	Participant has been bothered by this issue nearly every day over the past two weeks.		
	8 Don't want to answer[a]	Participant does not want to answer how often they have been bothered by this issue. This value will be flagged as a quality check.		
	9 No answer recorded[a]	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	[a]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. Each of the two positions in the PHQ field corresponds with a different question. The first position aligns how often the participant reports having little interest in doing things. The second position aligns with how often the participant reports feeling down, depressed, or hopeless. Programs should assess each question separately and record the corresponding value in the appropriate position of 10a: PHQ. For example, if a participant reports that they: (a) have felt little interest in doing things "several days" in the past two weeks and (b) have felt down, depressed, or hopeless "more than half the days" in the past two weeks, PHQ should be recorded as '12' (corresponding to values of '1 – Several days' in position 1 and '2 – More than half' in position 2).			

*Complete records require a valid response for this item. Refer to Table A.2 in Appendix A for more information.

6. CLINICAL VALUE MDE SPECIFICATIONS

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

These MDEs collect clinical measurement values during participant's assessment visits. They provide reliable benchmarks for measuring participant progress throughout the program. MDEs in this section include blood pressure, cholesterol, blood sugar, height, weight, and waist measurements.

For a record to be counted as a Complete or BP+ assessment, it must have valid values for required MDEs. **Definitions of complete and BP+ assessments are provided in Appendix A.**

Recipients are required to report all records, including those records that do not meet assessment requirements, and they will be used to account for WISEWOMAN resources, but will not be analyzed in MDE reports generated by CDC or counted toward assessment visit goals unless additional documentation is provided.[2,3]

This section begins with a summary of the 15 MDEs (Subsection a) and then provides the technical specifications for each MDE (Subsection b).

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2 Assessment goals are agreed upon between each recipient and CDC. The number of assessments used to assess progress toward meeting the assessment goal is calculated as the number of records meeting minimum assessment requirements (baseline, follow-up assessment or re-assessment).

3 If the program is unable to obtain or the participant refuses to allow measurements for height, weight, blood pressure reading, labs, 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.

a. Summary of Clinical Value MDEs

Item Number	Variable Name	Beginning Position	Variable Label	Type
11a	Height	131	Height, inches	Numeric
11b	Weight	133	Weight, pounds	Numeric
11c	Waist	136	Waist circumference, inches	Numeric
12a	BPDate	138	Clinical assessment date (office visit date)	Numeric
12b	SBP	146	Systolic blood pressure, mmHg	Numeric
12c	DBP	158	Diastolic blood pressure, mmHg	Numeric
13a	Fast	170	Fasting status	Numeric
14a	TotChol	171	Total cholesterol (fasting or nonfasting), mg/dL	Numeric
14b	HDL	174	HDL cholesterol (fasting or nonfasting), mg/dL	Numeric
14c	LDL	177	LDL cholesterol (fasting or nonfasting), mg/dL	Numeric
14d	Trigly	180	Triglycerides (fasting or nonfasting), mg/dL	Numeric
15a	Glucose	184	Glucose (fasting only), mg/dL	Numeric
15c	A1C	187	A1C percentage	Numeric
16a	BPAlert	191	Is a medical follow-up for blood pressure reading necessary?	Numeric
16b	BPDiDate	192	What is the date of the medically necessary follow-up appointment?	Numeric

b. Clinical Values MDE Specifications

Item 11a: Height*	**Height** This variable indicates the participant's height in inches at baseline assessment.			
FORMAT	**Type:**	Numeric	**Other Format:**	N/A
	Item Length:	2	**Justification:**	Right
	Field Length:	2	**Beginning Position:**	131
	Leading Zeros:	No	**Valid Range:**	48-76; cannot be blank if TYPE is 1, 2, 3 or 4 (baseline assessment, re-assessment, or follow-up assessment)
	Static Field:	Yes		
SOURCE	American Heart Association			
DENOMINATOR POPULATION	The denominator includes all WISEWOMAN participants with a Complete/BP+ baseline assessment.			
VALUES AND DESCRIPTION	**Height in inches**		Up to a two-digit (numeric) value representing the participant's height at baseline assessment 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[a]		Participant refuses to have their height measurement taken. This value will be flagged as an error.	
	99 No measurement recorded[a]		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 elements required to determine participant's cardiovascular risk			
OTHER INFORMATION	[a]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 assessment is required for a record to count as a complete or BP+ 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 complete or BP+ record, and the record will not count toward meeting a program's assessment goal. If exceptional circumstances do not allow height measurement, these reasons should be documented in the Validation of Data form as instructed in Appendix B.			

*Complete and BP+ records require a valid response for this item. Refer to Table A.2 in Appendix A for more information.

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:	3	**Beginning Position:**	133
	Leading Zeros:	Yes	**Valid Range:**	074-460; cannot be blank if TYPE is 1, 2, 3 or 4 (baseline assessment, re-assessment, or follow-up)
	Static Field:	No		
SOURCE	American Heart Association			
DENOMINATOR POPULATION	The denominator includes all WISEWOMAN participants with a Complete/BP+ baseline assessment.			
VALUES AND DESCRIPTION	**Weight in pounds**		Up to a three-digit (numeric) value representing the participant's weight Weight values between 74 and 90 lbs. or 350 and 460 lbs. 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 lbs. will be considered an error. Example: 98 lbs. = 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[a]		Participant refuses to have their weight measurement taken. This value will be flagged as a quality check.	
	999 No measurement recorded[a]		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 cardiovascular risk			
OTHER INFORMATION	[a]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 assessment is required for a record to count as a complete or BP+ 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 complete or BP+ record, and the record will not count toward meeting a program's assessment goal. If exceptional circumstances do not allow weight measurement, these reasons should be documented in the Validation of Data form, as instructed in Appendix B.			

*Complete and BP+ records require a valid response for this item. Refer to Table A.2 in Appendix A for more information.

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:	2	**Beginning Position:**	136
	Leading Zeros:	No	**Valid Range:**	16-71
	Static Field:	No		
SOURCE	American Heart Association			
DENOMINATOR POPULATION	The denominator includes all WISEWOMAN participants with a Complete/BP+ baseline assessment.			
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[a]	Participant refuses to have their waist circumference measurement taken.		
	99 No measurement recorded[a]	Waist circumference measurement was not performed.		
ANALYSIS AND USE	To understand the cardiovascular disease risk factors of individual participants and the overall WISEWOMAN population			
OTHER INFORMATION	[a]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*	**Clinical Assessment Date (Office Visit Date)** This variable indicates the date of the office visit for a participant.			
FORMAT	**Type:**	Numeric	**Other Format:**	MMDDCCYY
	Item Length:	8	**Justification:**	Right
	Field Length:	8	**Beginning Position:**	138
	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 Complete/BP+ baseline assessment.			
VALUES AND DESCRIPTION	**Clinical assessment date/Office visit date**	Valid date in MMDDCCYY format Date of the office visit for a participant Example: December 01, 2023 = 12012023		
ANALYSIS AND USE	To identify the date of the assessment office visit To facilitate analysis of changes in blood pressure over time To calculate other service time frames, including time to re-assessment, lifestyle program sessions, lifestyle program/health coaching follow-up assessment, risk reduction counseling sessions, alert referrals, and labs			
OTHER INFORMATION	Clinical assessment date should be used to indicate the date that the assessment visit occurred. If BPDate is missing or invalid, the record will not count as a complete or BP+ record, and the record will not count toward meeting a program's assessment goal. Since all assessment 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 assessment 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 clinical assessment date unless specified by the program's medical advisory group or medical clinic.			

*Complete and BP+ records require a valid response for this item. Refer to Table A.2 in Appendix A for more information.

Item 12b: SBP*	**Systolic Blood Pressure** This variable indicates the participant's systolic blood pressure readings.			
FORMAT	**Type:**	Numeric	**Other Format:**	N/A
	Item Length:	3	**Justification:**	Right
	Field Length:	12	**Beginning Position:**	146
	Leading Zeros:	Yes	**Valid Range:**	074-260; cannot be blank if TYPE is 1, 2, 3 or 4 (baseline assessment, re-assessment, or follow-up assessment)
	Static Field:	No		
SOURCE	Not applicable; health assessment measurement			
DENOMINATOR POPULATION	The denominator includes all WISEWOMAN participants with a Complete/BP+ baseline assessment.			
VALUES AND DESCRIPTION (CODE FOR EACH READING AND IN THE ORDER TAKEN)	**Systolic blood pressure in mmHg**		A three-digit (numeric) value representing the participant's 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: 120 mmHg = 120	
	777 Unable to obtain		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[a]		Participant refuses to have their systolic blood pressure measurement taken. This value will be flagged as an error.	
	999 No measurement recorded[a]		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 cardiovascular risk score			
OTHER INFORMATION	[a]Codes and response options highlighted in gray should not appear on the data collection forms completed by the provider. They are provided for funded program use only. Programs can submit up to four systolic blood pressure measurements. The first measurement (positions 1 through 3 of SBP) should correspond to the systolic blood pressure measurement on the clinical assessment date. If more than one measurement is obtained on the clinical assessment date, with a one-minute interval as recommended by the American Heart Association, the average systolic blood pressure measurement should be recorded in positions 1 through 3.			

OTHER INFORMATION (CONT.)	Programs may re-measure participants' systolic blood pressure prior to a subsequent follow-up assessment or re-assessment. If a program re-measures a participant's systolic blood pressure during follow-up, up to three additional systolic blood pressure measurements can be recorded in positions 4 through 6 (re-measurement #1), positions 7 through 9 (re-measurement #2), and positions 10 through 12 (re-measurement #3). Programs are not required to submit blood pressure re-measurements (positions 4 through 12); however, if blood pressure re-measurements are recorded, the date of re-measurement should be provided in 5d: Monitored. Systolic blood pressure measurement at assessment (positions 1 through 3 of SBP) is required for a record to count as a complete or BP+ record. If positions 1 through 3 of SBP are blank or coded as '777 Unable to obtain,' '888 Participant refused,' or '999 No measurement recorded,' or is outside of the valid range (74-260 mmHg) the record will not count as a complete or BP+ record, and the record will not count toward meeting a program's assessment goal. If exceptional circumstances do not allow a blood pressure measurement during the clinical assessment (cases where positions 1 through 3 of SBP are coded as '777 Unable to obtain'), these reasons should be documented as instructed in Appendix B.

*Complete and BP+ records require a valid response for this item. Refer to Table A.2 in Appendix A for more information.

Item 12c: DBP*	**Diastolic Blood Pressure** This variable indicates the participant's diastolic blood pressure readings.			
FORMAT	**Type:**	Numeric	**Other Format:**	N/A
	Item Length:	3	**Justification:**	Right
	Field Length:	12	**Beginning Position:**	158
	Leading Zeros:	Yes	**Valid Range:**	002-156; cannot be blank if TYPE is 1, 2, 3 or 4 (baseline assessment, re-assessment, or follow-up assessment)
	Static Field:	No		
SOURCE	Not applicable; health assessment measurement			
DENOMINATOR POPULATION	The denominator includes all WISEWOMAN participants with a Complete/BP+ baseline assessment.			
VALUES AND DESCRIPTION **(CODE FOR EACH READING AND IN THE ORDER TAKEN)**	**Diastolic blood pressure in mmHg**	A three-digit (numeric) value representing the participant's diastolic blood pressure in mmHg 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	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[a]	Participant refuses to have their diastolic blood pressure measurement taken. This value will be flagged as an error.		
	999 No measurement recorded[a]	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 cardiovascular risk score			
OTHER INFORMATION	[a]Codes and response options highlighted in gray should not appear on the data collection forms completed by the provider. They are provided for funded program use only. Programs can submit up to four diastolic blood pressure measurements. The first measurement (positions 1 through 3 of DBP) should correspond to the diastolic blood pressure measurement on the clinical assessment date. If more than one measurement is obtained on the clinical assessment date, with a one-minute interval as recommended by the American Heart Association, the average diastolic blood pressure measurement should be recorded in positions 1 through 3.			

OTHER INFORMATION (CONT.)	Programs may re-measure a participant's diastolic blood pressure prior to a subsequent follow-up assessment or re-assessment. If a program re-measures a participant's diastolic blood pressure during follow-up, up to three additional diastolic blood pressure measurements can be recorded in positions 4 through 6 (re-measurement #1), positions 7 through 9 (re-measurement #2), and positions 10 through 12 (remeasurement #3). Programs are not required to submit blood pressure re-measurements (positions 4 through 12); however, if blood pressure re-measurements are recorded, the date of re-measurement should be provided in 5d: Monitored. Diastolic blood pressure measurement at assessment (positions 1 through 3 of DBP) is required for a record to count as a complete or BP+ record. If positions 1 through 3 of DBP is blank or coded as '777 Unable to obtain,' '888 Client refused,' or '999 No measurement recorded,' or is outside of the valid range (2-156 mmHg) the record will not count as a complete or BP+ record, and the record will not count toward meeting a program's assessment goal. If exceptional circumstances do not allow a 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.

*Complete and BP+ records require a valid response for this item. Refer to Table A.2 in Appendix A for more information.

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:	1	**Beginning Position:**	170
	Leading Zeros:	No	**Valid Range:**	See values; cannot be blank if TYPE is 1 or 2 (baseline assessment or re-assessment); cannot be blank if Type = 3 or 4 when any of the following are not blank: Totchol, HDL, LDL, Trigly, glucose
	Static Field:	No		
SOURCE	Not applicable; health assessment measurement			
DENOMINATOR POPULATION	The denominator includes all WISEWOMAN participants with a Complete/BP+ baseline assessment.			
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[a]		No answer recorded. Provider failed to confirm fasting status, or no information is available from the provider. This value should be marked if 14a: TotChol, 14b: HDL, 14c: LDL, 14d: Trigly, and 15a: Glucose all are equal to 999/9999, 777/7777, or 888/8888. This value will be flagged as an error for baseline assessments, and re-assessments, and for follow-up assessments where lab work was conducted.	
ANALYSIS AND USE	To facilitate accurate identification of participants who have high cholesterol, borderline high cholesterol, diabetes, or pre-diabetes			
OTHER INFORMATION	[a]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 they do not know or refuses blood work, programs should have a discussion with the participant to verify the response.			

*Complete and BP+ records require a valid response for this item. Refer to Table A.2 in Appendix A for more information.

Item 14a: TotChol*	**Total Cholesterol (nonfasting or fasting)** This variable indicates the participant's total cholesterol level.			
FORMAT	**Type:**	Numeric	**Other Format:**	N/A
	Item Length:	3	**Justification:**	Right
	Field Length:	3	**Beginning Position:**	171
	Leading Zeros:	Yes	**Valid Range:**	044-702; cannot be blank if TYPE is 1 or 2 (baseline assessment or re-assessment)
	Static Field:	No		
SOURCE	Not applicable; health assessment measurement			
DENOMINATOR POPULATION	The denominator includes all WISEWOMAN participants with a Complete/BP+ baseline assessment.			
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: 130 mg/dL = 130	
	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 an error.	
	888 Client refused[a]		Participant refuses to have their 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 an error.	
	999 No measurement recorded[a]		No total cholesterol measurement was taken or recorded. This value will be flagged as an error for baseline assessments and reassessments.	
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 cardiovascular risk score			

OTHER INFORMATION	[a]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 nonfasting or fasting. At a minimum, every participant must have a total cholesterol, HDL cholesterol (14b: HDL), and LDL cholesterol (14c: LDL) value recorded. Total cholesterol measurement at baseline assessment or reassessment is required for a record to count as a complete or BP+ record. If TotChol is blank or coded as '777 Unable to obtain,' '888 Client refused, or '999 No measurement recorded,' or is outside of the valid range (044-702 mg/dL) the record will not count as a complete or BP+ record. If exceptional circumstances do not allow TotChol measurement, these reasons should be documented in the Validation of Data form as instructed in Appendix B. Total cholesterol measurement may not be medically necessary at follow-up assessment if a participant had normal cholesterol levels at baseline assessment anchored in American Heart Association guidelines.

*Complete and BP+ records require a valid response for this item. Refer to Table A.2 in Appendix A for more information.

Item 14b: HDL*	**HDL Cholesterol (nonfasting or fasting)** This variable indicates the participant's HDL cholesterol level.			
FORMAT	**Type:**	Numeric	**Other Format:**	N/A
	Item Length:	3	**Justification:**	Right
	Field Length:	3	**Beginning Position:**	174
	Leading Zeros:	Yes	**Valid Range:**	007-196; cannot be blank if TYPE is 1 or 2 (baseline assessment or re-assessment)
	Static Field:	No		
SOURCE	Not applicable; health assessment measurement			
DENOMINATOR POPULATION	The denominator includes all WISEWOMAN participants with a Complete/BP+ baseline assessment.			
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 an error.		
	888 Client refused[a]	Participant refuses to have their 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 an error.		
	999 No measurement recorded[a]	No HDL cholesterol measurement was taken or recorded. This value will be flagged as an error for baseline assessments and reassessments.		
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	[a]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 nonfasting or fasting. At a minimum, every participant must have a total cholesterol, HDL cholesterol (14b: HDL), and LDL cholesterol (14c: LDL) value recorded. 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. HDL cholesterol measurement at baseline assessment or re-assessment is required for a record to count as a complete or BP+ record. If HDL is blank or coded as '777 Unable to obtain,' '888 Client refused', or '999 No measurement recorded,' or is outside of the valid range (007-196 mg/dL) the record will not count as a complete or BP+ record. If exceptional circumstances do not allow HDL measurement, these reasons should be documented in the Validation of Data form as instructed in Appendix B. HDL cholesterol measurement may not be medically necessary at follow-up assessment if a participant had normal cholesterol levels at baseline assessment anchored in American Heart Association guidelines.

*Complete and BP+ records require a valid response for this item. Refer to Table A.2 in Appendix A for more information.

Item 14c: LDL*	**LDL Cholesterol (nonfasting or fasting)** This variable indicates a participant's LDL cholesterol level			
FORMAT	**Type:**	Numeric	**Other Format:**	N/A
	Item Length:	3	**Justification:**	Right
	Field Length:	3	**Beginning Position:**	177
	Leading Zeros:	Yes	**Valid Range:**	020-380: cannot be blank if TYPE is 1 or 2 (baseline assessment or re-assessment)
	Static Field:	No		
SOURCE	2018 AHA/ACC Guideline on the Management of Blood Cholesterol			
DENOMINATOR POPULATION	The denominator includes all WISEWOMAN participants with a Complete/BP+ baseline assessment.			
VALUES AND DESCRIPTION	**LDL cholesterol in mg/dL**		A three-digit (numeric) value representing a participant's 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. LDL cholesterol values that are outside 020 and 380 mg/dL will be considered errors. See Appendix B for the procedure for validating out-of-range values. For *nonfasting* participants who are on lipid-lowering therapy, have a history of high cholesterol, or have a triglyceride level >0400 mg/dL, any value in this field will be flagged for an error. See below for additional guidance. 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 also be used for participants on lipid-lowering therapy with a history of high cholesterol who were confirmed to be fasting, but their LDL cholesterol was unable to be obtained. This value will be flagged as an error.	
	888 Client refused[a]		Participant refuses to receive a lipid panel that would include LDL measurements. This response should also be used for participants on lipid-lowering therapy or with a history of high cholesterol who were confirmed to be fasting but refused a lipid panel. This value will be flagged as an error.	
	999 No measurement recorded[a]		No LDL cholesterol measurement was taken or recorded Nonfasting participants who are on lipid-lowering therapy, have a history of high cholesterol, or have a triglyceride level >0400 mg/dL should always have this value.	
ANALYSIS AND USE	To assist in determining cholesterol control and management			

OTHER INFORMATION	[a]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. At a minimum, every participant must have a total cholesterol, HDL cholesterol (14b: HDL) and LDL cholesterol (14C: LDL) value recorded. LDL cholesterol measurement at baseline assessment or re-assessment is required for a record to count as a complete or BP+ record. If LDL is blank or coded as '777 Unable to obtain,' '888 Client refused, or '999 No measurement recorded,' or is outside of the valid range (020-380 mg/dL) the record will not count as a complete or BP+ record. If exceptional circumstances do not allow LDL measurement, these reasons should be documented in the Validation of Data form as instructed in Appendix B. g. LDL cholesterol measurement may not be medically necessary at follow-up assessment if a participant had normal cholesterol levels at baseline assessment based on American Heart Association guidelines. As per the 2018 AHA/ACC Guideline on the Management of Blood Cholesterol, measurement of either a fasting or a nonfasting plasma lipid profile is effective in estimating initial ASCVD risk if the participant is not on lipid-lowering therapy and does not have a history of high cholesterol. Therefore, although assessing lipids when the participant is fasting may be more prudent, for participants not on lipid-lowering therapy and without a history of high cholesterol, LDL cholesterol may be measured for fasting or nonfasting participants. It is not recommended to measure nonfasting LDL if a participant has consumed an extremely high-fat meal 8 hours prior to blood work. In this case, blood work should be measured on another day (preferably fasting). Additionally, for any participants with a family history of heart attacks or other atherosclerotic disease at an early age (< 50-55 years) or who have a genetic history of hyperlipidemia, it is reasonable to obtain an initial fasting lipid profile. For participants on lipid-lowering therapy, or who have a history of high cholesterol, LDL cholesterol should be measured only when the participant is fasting. If a participant meets either of these criteria and is not fasting when cholesterol is initially measured, the provider may re-measure fasting cholesterol within 30 days of the office visit. In this case, the fasting status (13a: Fast), total cholesterol (14a:TotChol), HDL cholesterol (14b:HDL), LDL cholesterol (14c: LDL), and triglycerides (14d:trigly) values should also be updated in the assessment record. For participants who are not on lipid-lowering therapy and do not have a history of high cholesterol, but who were not fasting and had a triglyceride (14d: Trigly) level greater than or equal to 400 mg/dL, blood work should be performed again as a fasting measurement within 30 days of the initial assessment. In this case, the fasting status (13a: Fast), total cholesterol (14a:TotChol), HDL cholesterol (14b:HDL), LDL cholesterol (14c: LDL), and triglycerides (14d:Trigly) values should also be updated in the assessment record. 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 was fasting.

*Complete and BP+ records require a valid response for this item. Refer to Table A.2 in Appendix A for more information.

Item 14d: Trigly	**Triglycerides (fasting or nonfasting)** This variable indicates a participant's triglycerides measurement.			
FORMAT	**Type:**	Numeric	**Other Format:**	N/A
	Item Length:	4	**Justification:**	Right
	Field Length:	4	**Beginning Position:**	180
	Leading Zeros:	Yes	**Valid Range:**	0012-3000
	Static Field:	No		
SOURCE	2018 AHA/ACC Guideline on the Management of Blood Cholesterol			
DENOMINATOR POPULATION	The denominator includes all WISEWOMAN participants with a Complete/BP+ baseline assessment.			
VALUES AND DESCRIPTION	**Triglycerides in mg/dL**	A four-digit (numeric) value representing a participant's triglycerides measurement in mg/dL For *fasting* participants, triglycerides 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 who are on lipid-lowering therapy or have a history of high cholesterol, any value in this field will be flagged for an error. For *nonfasting* participants who are NOT on a lipid-lowering therapy and do NOT have a history of high cholesterol, a triglycerides level outside 0012-0400 mg/dL will be flagged for an error. In this case, programs should repeat the lipid panel within 30 days to obtain the fasting values. See additional guidance below. 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 also be used for participants on lipid-lowering therapy or with a history of high cholesterol who were confirmed to be fasting, but their triglycerides measurement could not be obtained.		
	8888 Client refused[a]	Fasting participant refuses to receive a lipid panel that would include triglycerides measurements. This response should also be used for participants on lipid-lowering therapy or with a history of high cholesterol who were confirmed to be fasting but refused a lipid panel.		
	9999 No measurement recorded[a]	No triglycerides measurement was taken or recorded. Nonfasting participants who are on lipid-lowering therapy or have a history of high cholesterol should always have this value.		
ANALYSIS AND USE	To assist in determining cholesterol control and management			

OTHER INFORMATION	[a]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. At a minimum, every participant must have a total cholesterol, HDL cholesterol (14b: HDL) and LDL cholesterol (14C: LDL). A triglyceride (14d: Trigly) value can also be recorded in addition to total cholesterol, HDL cholesterol, and LDL cholesterol. Triglycerides measurement may not be medically necessary at follow-up assessment if a participant had normal cholesterol levels at baseline assessment based on American Heart Association guidelines. As per the 2018 AHA/ACC Guideline on the Management of Blood Cholesterol, measurement of either a fasting or a nonfasting plasma lipid profile is effective in estimating initial ASCVD risk if the participant is not on lipid-lowering therapy and does not have a history of high cholesterol. Therefore, although assessing lipids when the participant is fasting may be more prudent, for participants not on lipid-lowering therapy and without a history of high cholesterol, triglycerides may be measured for fasting or nonfasting participants. It is not recommended to measure nonfasting triglycerides if a participant has consumed an extremely high-fat meal 8 hours prior to blood work. In this case, blood work should be measured on another day (preferably fasting). Additionally, for any participants with a family history of heart attacks or other atherosclerotic disease at an early age (< 50-55 years) or who have a genetic history of hyperlipidemia, it is reasonable to obtain an initial fasting lipid profile. For participants on lipid-lowering therapy or with a history of high cholesterol, triglycerides should be measured only when the participant is fasting. If a participant is not fasting when cholesterol is initially measured, the provider may re-measure fasting cholesterol within 30 days of the office visit. In this case, the fasting status (13a: Fast), total cholesterol (14a:TotChol), HDL cholesterol (14b: HDL), LDL cholesterol (14c: LDL), and triglycerides (14d: Trigly) values should also be updated in the assessment record. For participants who are not on lipid-lowering therapy and do not have a history of high cholesterol, but who were not fasting and had a triglyceride level greater than or equal to 400 mg/dL, blood work should be performed again as a fasting measurement within 30 days of the initial assessment. If a provider decides to re-measure the cholesterol within 30 days of the office visit so that the values are fasting, the fasting status (13a:Fast), total cholesterol (14a:TotChol), HDL cholesterol (14b:HDL), LDL cholesterol (14c: LDL), and triglycerides (14d:Trigly) values should also be updated in the assessment record. 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.

Item 15a: 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:	3	**Beginning Position:**	184
	Leading Zeros:	Yes	**Valid Range:**	037-571; cannot be blank if A1C is invalid and TYPE is 1 or 2 (baseline assessment or re-assessment)
	Static Field:	No		
SOURCE	American Heart Association			
DENOMINATOR POPULATION	The denominator includes all WISEWOMAN participants with a Complete/BP+ baseline assessment.			
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 an error if A1C is also invalid.	
	888 Client refused[a]		Participant refuses to have their 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. This value will be flagged as an error if A1C is also invalid.	
	999 No measurement recorded[a]		No glucose measurement was taken for record. Non-fasting participants should always have this value. This value will be flagged as an error if A1C is also invalid.	
ANALYSIS AND USE	To identify participants who have pre-diabetes and diabetes To assist in determining diabetes control and management To use blood glucose or A1C percentage to accurately assess a participant's diabetes status To provide data element required to determine participant's cardiovascular risk To understand the overall rate of diabetes among the WISEWOMAN population			

OTHER INFORMATION	[a]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. In cases where the Cholestech machine indicates a reading of less than 37 mg/dL, the guidance is to code the participant's glucose as 037. Such a reading can identify an imminent danger and requires urgent care. A valid glucose measurement or A1C measurement at assessment is required for a record to count as a complete record. Values are considered invalid for the glucose variable if: (1) participant is fasting and glucose is left blank or coded as '777 Unable to obtain,' '888 Client refused, or '999 No measurement recorded, or is outside of the valid range (037-571 mg/dl), or (2) participant is not fasting. Values are considered invalid for A1C variable if: (1) it is left blank, coded as '7777 Unable to obtain,' '8888 Client refused, or '9999 No measurement recorded,' or is outside of the valid range (02.8-16.2 mg/dL). If exceptional circumstances do not allow Glucose measurement, these reasons should be documented in the Validation of Data form as instructed in Appendix B.

*Complete require a valid response for this item. Refer to Table A.2 in Appendix A for more information.

Item 15b: 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:	4	**Beginning Position:**	187
	Leading Zeros:	Yes	**Valid Range:**	02.8-16.2; cannot be blank if Glucose is blank and TYPE is 1 or 2 (baseline assessment or re-assessment)
	Static Field:	No		
SOURCE	Not applicable; health assessment measurement			
DENOMINATOR POPULATION	The denominator includes all WISEWOMAN participants with a Complete/BP+ baseline assessment.			
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 an error if glucose is also invalid.	
	8888 Client refused[a]		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. This value will be flagged as an error if glucose is also invalid.	
	9999 No measurement recorded[a]		No A1C measurement was taken or recorded. This value will be flagged as an error if glucose is also invalid.	
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 cardiovascular risk score			
OTHER INFORMATION	[a]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 or glucose measurement at assessment is required for a record to be a complete record. If both Glucose and A1C are blank or coded as '777 Unable to obtain,' '888 Client refused, or '999 No measurement recorded, or are outside of the valid range (Glucose: 37-571 mg/dL; A1C: 2.8-16.2%), the record will not count as a complete record. If exceptional circumstances do not allow A1C measurement, these reasons should be documented in the Validation of Data form as instructed in Appendix B. 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. A1C percentage values are not affected by fasting status.			

*Complete and BP+ records require a valid response for this item. Refer to Table A.2 in Appendix A for more information.

Item 16a: BPAlert	**Is a medical follow-up for blood pressure reading necessary?** This variable indicates whether medical follow-up for a participant's alert level blood pressure is medically necessary, as indicated by a SBP greater than 180 mmHg or DBP greater than 120 mmHg.			
FORMAT	**Type:**	Numeric	**Other Format:**	N/A
	Item Length:	1	**Justification:**	Right
	Field Length:	1	**Beginning Position:**	191
	Leading Zeros:	No	**Valid Range:**	See values; cannot be blank if TYPE is 1, 2, 3 or 4 (baseline assessment, re-assessment, or follow-up assessment)
	Static Field:	No		
SOURCE	JNC7 and American Heart Association 2017 guidelines			
DENOMINATOR POPULATION	Participants who have an alert level blood pressure value are included in the denominator.			
VALUES AND DESCRIPTION	**1 Medically necessary**		Medical follow-up for blood pressure is medically necessary.	
	2 Not medically needed		Medical follow-up for blood pressure is not medically necessary.	
	3 Medically necessary follow-up appointment declined		Medical follow-up for blood pressure is medically necessary but participant failed to attend follow-up appointment.	
	8 Client refused workup[a]		Participant had an alert level blood pressure reading but refused workup.	
	9 No answer recorded[a]		No answer recorded. 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	[a]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 their systolic blood pressure reading measured during the assessment (12b: SBP, positions 1 – 3) is greater than 180 mmHg *or* if their diastolic blood pressure reading at assessment (12c: DBP, positions 1 – 3)) is greater than 120 mmHg. "3 Medically necessary follow-up appointment declined" should be used when a client had an alert value and was scheduled to follow-up with a medical provider in within 7 days, however, the client did not show-up for the appointment. "8 Client refused workup" should be used when the client had an alert value, however, they refused to schedule a follow-up with a medical provider.			

Item 16b: BPDiDate	**What is the date of the medically necessary follow-up appointment?** This variable indicates the follow-up appointment date for a participant with an alert level blood pressure reading.			
FORMAT	**Type:**	Numeric	**Other Format:**	MMDDCCYY
	Item Length:	8	**Justification:**	Right
	Field Length:	8	**Beginning Position:**	192
	Leading Zeros:	Yes	**Valid Range:**	Valid date; cannot be blank if TYPE is 1, 2, 3 or 4 (baseline assessment, re-assessment, or follow-up assessment)
	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	**Medically Necessary Follow-up Appointment Date**	Valid date in MMDDCCYY format If follow-up information is provided for this referral, the workup date can be entered. Example: December 01, 2023 = 12012023		
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 assessment for alert participants To assist in determining hypertension (high blood pressure) prevention, management, and control			
OTHER INFORMATION	A participant is classified as having an alert blood pressure reading if their systolic blood pressure reading measured at the assessment visit (12b: SBP, positions 1 - 3) is greater than 180 mmHg *or* if their diastolic blood pressure reading measured at the assessment visit (12c: DBP, positions 1 - 3) is greater than 120 mmHg. Only participants who are coded as having an alert blood pressure reading (16a: BPAlert = '1 Medically necessary,' 3 Medically necessary – follow-up appointment declined,' 8 Client refused workup,' or '9 Workup not completed') should have a blood pressure diagnostic exam date. However, in cases where blood pressure readings are just under the alert threshold (SBPs > 165 and ≤ 180 and DBPs >110 and ≤ 120) a valid BPDiDate will result in a quality check rather than an error. If a participant with an alert blood pressure value has a blood pressure workup status (16a: BPAlert) coded as ''1 Medically necessary,' 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 '3- Medically necessary- follow-up appointment declined' or '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,' this field should contain the date that the program considered the participant lost to follow-up as defined by program protocol			

7. RISK REDUCTION COUNSELING MDE SPECIFICATIONS

This section provides recipients with the information necessary to support collection and reporting of the Risk Reduction Counseling MDE, which must be done according to the specifications provided in this section of the manual. Risk reduction counseling should be provided at all assessments.[4]

For a record to be counted as a Complete assessment, it must have valid values for required MDEs. **Definitions of Complete assessments are provided in Appendix A.**

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

[4] Values left blank are considered invalid values for risk reduction counseling completion date.

a. Summary of Risk Reduction Counseling MDEs

Item Number	Variable Name	Beginning Position	Variable Label	Type
17a	RRCComplete	200	Risk reduction counseling completion date	Numeric

b. Risk Reduction Counseling MDE Specifications

Item 17a: 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:	8	**Beginning Position:**	200
	Leading Zeros:	Yes	**Valid Range:**	Valid date; cannot be blank if TYPE is 1, 2, 3 or 4 (baseline assessment, re-assessment, or follow-up assessment)
	Static Field:	No		
SOURCE	Not applicable; WISEWOMAN-specific variable			
DENOMINATOR POPULATION	The denominator includes all WISEWOMAN participants with a Complete/BP+ baseline assessment.			
VALUES AND DESCRIPTION	**Risk reduction counseling follow-up date**		Valid date in MMDDCCYY format Date must occur within the submission period. Example: December 01, 2023 = 12012023	
	88888888 Participant refused further program contact[a]		Participant refused further program contact. This value will be flagged as a quality check.	
	99999999 Participant lost to follow-up[a]		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, which should be provided for all assessments To facilitate analysis of changes in risk reduction counseling provision over time			
OTHER INFORMATION	[a]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 risk reduction counseling is completed on the same date as the clinical assessment, the same date should be recorded for 12a: BPDate and 17a: RRCComplete. If laboratory results are not available at the time of the assessment visit to provide risk reduction counseling, this field should be used to indicate the date on which risk reduction counseling was completed. If RRCComplete is blank the record will not count as a complete record.			

*Complete records require a valid response for this item. Refer to Table A.2 in Appendix A for more information.

8. HEALTHY BEHAVIOR SUPPORT SERVICES MDE SPECIFICATIONS

This section provides recipients 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.

For a record to be counted as a Complete or BP+ assessment, it must have valid values for required MDEs. **Definitions of complete and BP+ assessments are provided in Appendix A.**

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.[5] Recipients 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 seven required variables (Subsection a) and then provides the technical specifications for each variable (Subsection b).

5 If a valid date of an LSP/HC session is provided, values left blank for LSPHCID or that are not included on the current list of CDC-approved LSP/HC IDs, are considered invalid values. If the date of an LSP/HC session is blank, then the LSP/HC contact will not be counted.

a. Summary of Healthy Behavior Support Services MDEs

Item Number	Variable Name	Beginning Position	Variable Label	Type
18a	RefDate	208	Lifestyle Program (LSP) / Health Coaching (HC) referral date	Numeric
19a	LSPHCRec	224	Number of Lifestyle Program (LSP) / Health Coaching (HC) Sessions Received by the Participant Associated with the Current Screening (Assessment)	Numeric
19b	Intervention	226	Date of Lifestyle Program (LSP) / Health Coaching (HC) session)	Numeric
19c	LSPHCID	354	Lifestyle Program (LSP) / Health Coaching (HC) ID	Character
20a	TobResDate	514	Date of referral to Tobacco Cessation Resource	Numeric
20b	TobResType	538	Type of Tobacco Cessation Resource	Numeric
20c	TResComp	541	Tobacco Cessation activity completed	Numeric

b. Healthy Behavior Support Services MDE Specifications

Item 18a: RefDate*	**Lifestyle Program (LSP) / Health Coaching (HC) Referral Date** This variable indicates the date that a referral to an LSP/HC occurred.			
FORMAT	**Type:**	Numeric	**Other Format:**	MMDDCCYY
	Item Length:	8	**Justification:**	Right
	Field Length:	16	**Beginning Position:**	208
	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 Complete/BP+ baseline assessment.			
VALUES AND DESCRIPTION	**Lifestyle Program/Health Coaching Referral Date**	Valid date in MMDDCCYY format Date must occur within the submission period. Example: December 01, 2023 = 12012023		
	8888888888888888 refused to answer	Participant refused LSP/HC referral. This value will be flagged as a quality check.		
ANALYSIS AND USE	To determine the date of the referral to an LSP/HC To assist in determining whether the participant has received a referral to an 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	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). For each assessment, up to two referral dates can be recorded in this field and the Refdate should be recorded in the order in which the referrals occurred. If a provider attempts to refer a participant to an LSP/HC but the participant refuses to be referred, a value of 8888888888888888 should be entered.			

*Complete and BP+ records require a valid response for this item. Refer to Table A.2 in Appendix A for more information.

Item 19a: LSPHCRec*	**Number of Lifestyle Program (LSP) / Health Coaching (HC) Sessions Received by the Participant Associated with the Current Screening (Assessment)** This variable indicates the number of LSP/HC sessions the participant has received during the current assessment prior to a subsequent follow-up assessment or re-assessment.			
FORMAT	**Type:**	Numeric	**Other Format:**	N/A
	Item Length:	2	**Justification:**	Right
	Field Length:	2	**Beginning Position:**	224
	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 Complete/BP+ baseline assessment.			
VALUES AND DESCRIPTION	**Number of Sessions**	Value representing the number of LSP/HC sessions the participant has received associated with the current assessment Example: 6 visits = 06		
ANALYSIS AND USE	To track the number of LSP/HC sessions that the participant has received			
OTHER INFORMATION	The number of LSP and HC sessions the participant has received during the current assessment (prior to a subsequent follow-up assessment or re-assessment) should be provided in this field. 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. Sessions will not count unless the record also contains a valid LSP/HC referral date (18a: RefDate).			

*Complete and BP+ records require a valid response for this item. Refer to Table A.2 in Appendix A for more information.

Item 19b: 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:**	226
	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 Complete/BP+ baseline assessment.			
VALUES AND DESCRIPTION	**Lifestyle Program/Health Coaching Session Date**	Valid date in MMDDCCYY format Date must occur within the submission period. Example: December 01, 2023 = 12012023		
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	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). Programs can enter up to 16 LSP/HC intervention dates per assessment. If additional sessions are provided to a participant before a subsequent follow-up assessment or re-assessment, these sessions should be recorded in the Supplemental LSP/HC Session form, as described in Appendix B. LSP/HC intervention dates should be recorded on the assessment record during which the referral was made. For example, if a referral to health coaching was made during the baseline assessment, the intervention dates should be recorded on this record, until a new referral is made during a subsequent assessment.			

Item 19c: 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:**	354
	Leading Zeros:	N/A	**Valid Range:**	Valid code for an LSP/HC; cannot be blank if valid date provided for Intervention
	Static Field:	No		
SOURCE	Not applicable; WISEWOMAN-specific variable			
DENOMINATOR POPULATION	All LSP/HC sessions among WISEWOMAN participants with a Complete/BP+ baseline assessment.			
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 assess 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 each geographic area			
OTHER INFORMATION	If the participant receives an LSP or HC session, the LSP/HC ID should be provided in this field.			

Item 20a: 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:**	514
	Leading Zeros:	No	**Valid Range:**	Valid date; cannot be blank if Smoker=1
	Static Field:	No		
SOURCE	Not applicable; WISEWOMAN-specific variable			
DENOMINATOR POPULATION	WISEWOMAN participants with a Complete/BP+ baseline assessment who 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: December 01, 2023 = 12012023		
	888888888888888888888888 refused to answer	Participant refused tobacco cessation resource referral. This value will be flagged as a quality check if the participant identifies as a current smoker.		
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	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 20a:TobResDate), type of resource the participant was referred to (Item 20b: TobResType), and completion status for the resource at the end of the current assessment (Item 20c: 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 receives two referrals during the assessment 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. If a provider attempts to refer a participant to tobacco cessation resource but the participant refuses to be referred, a value of 888888888888888888888888 should be entered.			

Item 20b: 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:**	538
	Leading Zeros:	No	**Valid Range:**	See values; cannot be blank if valid date provided for TobResDate
	Static Field:	No		
SOURCE	Not applicable; WISEWOMAN-specific variable			
DENOMINATOR POPULATION	WISEWOMAN participants with a Complete/BP+ baseline assessment 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.		
	4 Internet-based tobacco program	Participant was referred to an internet-based tobacco program.		
	9 No answer recorded[a]	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 follow-up and re-assessment of participants who were linked to tobacco cessation resources versus those who were not			
OTHER INFORMATION	[a]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 20c: 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:**	541
	Leading Zeros:	No	**Valid Range:**	See values; cannot be blank if valid date provided for TobResDate
	Static Field:	No		
SOURCE	Not applicable; WISEWOMAN-specific variable			
DENOMINATOR POPULATION	WISEWOMAN participants with a Complete/BP+ baseline assessment 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 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[a]	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 follow-up and re-assessment of participants who were linked to tobacco cessation resources versus those who were not linked to tobacco cessation resources			
OTHER INFORMATION	[a]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 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.			

9. SOCIAL DETERMININANTS OF HEALTH MDE SPECIFICATIONS

This section provides recipients with the information necessary to support collection and reporting of Social Determinants of Health MDEs as well as referrals to specific social support services offered by partners which must be done according to the specifications provided in this section of the manual.

For a record to be counted as a Complete or BP+ assessment, it must have valid values for required MDEs. Definitions of complete and BP+ assessments are provided in Appendix A.

This section begins with a summary of the 12 MDEs (Subsection a) and then provides the technical specifications for each MDE (Subsection b).

a. Summary of Social Determinants of Health MDEs

Item Number	Variable Name	Beginning Position	Variable Label	Type
21a	CompUse	544	Do you use any of the following types of computer? • Desktop/Laptop • Smartphone • Tablet/Other portable wireless Computer	Numeric
21b	IntAcc	545	Do you or any member of this household have access to the internet?	Numeric
21c	FoodInsec	546	During the last 12 MONTHS, was there a time when you were worried you would run out of food because of a lack of money or other resources?	Numeric
21d	TranBarr	547	Have you ever missed a doctor's appointment because of transportation problems?	Numeric
21e	Childcare	548	Type of Childcare Services	Numeric
21f	ChildBarr	552	Have you had any of these child-care related problems during the past year? (Select all that apply)	Numeric
21g	Housing	558	What is your housing situation today?	Numeric
21h	IntPartViol	559	The following will ask about how safe you feel: • How often does your partner physically hurt you? • How often does your partner insult or talk down to you?	Numeric
21i	MedAdher	560	These four items are related to medication-taking adherence: • Do you ever forget to take your (name of health condition) medicine? • Are you careless at times about taking your (name of health condition) medicine? • When you feel better, do you sometimes stop taking your (name of health condition) medicine? • Sometimes if you feel worse when you take your (name of health condition) medicine, do you stop taking it?	Numeric
22a	SocSerID	561	Social Service ID	Numeric
22b	SocSerDate	671	Social Service Referral Date	Numeric
22c	SocSerUtil	759	Date of Social Services and Support Utilization	Numeric

b. Social Determinant of Health MDE Specifications

Item 21a: CompUse*	**Do you use any of the following types of computers?** • **Desktop/Laptop** • **Smartphone** • **Tablet/Other portable wireless Computer** This variable indicates if the participant can access and use any personal desktop/laptop, smartphone and/or tablet/Other portable wireless computer.			
FORMAT	**Type:**	Numeric	**Other Format:**	N/A
	Item Length:	1	**Justification:**	Right
	Field Length:	1	**Beginning Position:**	544
	Leading Zeros:	No	**Valid Range:**	See values
	Static Field:	Yes		
SOURCE	Adapted from American Community Survey			
DENOMINATOR POPULATION	The denominator includes all WISEWOMAN participants with a Complete/BP+ baseline assessment.			
VALUES AND DESCRIPTION	**1 Yes**	Participant reports use of a personal desktop/laptop, smartphone and/or tablet/Other portable wireless computer.		
	2 No	Participant does not report use of a personal desktop/laptop, smartphone and/or tablet/Other portable wireless computer.		
	7 Don't know	Participant does not know whether they use a personal desktop/laptop, smartphone and/or tablet/Other portable wireless computer.		
	8 Don't want to answer	Participant does not want to answer.		
	`9 No answer recorded[a]	No answer was recorded.		
ANALYSIS AND USE	To determine if the participant has used a desktop/laptop, smartphone, and/or tablet/other portable wireless computer to understand computer use To quantify the number of participants who do not use a computer To facilitate analysis of changes in computer use over time			
OTHER INFORMATION	[a]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. This MDE can be collected during risk reduction counseling sessions, which is offered at all the assessment visits and at any HBSS sessions. Participant computer use is defined as use of a personal desktop/laptop, smartphone, or tablet/Other portable wireless computer within the household. An error will occur if the type of computer use is not any of the following values: 1,2,7,8,9.			

*Complete and BP+ records require a valid response for this item. Refer to Table A.2 in Appendix A for more information.

Item 21b: IntAcc*	**Do you or any member of this household have access to the internet?** This variable indicates if the participant has access to the internet and how the internet is being provided.			
FORMAT	**Type:**	Numeric	**Other Format:**	N/A
	Item Length:	1	**Justification:**	Right
	Field Length:	1	**Beginning Position:**	545
	Leading Zeros:	No	**Valid Range:**	See values
	Static Field:	Yes		
SOURCE	Adapted from American Community Survey			
DENOMINATOR POPULATION	The denominator includes all WISEWOMAN participants with a Complete/BP+ baseline assessment.			
VALUES AND DESCRIPTION	**1 Yes – by paying a cell phone company or internet service provider**	Participant reports access to the internet by paying a cell phone company or internet service provider.		
	2 Yes – without paying a cell phone company or internet service provider	Participant reports access to internet without paying cell phone company or internet service provider.		
	3 No access to internet in this house, apartment, or mobile home	Participant does not have access to the internet.		
	7 Don't know	Participant does not know about their internet access.		
	8 Don't want to answer	Participant does not want to answer.		
	9 No answer recorded[a]	No answer was recorded.		
ANALYSIS AND USE	To determine if the participant has access to the internet for understanding access and utilization of the internet To quantify the number of participants without internet access To facilitate analysis of changes in internet access over time			
OTHER INFORMATION	[a]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. This MDE can be collected during risk reduction counseling sessions, which is offered at all the assessment visits and at any HBSS sessions. An error will occur if the type of computer use is not any of the following values: 1,2,3, 7,8,9.			

*Complete and BP+ records require a valid response for this item. Refer to Table A.2 in Appendix A for more information.

Item 21c: FoodInsec	**During the last 12 months, was there a time when you were worried you would run out of food because of a lack of money or other resources?** This variable indicates if the participant experiences food insecurity in the past year, indicating potential barriers to program engagement.			
FORMAT	**Type:**	Numeric	**Other Format:**	N/A
	Item Length:	1	**Justification:**	Right
	Field Length:	1	**Beginning Position:**	546
	Leading Zeros:	No	**Valid Range:**	See values
	Static Field:	Yes		
SOURCE	Adapted from Food Insecurity Experience Scale from Food and Agriculture Organization of the United Nations			
DENOMINATOR POPULATION	The denominator includes all WISEWOMAN participants with a Complete/BP+ baseline assessment.			
VALUES AND DESCRIPTION	**1 Yes**	Participant reports that they were worried that they might run out of food because of a lack of money or other resources.		
	2 No	Participant does not report that they were worried that they might run out of food because of a lack of money or other resources.		
	7 Don't know	Participant does not know about their food insecurity.		
	8 Don't want to answer	Participant does not want to answer.		
	9 No answer recorded[a]	No answer was recorded.		
ANALYSIS AND USE	To determine the number of participants who experience food insecurity To facilitate analysis of food insecurity over time To quantify potential barriers to program engagement			
OTHER INFORMATION	[a]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. This MDE can be collected during risk reduction counseling sessions, which is offered at all the assessment visits and at any HBSS sessions.			

Item 21d: TranBarr	**Have you ever missed a doctor's appointment because of transportation problems?** This variable indicates if the participant has transportation barriers to accessing clinical and support services.			
FORMAT	**Type:**	Numeric	**Other Format:**	N/A
	Item Length:	1	**Justification:**	Right
	Field Length:	1	**Beginning Position:**	547
	Leading Zeros:	No	**Valid Range:**	See values
	Static Field:	Yes		
SOURCE	Adapted from Locatelli, S. M., Sharp, L. K., Syed, S. T., Bhansari, S., & Gerber, B. S. (2017). Measuring Health-related Transportation Barriers in Urban Settings. *Journal of applied measurement*, *18*(2), 178–193.			
DENOMINATOR POPULATION	The denominator includes all WISEWOMAN participants with a Complete/BP+ baseline assessment.			
VALUES AND DESCRIPTION	**1 Yes**	Participant reports that they have missed a doctor's appointment because of transportation problems.		
	2 No	Participant does not report having missed a doctor's appointment because of transportation problems.		
	7 Don't know	Participant does not know about their past transportation issues.		
	8 Don't want to answer	Participant does not want to answer.		
	9 No answer recorded[a]	No answer was recorded.		
ANALYSIS AND USE	To determine the number of participants who have ever experienced issues in accessing healthy behavior support services due to transportation barriers To facilitate analysis of transportation barriers over time To determine areas where participants have additional transportation barriers To understand magnitude of potential barriers to program engagement			
OTHER INFORMATION	[a]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. This MDE can be collected during risk reduction counseling sessions, which is offered at all the assessment visits and at any HBSS sessions.			

Item 21e: Childcare	**If you are you currently using childcare services, please identify the type of services you use, if not select Not Applicable.** This variable indicates whether the participant uses childcare services. If childcare services are used, the variable what type(s) of childcare services that participants have used in the past year.			
FORMAT	**Type:**	Numeric	**Other Format:**	N/A
	Item Length:	1	**Justification:**	Right
	Field Length:	4	**Beginning Position:**	548
	Leading Zeros:	No	**Valid Range:**	See values, cannot be blank if valid value provided for ChildBarr
	Static Field:	Yes		
SOURCE	Adapted from Child Care Needs Assessment Survey from Virginia State University			
DENOMINATOR POPULATION	The denominator includes all WISEWOMAN participants with a Complete/BP+ baseline assessment.			
VALUES AND DESCRIPTION	**1 Infant (Birth to 11 months)**	Participant reports using childcare services for infants.		
	2 Toddler (11 to 36 months)	Participant reports using childcare services for toddlers.		
	3 Preschool (3 to 5 years)	Participant reports using childcare services for preschool-aged children.		
	4 After School Care (K-9th grade)	Participant reports using childcare services for after school care for kindergarten through 9th grade-aged children.		
	5 Not applicable	Participant does not report using childcare services.		
	7 Don't know	Participant does not know the type of childcare services they have used.		
	8 Don't want to answer	Participant does not want to answer.		
	9 No answer recorded[a]	No answer was recorded.		
ANALYSIS AND USE	To determine the number of participants who have ever experienced issues in access support services due to childcare services To facilitate analysis of transportation barriers over time To understand magnitude of potential barriers to program engagement			
OTHER INFORMATION	[a]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. This MDE can be collected during risk reduction counseling sessions, which is offered at all the assessment visits and at any HBSS sessions. This variable can potentially have multiple responses selected. For example, if participant utilizes childcare services for an infant and for after school care, option 1 and option 4 should be selected.			

Item 21f: ChildBarr	**Have you had any of these child-care related problems during the past year? (Select all that apply)** This variable indicates whether the participant uses childcare services. If childcare services are used, the variable what type(s) of childcare related problems that participants have faced in the past year.			
FORMAT	**Type:**	Numeric	**Other Format:**	N/A
	Item Length:	1	**Justification:**	Right
	Field Length:	6	**Beginning Position:**	552
	Leading Zeros:	No	**Valid Range:**	See values
	Static Field:	Yes		
SOURCE	Adapted from Child Care Needs Assessment Survey from Virginia State University			
DENOMINATOR POPULATION	The denominator includes all WISEWOMAN participants with a Complete/BP+ baseline assessment.			
VALUES AND DESCRIPTION	**1 Cost**	Participant reports childcare barriers related to cost in the past year.		
	2 Availability	Participant report childcare barriers related to availability in the past year.		
	3 Location	Participant reports childcare barriers related to location in the past year.		
	4 Transportation	Participant reports childcare barriers related to transportation in the past year.		
	5 Hours of Operation	Participant reports childcare barriers related to hours of operation in the past year.		
	6 Other	Participant reports other childcare barriers in the past year.		
	7 Not applicable	Participant does not use childcare services.		
	8 Don't know	Participant does not know if they have experienced childcare related barriers.		
	9 No answer recorded[a]	No answer was recorded.		
ANALYSIS AND USE	To determine the number of participants who have ever experienced specific childcare related barriers to program engagement To facilitate analysis of childcare barriers over time			
OTHER INFORMATION	[a]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. This MDE can be collected during risk reduction counseling sessions, which is offered at all the assessment visits and at any HBSS sessions. This MDE can potentially have multiple responses selected.			

Item 21g: Housing	**What is your housing situation today?** This variable indicates participant's current housing status and potential barriers to program engagement related to housing.			
FORMAT	**Type:**	Numeric	**Other Format:**	N/A
	Item Length:	1	**Justification:**	Right
	Field Length:	1	**Beginning Position:**	558
	Leading Zeros:	No	**Valid Range:**	See values
	Static Field:	Yes		
SOURCE	Adapted from NACHC's Protocol for Responding to and Assessing Patient Assets, Risks, and Experiences survey			
DENOMINATOR POPULATION	The denominator includes all WISEWOMAN participants with a Complete/BP+ baseline assessment.			
VALUES AND DESCRIPTION	**1 I have housing**	Participant reports having housing.		
	2 I have housing, but I am worried about losing my housing	Participant reports having housing currently but worries about future housing status.		
	3 I do not have housing	Participant reports not having housing.		
	7 Don't know	Participant does not know their current housing status.		
	8 Don't want to answer	Participant does not want to answer.		
	9 No answer recorded[a]	No answer was recorded.		
ANALYSIS AND USE	To determine the number of participants who currently experience housing insecurity To facilitate analysis of housing insecurity over time To assess if housing status is related to program engagement			
OTHER INFORMATION	[a]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. This MDE can be collected during risk reduction counseling sessions, which is offered at all the assessment visits and at any HBSS sessions.			

Item 21h: IntPartViol	**The following will ask about how safe you feel:** • **How often does your partner physically hurt you?** • **How often does your partner insult or talk down to you?** This variable indicates if and how often a participant feels safe in their current environment.			
FORMAT	**Type:**	Numeric	**Other Format:**	N/A
	Item Length:	1	**Justification:**	Right
	Field Length:	1	**Beginning Position:**	559
	Leading Zeros:	No	**Valid Range:**	See values
	Static Field:	Yes		
SOURCE	Adapted from Intimate Partner Violence and Sexual Violence Victimization Assessment Instruments for Use in Healthcare Settings, "Hurt, Insult, Threaten, and Scream tool			
DENOMINATOR POPULATION	The denominator includes all WISEWOMAN participants with a Complete/BP+ baseline assessment.			
VALUES AND DESCRIPTION	**1 Never**	Participant reports never experiencing partner physical or emotional violence.		
	2 Rarely	Participant reports rarely experiencing partner physical or emotional violence.		
	3 Sometimes	Participant reports sometimes experiencing partner physical or emotional violence.		
	4 Fairly Often	Participant reports fairly often experiencing partner physical or emotional violence.		
	5 Frequently	Participant reports frequently experiencing partner physical or emotional violence.		
	8 Don't want to answer	Participant does not want to answer.		
	9 No answer recorded[a]	No answer was recorded.		
ANALYSIS AND USE	To determine the number of participants who currently experience intimate partner violence (IPV) and the amount of IPV reported To facilitate analysis of IPV over time To assess if IPV is related to program engagement			
OTHER INFORMATION	[a]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. This MDE can be collected during risk reduction counseling sessions, which is offered at all the assessment visits and at any HBSS sessions. If a participant does not report a partner, the value '9' can be recorded. If a participant does not want to answer this question, the value '8' can be recorded.			

Item 21i: MedAdher	**These four items are related to medication-taking adherence:** • **Do you ever forget to take your (name of health condition) medicine?** • **Are you careless at times about taking your (name of health condition) medicine?** • **When you feel better, do you sometimes stop taking your (name of health condition) medicine?** • **Sometimes if you feel worse when you take your (name of health condition) medicine, do you stop taking it?** This variable indicates how well the participant adheres to their medication.			
FORMAT	**Type:**	Numeric	**Other Format:**	N/A
	Item Length:	1	**Justification:**	Right
	Field Length:	1	**Beginning Position:**	560
	Leading Zeros:	No	**Valid Range:**	See values
	Static Field:	Yes		
SOURCE	Adapted from the Medical Adherence Questionnaire			
DENOMINATOR POPULATION	The denominator includes all WISEWOMAN participants with a Complete/BP+ baseline assessment.			
VALUES AND DESCRIPTION	**1 Yes**	Participant reports experiencing medication adherence issues.		
	2 No	Participant does not report experiencing medication adherence issues.		
	8 Don't want to answer	Participant does not want to answer.		
	9 No answer recorded[a]	No answer was recorded.		
ANALYSIS AND USE	To determine number of participants who have medication adherence issues To facilitate analysis of medication adherence over time			
OTHER INFORMATION	[a]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. This MDE can be collected during risk reduction counseling sessions, which is offered at all the assessment visits and at any HBSS sessions. If any of the four responses apply to the participant, the response should be recorded as "1"-"Yes".			

Item 22a: SocSerID*	**Social Service ID** This variable indicates unique ID for participant referral to social service.			
FORMAT	**Type:**	Character	**Other Format:**	N/A
	Item Length:	10	**Justification:**	Right
	Field Length:	110	**Beginning Position:**	561
	Leading Zeros:	No	**Valid Range:** See values, cannot be blank	
	Static Field:	Yes		
SOURCE	Not applicable; WISEWOMAN-specific variable			
DENOMINATOR POPULATION	The denominator includes all WISEWOMAN participants with a Complete/BP+ baseline assessment.			
VALUES AND DESCRIPTION	**Social Service ID** Value representing the social service identifier for a participant			
ANALYSIS AND USE	To assess the number of participants referred to social services To facilitate analysis of number of social service referrals over time			
OTHER INFORMATION	Social Service ID consists of two letters representing recipient's state, tribal organization, or territory, last two digits from the current calendar year, the four letters "SSID" denoting it is a social service, and a two-digit numeric code indicating type of social service referral. Two-digit numeric codes for referrals should be assigned as: 01 for Computer Use, 02 for Internet Access, 03 for Food Insecurity, 04 for Transportation, 05 for Childcare, 06 for Housing, 07 for Intimate Partner Violence, 08 for Medication Adherence, 09 for Mental Health, 10 for Language Translation, 11 for Substance Abuse. Social Service ID should be recorded if Social Service Referral date and Date of Social Services and Support Utilization is recorded. Multiple social services can be referred, and this field can take up to eleven social service IDs. If a participant did not need a social service referral, periods like "……." can be used to populate the 10 characters in this field.			

*Complete and BP+ records require a valid response for this item. Refer to Table A.2 in Appendix A for more information.

Item 22b: SocSerDate*	**Social Service Referral Date** This variable indicates the date that a referral to a social service occurred.			
FORMAT	**Type:**	Numeric	**Other Format:**	MMDDCCYY
	Item Length:	8	**Justification:**	Right
	Field Length:	88	**Beginning Position:**	671
	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 Complete/BP+ baseline assessment.			
VALUES AND DESCRIPTION	**Social Service Referral Date**	Valid date in MMDDCCYY format Date must occur within the submission period. Example: December 01, 2023 = 12012023		
	888 Participant refused[a]	Participant refused social service referral. This value will be flagged as a quality check.		
ANALYSIS AND USE	To determine the date of the referral to a social service To assist in determining the number of social service referrals per participant To facilitate analysis of changes in social service referrals over time			
OTHER INFORMATION	[a]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. Multiple social service referrals can be made on the same date. Each social service referral date should be paired with a social service ID. A maximum of eleven dates can be recorded. Social Service referral date should have occurred on the current date or earlier. Social Service referral date should have occurred before or on the same date as the Date of Social Services and Support Utilization. If a participant did not need a social service referral, periods like "……." can be used to populate the 8 characters in the date field.			

*Complete and BP+ records require a valid response for this item. Refer to Table A.2 in Appendix A for more information.

Item 22c: SocSerUtil*	**Date of Social Services and Support Utilization** This variable indicates the date that a participant has utilized social services and support.			
FORMAT	**Type:**	Numeric	**Other Format:**	MMDDCCYY
	Item Length:	8	**Justification:**	Right
	Field Length:	88	**Beginning Position:**	759
	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 Complete/BP+ baseline assessment.			
VALUES AND DESCRIPTION	**Social Service Utilization Date**	Valid date in MMDDCCYY format Date must occur within the submission period. Example: December 01, 2023 = 12012023		
	888 Participant refused[a]	Participant refused social service referral. This value will be flagged as a quality check.		
ANALYSIS AND USE	To determine the date of utilization of social service and support after referral To understand time and relationship between a social service referral and utilization for a participant To assist in determining the number of social service utilizations per participant To facilitate analysis of changes in social service utilization over time			
OTHER INFORMATION	[a]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. Multiple social service utilizations for different services can occur on the same date. Each social services and support utilization date should be paired with a social service ID. A maximum of eleven dates can be recorded. Date of Social Services and Support Utilization should have occurred on the current date or earlier to be valid. Date of Social Services and Support Utilization has to occur after or on the same date as Social Service Referral Date. For ongoing social services and support utilization, please record the initial date on which the participant first accessed the social service. If a participant did not need a social service referral and did not utilize social services, periods like "……." can be used to populate the 8 characters in the date field.			

*Complete and BP+ records require a valid response for this item. Refer to Table A.2 in Appendix A for more information.

APPENDIX A:

ASSESSMENT DEFINITIONS AND SUBMISSION GUIDANCE

This Appendix provides assessment definitions and submission guidance for MDE files, including those related to format, procedures, and security. Submissions will not be processed if recipients fail to follow the guidelines provided below.

Data Submission Guidance

Recipients must submit data to CDC through the Data Management System 3.0. For additional guidance on data submission, refer to the Data Management System Quick Reference Guide, available on the WISEWOMAN Data Management System website.

Assessment Definitions

Table A.1 provides an overview of WISEWOMAN assessment definitions. For MDE 18.3, recipients should report each baseline assessment, follow-up assessment, and re-assessment as a separate row in their data file for the reporting period. CDC will use unique participant identifier (EncodeID), month and year of birth (MYB), and state/tribal FIPS code (STFIPS) to identify each participant within the data, and the Type field and the clinical assessment date (BPDate) to determine whether each record represents a baseline assessment, re-assessment, or follow-up assessment for that participant.

Table A.1. Assessment Definitions

Type	Description	Line Layout of Data
Baseline Assessment	Initial participant assessment; establishes starting point for WISEWOMAN program	First line
Follow-up Assessment	Post healthy behavior support service (must occur 3 months and no later than 11 months after a participant's baseline assessment or last re-assessment and within 4 to 6 weeks after completion of the LSP/HC)	Second line
Re-assessment	Subsequent assessments occurring 11-18 months after a participant's baseline assessment or last re-assessment	Third line

CDC will determine whether each submitted baseline assessment, re-assessment, and follow-up assessment record will be counted as complete or blood pressure plus (BP+) using the criteria described below, and further detailed in Table A.2.

A **complete record**, at minimum, includes valid values for the following MDEs:[1]

- Administrative and Demographic items (1a-3f)
- Disease Status and Health History (4a-4b)
- Medication Use, Aspirin Use, and Medication Adherence (5a-5c)
- Nutrition (7a – 7e) and Physical Activity (8a)
- Smoking Status (9a)
- Stress (10a)

[1] Invalid values are defined in Table A.2 below and in the Edits documentation, which is available in the Data Management System 3.0.

- Height (11a) / Weight (11b)
- Clinical Assessment Date (12a)
- Blood Pressure (12b-12c)
- Fasting Status (13a)*
- Cholesterol (14a-14c)*
- Blood Sugar (15a or 15b)*
- Risk Reduction Counseling (17a)
- LSP/HC Referral Date (18a)
- LSP/HC Received (count) (19a)
- Computer Use (21a)
- Internet Access (21b)
- Social Service ID (22a)
- Social Service Referral Date (22b)
- Date of Social Services and Support Utilization (22c)

A **BP+ record**, at minimum, includes valid values for the following MDEs**:**

- Administrative and Demographic items (1a-3f)
- Disease Status and Health History (4a-4b)
- Medication Use, Aspirin Use, and Medication Adherence (5a-5c)
- Smoking Status (9a)
- Height (11a) / Weight (11b)
- Clinical Assessment Date (12a)
- Blood Pressure (12b-12c)
- Fasting Status (13a)*
- Cholesterol (14a-14c)*
- LSP/HC Referral Date (18a)
- LSP/HC Received (count) (19a)
- Social Service Referral Date (22b)

*Labs may not be medically required for certain participants at follow-up assessment, therefore, will not be included in the definition of complete and BP+ at this type of visit.

Data Conventions

This section provides an overview of the data file format and layout for the MDEs. 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 recipients must follow when submitting data to the Data Management System 3.0 website.

- ***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). If there are no data for a given MDE, all positions should either be filled with a period [.] or left blank.
    - 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 assessment, such as Intervention which captures the date of an LSP or HC session, the field length will allow for multiple entries of this data element.
- ***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.

The table below summarized the position, item length, and field length for the MDE variables. Cells with an ‘X” indicate that an MDE variable is required to be valid for either a baseline assessment, re-assessment, or follow-up assessment to count as either complete record or BP+ record.

Table A.2. MDE Item Format and Invalid Values

Position	Item Number	MDE Name	Item Length	Field Length	Complete	BP+	Invalid Values (for required items)
1	1a	StFips	2	2	X	X	Blank or not an allowable value*
3	1b	HdANSI	5	5	X	X	Blank**
8	1c	EnrollSiteID	5	5	X	X	Blank**
13	1d	ScreenSiteID	10	10	X	X	Blank**
23	2a	TimePer	1	1	X	X	Blank, out of range, or not an allowable value* if the record is a baseline assessment
24	2b	Nscreen	1	1	X	X	Blank
25	2c	Type	1	1	X	X	Blank, coded as missing (9), or not an allowable value*
26	2d	Navigation	1	1	X	X	Blank or not an allowable value*
27	3a	EncodeID	15	15	X	X	Blank
42	3b	ResANSI	5	5	X	X	Blank**
47	3c	Zip	5	5	X	X	Blank, coded as missing (99999) or not a valid 5-digit zip code
52	3d	MYB	6	6	X	X	Blank
58	3e	Latino	1	1	X	X	Blank, coded as missing (9), or not an allowable value*
59	3f	Race1	1	1	X	X	Blank, coded as missing (9), or not an allowable value* Exception: Values of missing (9) are permitted if the participant is Latino
60	3g	Race2	1	1			
61	3h	Education	1	1			
62	3i	Language	2	2			
64	4a	SRC	3	3	X	X	First, second, or third position blank, coded as missing (9), or not an allowable value*
67	4b	SRHA	9	9	X	X	First, second, third, fourth, fifth, sixth, seventh, eighth, or ninth position blank, coded as missing (9) or not an allowable value*
76	5a	Meds	4	4	X	X	First, second, third, or fourth position blank, coded as missing (9) or not an allowable value*
80	5b	Aspirin	1	1	X	X	Blank, coded as missing, or not an allowable value*
81	5c	MedAdhere	6	6	X	X	Any set of two positions blank, coded as missing (99), out or range (>07), incorrectly coded as not applicable (55) for participants who were prescribed medication, or incorrectly coded as 01 through 07 days for participants who were not prescribed medication
87	5d	Monitored	8	24			

Position	Item Number	MDE Name	Item Length	Field Length	Complete	BP+	Invalid Values (for required items)
111	6a	BPHome	1	1			
112	6b	BPFreq	1	1			
113	6c	BPSend	1	1			
114	7a	FruitVeg	2	2	X		Blank, coded as missing (99), or out of range (>65)
116	7b	Fish	1	1	X		Blank, coded as missing (9), or not an allowable value*
117	7c	Grains	1	1	X		Blank, coded as missing (9), or not an allowable value*
118	7d	Sugar	1	1	X		Blank, coded as missing (9), or not an allowable value*
119	7e	SaltWatch	1	1	X		Blank, coded as missing (9), or not an allowable value*
120	7f	AlcFreq	2	2			
122	7g	AlcDay	2	2			
124	8a	PA	4	4	X		Blank, coded as missing (9999)
128	9a	Smoker	1	1	X	X	Blank, coded as missing (9), or not an allowable value*
129	10a	PHQ	2	2	X		First or second position is blank, coded as missing (9), or not an allowable value*
131	11a	Height	2	2	X	X	Blank or coded as unable to obtain (77), refused (88), missing (99), or out of range (<48; >76)
133	11b	Weight	3	3	X	X	Blank, coded as missing (999), or out of range (<74; >460)
136	11c	Waist	2	2			
138	12a	BPDate	8	8	X	X	Blank or illogical entry (e.g., date is in the future or is a non-numeric value)
146	12b	SBP	3	12	X	X	Position 1, 2, and 3 are blank or coded as unable to obtain (777), refused (888), missing (999), or out of range (<74; >260)
158	12c	DBP	3	12	X	X	Position 1, 2, and 3 are blank or coded as unable to obtain (777), refused (888), missing (999), or out of range (<002; >156)
170	13a	Fast	1	1	X****	X****	Blank, coded as missing (9) if Type = 1 or 2
171	14a	TotChol	3	3	X****	X****	Blank, coded as unable to obtain (777), refused (888), missing (999), or out of range (<44; >702) if Type = 1 or 2
174	14b	HDL	3	3	X****	X****	Blank, coded as unable to obtain (777), refused (888), missing (999), or out of range (<7; >196) if Type = 1 or 2
177	14c	LDL	3	3	X****	X****	Blank, coded as unable to obtain (777), refused (888), missing (999), or out of range (<20 or >380) if Type = 1 or 2 Note: Any value will be invalid for nonfasting participants who are on lipid-lowering therapy, have a history of high cholesterol, or have a triglyceride level >400 mg/dL

Position	Item Number	MDE Name	Item Length	Field Length	Complete	BP+	Invalid Values (for required items)
180	14d	Trigly	4	4			
184	15a	Glucose***	3	3	X****		Participant is fasting and glucose is blank or coded as unable to obtain (777), refused (888), missing (999) or out of range (<37 or >571), and A1C is blank or coded as unable to obtain (7777), refused (8888), missing (9999) or out of range (<2.8 or >16.2) and Type = 1 or 2; OR participant is not fasting and A1C is blank or coded as unable to obtain (7777), refused (8888), missing (9999) or out of range (<2.8 or >16.2) and Type = 1 or 2
187	15b	A1C***	4	4	X****		
191	16a	BPAlert	1	1			
192	16b	BPDiDate	8	8			
200	17a	RRCComplete*****	8	8	X		Blank
208	18a	RefDate	8	16	X	X	Illogical entry (e.g., date is in the future)
224	19a	LSPHCRec	2	2	X	X	Blank if referral date is valid
226	19b	Intervention	8	128			
354	19c	LSPHCID	10	160			
514	20a	TobResDate	8	24			
538	20b	TobResType	1	3			
541	20c	TResComp	1	3			
544	21a	CompUse	1	1	X		Blank, Value ≠ (1, 2, 7, 8, 9)
545	21b	IntAcc	1	1	X		Blank, Value ≠ (1, 2, 3, 7, 8, 9)
546	21c	FoodInsec	1	1			
547	21d	TranBarr	1	1			
548	21e	Childcare	1	4			
552	21f	ChildBarr	1	6			
558	21g	Housing	1	1			
559	21h	IntPartViol	1	1			
560	21i	MedAdher	1	1			
561	22a	SocSerID	10	110	X		Blank
671	22b	SocSerDate	8	88	X	X	Refused (888), SocSerDate > [current date], SocSerDate > SocSerUtil
759	22c	SocSerUtil	8	88	X		Refused (888), SocSerUtil > [current date], SocSerUtil < SocSerDate
847	*End*	*Complete String*					
				Count	*46*	*32*	

* Values are considered not allowable if they are not one of the listed response categories for categorical items

** A string of zeros is not a valid response for this item.

*** Only A1c OR Glucose is required for Complete assessments (baseline and re-assessment only), recipients do not need to collect both

****Labs may not be medically required for certain participants at follow-up assessment, therefore, will not be included in the definition of complete and BP+ at this visit

***** Program flow requires Risk Reduction Counseling at every assessment. Date does not need to be entered in MDE file for BP+

Submission Procedures

It is important to account for all WISEWOMAN services provided through funding dollars so recipients must submit all data for every participant (e.g., Complete, BP+, and incomplete records).

Please submit only one file containing all assessment records. Recipients should upload their submission to the DMS 3.0 as a fixed-format ASCII text file. MDEs must be recorded in the locations identified in the MDE specifications. Each record in the file should represent data for a unique assessment visit (baseline assessment, follow-up assessment, re-assessment) with all associated activities. The associated activities may include LSP and/or health coaching (HC) contacts. Each data element must conform to the format and values as specified. Files must include data for the appropriate time period.

For recipients choosing to submit Supplemental LSP/HC data for lifestyle program and health coaching referrals and sessions that exceed the capacity of the MDE file, please read the instructions which can be found in TA Resources under the Library tab inside DMS 3.0 and in Appendix B. Files should be named using the format PPYYMM where PP is the program abbreviation and YYMM is the date of the submission. YY is the two-digit year, and MM is the month from 01 to 12. Recipients should use leading zeros when specifying years and months between 01 and 09. An example of a valid file name is PA2404.

Recipients are encouraged to begin validating their data at least four weeks prior to the submission date. If help is needed, please contact your CDC project officer or the CDC Data Team.

Data managers for each recipient have been provided with a username and password to log into the web-based WISEWOMAN Data Management System 3.0. Other recipient staff will be provided with a separate username and password upon request. Prior to submission, recipients 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. See Appendix B for forms that recipients may submit along with their MDE data file.

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.

Recipients 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 can be requested.

APPENDIX B:

DATA QUALITY AND VALIDATION

CDC is committed to ensuring that the data submitted are accurate, valid, reliable, and complete, and provides recipients with several tools to help monitor and improve data quality. This section describes three items: online validation through the Data Management System 3.0; 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 3.0. Instructions for validating data are available in the WISEWOMAN Quick Reference Manual resource in the "Documents" tab of the Data Management System 3.0.

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; are not required but are missing; or are contrary to medical guidance.[1] Responses that may be clinically problematic may also be highlighted for quality checks along with values that are programmatically problematic, i.e., values that do not align with program guidance, such as ages outside of 35-64 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 in the MDE manual and edits documentation.

1 Valid values for items used to determine a complete or BP+ screening record are provided in Table A.2.

Data Validation Procedures and Forms

Specific response options for some data elements require that recipients 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, to notify CDC of changes in participants' unique IDs, to make corrections to previous MDE data, and report on additional LSP/HC sessions.

Validation or Explanation of Values

When MDE values are flagged as errors, recipients can confirm these values to be valid or provide further explanation about them using the Validation of Data form (recipients are not required to provide further explanation for quality checks). This form can be completed on the web-based WISEWOMAN Data Management System 3.0 at the time of MDE submission and by the submission deadline.

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 entry in the Validation of Data form and explaining the circumstances of the error.
- ***Responses coded as participant refused.*** Although participants can refuse any question or clinical service, it may be appropriate to inform CDC why the program has chosen to include a participant who refuses basic assessment or assessment services as a participant in the program.
- ***Other.*** Other errors flagged for which the recipient would like to provide an explanation.

Notification of Participant Unique ID Changes

If the participant unique ID number changes for one or more participants between submissions, recipients must notify CDC of the change by submitting a Participant ID Change Form, which details the participant unique IDs affected. This form can be completed on the web-based WISEWOMAN Data Management System 3.0. Identifying these changes is critical to accurately link records between periods and follow 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 through the online validation tool. The report contains an error rate calculated for the entire submission. There are 71 variables, with 131 possible errors in Complete records and 105 possible errors in BP+ records. The error rate is calculated using the following formula:

1. **Complete error score calculation:**
   = # of Errors / (# of Possible Errors in Complete Records)

2. **BP+ error score calculation:**
   = # of Errors (excluding errors on the 14 MDEs not required for BP+) / (# of Possible Errors in BP+ Records)

Notes:

- The number of possible errors in Complete records are 131.
- The number of possible errors in BP+ records are 105.
- The 14 MDEs required for Complete and not BP+ include: FruitVeg, Fish, Grains, Sugar, SaltWatch, PA, PHQ, Glucose, A1C, RRCComplete, CompUse, IntAcc, SocSerID, SocSerUtil
- Errors on the 14 MDEs listed above should be excluded from the numerator.

3. **Weighted error score calculation:**
   (Complete Error Rate * (# Complete Records / # Complete & BP+ records)) +
   (BP+ Error Rate * (# BP+ records / # Complete & BP+ records))

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. (See the Documents tab in Data Management System 3.0 for a list of errors and quality checks). CDC will review the information provided in this form and consider these values in the calculation of the error rate.

Your program staff should use the web-based WISEWOMAN Data Management 3.0 System to review and verify each value in the form. To fill out this form, go to the Miscellaneous Forms tab of the Data Management System 3.0 and select "Go to Validation of Data Form." Select "Create New Validation of Data record" for each MDE item to be validated. The following information is needed for each record:

- ***StFIPS.*** Provide your state or tribal code for the record to be validated/explained.
- ***Validation Type.*** Identify whether the validation or explanation is for an error (E), quality check (Q), or some other issue (O).
- ***BPDate.*** Provide the BPate for the record to be validated/explained.
- ***EncodeID.*** Provide the participant unique ID number for the record to be validated/explained.
- ***MDE Item Number.*** Provide the MDE item number associated with the error, quality check, or other value for validation/explanation.
- ***MDE Value.*** Provide the value or code (e.g., numeric value for height, ‘7 unknown’) to be verified/explained.
- ***Explanation.*** Provide an explanation for the value (e.g., review of hard-copy record, discussion with provider verified value).

Participant ID Change Form

The Participant ID Change Form should be filled out when a participant's Encode ID has changed since a previous submission. The correct Encode ID for a participant is needed to track participant data over time. Your program staff should use the web-based WISEWOMAN Data Management 3.0 System to review and verify each value in the form. To complete this form, go to the Miscellaneous Forms tab on the Data Management System 3.0 and select "Go to Participant ID change records." Select "Create New Participant Change Record" for each ID that changed. The following information is needed for each changed ID:

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

Correction to Previous MDE File Form

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

Your program staff should use the web-based WISEWOMAN Data Management 3.0 System to review and verify each value in the form. To complete this form, go to the Miscellaneous Forms tab on the Data Management System 3.0 and select "Go to MDE Correction Form." Select "Create New MDE Correction Record" for each record change to be documented. The following information is needed for each corrected record:

- ***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.
- ***Office Visit.*** Provide the office visit date (BPDate) for the assessment that the corrections affect.
- ***Screening Number.*** Provide the number of assessments received by the participant (NScreen) as of the assessment that the corrections affect.
- ***Type of Revision.*** Select one of the following options from the dropdown menu: Added New Records for previous periods, Edited Existing Record, Dropped Records for previous period.

Supplemental Lifestyle Program and Health Coaching (LSP/HC) Session Spreadsheet

The current MDE file format allows for documentation of up to two LSP/HC referrals and up to 16 LSP/HC sessions for each assessment. If a participant receives more than two LSP/HC referrals and/or attends more than 16 LSP/HC sessions, recipients may choose to record and submit these data to CDC for the purposes of program monitoring and/or evaluation.

Each value in the form should be reviewed and verified by program staff. The form and detailed instructions for completing the form are available under the DMS Documents Library of the WISEWOMAN Data Management System 3.0. The instructions include examples for completing the form when a participant attends more than 16 LSP/HC sessions associated with an assessment and when a participant receives more than two LSP/HC program referrals associated with an assessment. The supplemental form should be uploaded under the Miscellaneous Forms tab by selecting “Go to Upload Supplemental Forms” and then “Upload New Supplemental Form.” The following fields are included the in the form:

- ***Screening Number.*** Provide the number of assessments received by the participant (NScreen) as of the assessment associated with the HC/LSP.
- ***EncodeID.*** Provide the original participant unique ID number for the participant.
- ***BPDate.*** Provide the office visit date (BPDate) for the assessment (baseline assessment or re-assessment) that the corrections affect.
- ***RefDate.*** Provide the date of the HC or LSP referral.
- ***Intervention***. Provide the HC or LSP session dates.

APPENDIX C:

DATA ANALYSIS AND USE

MDEs provide a rich source of data for the WISEWOMAN Program. CDC and recipients 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 recipients 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 recipients 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 recipients 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

WISEWOMAN MDEs support three major objectives: 1) public health practice through continuous program improvement, 2) program performance, and 3) assessing program health outcomes through evaluation.

Potential Data Use by Funded Programs

Recipients 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.*** Recipients have used MDEs to track the number of assessments 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.*** Recipients have used MDEs to identify areas where provider sites needed training or technical assistance.
- ***Assessment of performance in comparison to national benchmarks.*** Recipients 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.*** Recipients have used MDEs to analyze changes between participants' baseline assessment, re-assessment, and follow-up assessment visits.

Recipients 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 RESOURCE

To support recipients in collecting and submitting data, CDC has developed several strategies and tools to provide technical assistance to recipients. This appendix describes the various types of technical assistance available to recipients, the web-based WISEWOMAN Data Management System 3.0, the method for requesting individualized technical assistance, and the technical assistance Helpdesk.

Types of Technical Assistance Available

Technical assistance available to recipients 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 may be reviewed with recipients during a data review call. As needed, data quality reports and other materials may also be reviewed.
- ***Helpdesk Requests.*** Recipients can request individualized technical assistance through contacting the CDC Data Team. A health scientist from the CDC data team will collaborate with the data contractor to respond to technical assistance requests. This type of assistance is tailored to the recipient and the question. More information is provided in the following subsections of this appendix, "Requesting Individualized Technical Assistance" and "Helpdesk for Technical Assistance Requests."

Group Technical Assistance

- ***Ad Hoc Data Calls and Trainings.*** Throughout the course of the year, data issues affecting a majority of, or all recipients may be identified, either through individualized technical assistance or because 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 recipients. 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. Recipients can access the current edition in the WISEWOMAN Data Management System 3.0 (wwwn.cdc.gov/wisewoman).
- ***Edits Documentation (SQL Spreadsheet).*** 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. Recipients can access the current edition in the WISEWOMAN Data Management System 3.0 (wwwn.cdc.gov/wisewoman).

As needed, other tools may be disseminated to recipients.

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
Group		
Ad hoc data calls and trainings	Data contractor	As needed
Tools		
WISEWOMAN MDE Manual	Data contractor	Ongoing
Validation Edits documentation	Data contractor	Ongoing

Helpdesk for Individualized Technical Assistance Requests

Technical assistance may be requested by contacting the CDC Data Team.[1] Once a request for technical assistance related to MDEs is received, Helpdesk will automatically confirm receipt of the request and collaborate with the Health Scientist to resolve the request. For more complex requests or those requiring project officer input, responses may take more than 24 hours.

All requests are tracked by Helpdesk staff and the health scientist; 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, health scientist and project officers allows CDC to identify common issues to inform Program-wide technical assistance.

1 Recipients 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:

NUTRITIONAL PROMPTS

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

American Heart Association Handout

Item 7a: FruitVeg

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

Examples of 1 cup serving of vegetables:

10 broccoli florets

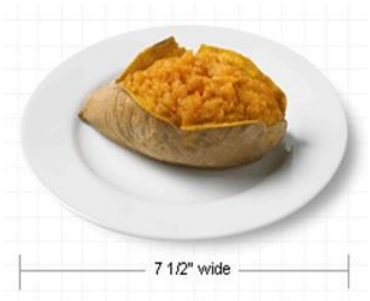
1 large ear of corn

2 cups lettuce

12 baby carrots
(or 2 medium carrots)

2 large stalks of celery

1 large sweet potato



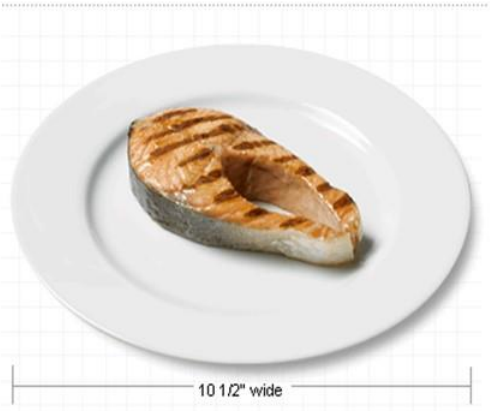
1 large bell pepper

Item 7b: Fish

Examples of 1 serving of fish

7oz canned tuna

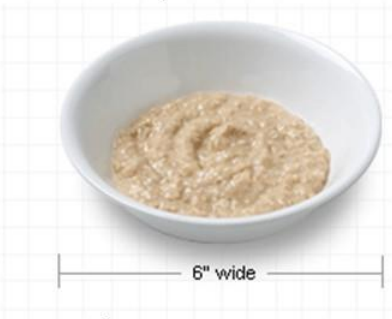
8oz salmon steak



Item 7c: Grains

Examples of 1 serving of whole grains:

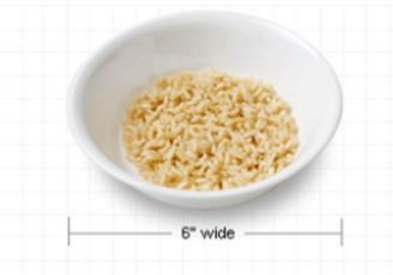
½ cup oatmeal



1 slice whole wheat bread

3 cups popcorn

½ cup brown rice



Item 7d: Sugar

Example:

= 36 oz (450 calories) of sugar sweetened beverages

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

Items: 7f (AlcFreq) and 7g (AlcDay)

Examples of 1 alcoholic drink:

12 fluid ounces of beer

about 5% alcohol

5 fluid ounces of wine

about 12% alcohol

8-9 fluid ounces of malt liquor

about 7% alcohol

1.5 fluid ounce shot of spirits (e.g., whiskey, gin, vodka, rum, tequila)

about 40% alcohol

Item 8a: PA (Physical Activity)

Examples of physical activity:

Walking briskly

Water aerobics

General gardening

Race-walking, jogging, or running

Bicycling

Aerobic dancing