CHSR

PICHC

File Import Specification

Version 2.1

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Revision History

Date	Author	Changes	Version
06/01/2023	CHSR	Initial version	1.1
09/20/2023	CHSR	Screening Form Additions	2.0

Introduction

The purpose of this document is to describe the PICHC file import process and flat file specification. It includes standards and conventions to use when constructing an import file, describes the physical structure of the import file, and provides basic instruction on how to create an import file.

The contents of this document cover the following file import related topics:

File Import Process	Defines the file import process, including an overview and specifics for each step in the process.
CSV File Format	Describes the general design conventions of the Comma Separated Values (CSV) file format.
Data File Specification	Details the flat file specification for each data file type used in the file import process.

File Import Process

Overview

File imports will be initiated and completed using the PICHC user interface. This interface provides functionality for:

1) Selecting the file
2) Executing the file import process, which is composed of the following three steps:
    a. Data file format validation
    b. Business rule validation
    c. Database load processing
3) Displaying information if the file was imported correctly or specifying any errors.

Data File Format Validation

Each PICHC data file must adhere to a pre-defined comma separated values (CSV) file format. Upon initiation of the file import process, the following data file format validation processing will be performed:

1) Ignoring the header columns in each CSV file.
2) Validate that each CSV file line and field is properly formatted (refer to the *CSV File Format* section).
3) Validate that each CSV file line can be parsed into individual field values (refer to the *Data File Specification* section).

Any data file format validation errors will be displayed to the user within the user interface during the file import process.

Business Rule Validation

Following successful data file format validation, the business rule engine will process the individual records extracted from the data file. Relevant business rules will be checked by the system, and any errors discovered will be displayed to the user within the PICHC user interface during the file import process.

Database Load Processing

Following successful business rule validation, the data extracted from the imported files will be saved to the PICHC database.

Data insert will occur at the client level, and the file import process can be run as many times as new data as needed. If the file contains duplicate data, either in the file or already in PICHC, that data will be inserted.

For example:

- The file contains three people with the same name, DOB and race information.

In this case, data for all three will be added to the system and there will be three duplicate clients in your system.

CSV File Format

A CSV data file format will be used to import data into PICHC. This file format provides for the storage of structured data in a relatively simple format that can be easily created through automated (e.g., exported from a facility's information system) or manual (e.g., MS Excel, or even a basic text editor) means.

The CSV file format design conventions used by PICHC data file include:

1) Each record will be contained on one line of the file, terminated by a line feed, or a carriage return and line feed pair, with each field separated by a comma.
2) The first record in the CSV file will contain a column name header in each of the fields. (use the CSV file template on the PICHC web application, which will be regularly updated with any changes)
3) There is no comma following the final field in the record.
4) No field can contain a comma.
5) Leading and trailing spaces or tabs adjacent to commas will be trimmed.
6) Special characters ("<, >, *, &, @, #, etc") will cause the import process to fail.

Data File Specification

***Note on Multi-Select Integers: In order to accommodate multiple selections, the provided integer will need to be in a continuous binary format equivalent to the number of provided options. For each digit, a value of 1 indicates agreement, and a value of 0 indicates disagreement. For example, for race, a value of 101100 would mean that they identify as White, Asian, and Native Hawaiian, while not identifying as Black, Native American, Declined or Unknown.**

PICHC_Import_CSV_Spec.CSV

Column Header	Allowed Values	Example	Business Rules/Notes
First Name	Text Value	Maria	Required.
Last Name	Text Value	Doyle	Required.
Other Name	Text Value	Smith	Not Required.
Birth Date	Date (MM/DD/YYYY)	05/15/2003	Required.
Form Date	Date (MM/DD/YYYY)	09/03/2023	Required.
Lives in Target Area	Character(1) Y = Yes N = No U = Unknown	Y	Required.
Primary Language	Integer 1 = English 2 = Spanish 3 = Arabic 4 = Bengali 5 = Chinese 6 = French 7 = Haitian-Creole 8 = Italian 9 = Korean 10 = Polish 11 = Russian 12 = Urdu 13 = Yiddish	2	Required if no value for Primary Language Other, Mutually Exclusive With Primary Language Other.

	14 = Albanian 15 = Cantonese 16 = German 17 = Greek 18 = Hindi 19 = Japanese 20 = Mandarin 21 = Tagalong		
Primary Language Other	Text Value	Estonian	Required if no value for Primary Language, Mutually Exclusive With Primary Language Other.
Like to Become Pregnant in the Next Year	Character(1) Y = Yes N = No S = UnSure	S	Not Required.
Sex Assigned At Birth	Integer 1 = Female 2 = Male 7 = Indeterminate	2	Required
Gender Identity	Integer 1 = Female 2 = Male 3 = Non-Binary 4 = Transgender Female 5 = Transgender Male 6 = Declined To Answer 7 = Indeterminate	1	Required if no value for Gender Identity Other. Mutually Exclusive With Gender Identity Other.
Gender Identity Other	Text Value		Required if no value for Gender Identity. Mutually Exclusive With Gender Identity.
Sexual Orientation	Integer 1 = Bisexual 2 = Lesbian, Gay Or Homosexual 3 = Straight Or Heterosexual 4 = Unknown 5 = Asked, But Unknown	3	Not Required, Mutually Exclusive With Sexual Orientation Other.
Sexual Orientation Other	Text Value	Pansexual	Not Required, Mutually Exclusive With Sexual Orientation.
Ethnicity	Integer 1 = Hispanic	1	Required.

	2 = Not Hispanic 3 = Decline to Report		
Race	Multi-Select Integer (Length 31) Digits correspond to: 1 – White 2 – Black 3 – Asian (Unspecified) 4 – Native Hawaiian 5 – Native American 6 – Declined 7 – Unknown 8 – Asian (Bangladeshi) 9 – Asian (Burmese) 10 – Asian (Chinese) 11 – Asian (Filipino) 12 – Asian (Indian) 13 – Asian (Japanese) 14 – Asian (Korean) 15 – Asian (Nepalese) 16 – Asian (Pakistani) 17 – Asian (Thai) 18 – Asian (Vietnamese) 19 – Asian (Bhutanese) 20 – Asian (Cambodian) 21 – Asian (Hmong) 22 – Asian (Indonesian) 23 – Asian (Laotian) 24 – Asian (Malaysian) 25 – Asian (Mongolian) 26 – Asian (Sri Lankan) 27 – Pacific Islander (Guamanian and Chamorro) 28 – Pacific Islander (Native Hawaiian) 29 – Pacific Islander (Samoan) 30 – Asian (Other) 31 – Pacific Islander (Other)	0100100000000000000000010000000	Required if no value for Race Other. If 6 or 7 is set to 1, then all other values must be 0.
Race Other Specify	Text Value	Middle Eastern	Required if no value for Race

Type of Referral Source	Integer 1 = Outreach 2 = Outside Referral 3 = Group Session Attendance 4 = Unrecorded 5 = Social Media	2	Required if no value for "Type Of Referral Source Other"
Type Of Referral Source Other	Text Value	Friend Recommendation	Required if no value for "Type Of Referral Source." Mutually Exclusive With Type Of Referral Source.
Street Outreach Specify	Text Value	Block party	Required if 1 specified as "Type of Referral Source", otherwise must be empty
Outside Referrer	Integer Prenatal Care Provider = 1 Primary Care Physician = 2 Dental Provider = 3 Pediatrician = 4 Birthing Hospital = 5 Family Planning Provider = 6 Health Home = 7 Mental Health / Behavioral Health = 8 Social Service Agency = 9 WIC = 10 Public Health Nurse / LHD = 11 School = 12 Insurance Navigator = 13 Managed Care Plan = 14 Community - Based Organization = 15 Faith - Based Organization = 16 Relative / Friend = 17 Other PICHC Program = 18 Other Client = 19 Self = 20 Social Service – Temporary Assistance = 21 Early Head Start = 22 Head Start = 23 Home Instruction for Parents of Preschool Youngsters = 24	7	Required if 2 entered as "Type of Referral Source" and there is no value for "Outside Referrer Other Type" and "Outside Referrer Other", otherwise must be empty

	Nurse-Family Partnership = 25 Parent Child Home Program = 26 Parents as Teachers = 27 Child Protective Services = 28 Coordinated Intake Program = 29 County Office / Department of Community and Family Services / Social Services = 30 Healthy Families New York = 31 Healthy Start = 32		
Outside Referrer Other Type	Integer Other Health Care Provider = 1 Other Service = 2 Other Home Visiting Program = 3	1	Required if 2 entered as "Type of Referral Source" and there is no value for "Outside Referrer"
Outside Referrer Other Specify	Text Value	Urgent Care	Required if 2 entered as "Type of Referral Source" and there is no value for "Outside Referrer"
First Contact	Integer 1 = Missed Calls 2 = Left Messages 3 = Appointment Cancelled 4 = Decided To Enroll 5 = Decided Not To Enroll	2	Optional, Mutually Exclusive With First Contact Other
First Contact Other	Text Value	Wanted To Think About It	Optional, Mutually Exclusive With First Contact
Second Contact	Integer 1 = Missed Calls 2 = Left Messages 3 = Appointment Cancelled 4 = Decided To Enroll 5 = Decided Not To Enroll	2	Optional, Mutually Exclusive With Second Contact Other
Second Contact Other	Text Value	Wanted To Think About It	Optional, Mutually Exclusive With Second Contact
Third Contact	Integer 1 = Missed Calls 2 = Left Messages 3 = Appointment Cancelled 4 = Decided To Enroll 5 = Decided Not To Enroll	2	Optional, Mutually Exclusive With Third Contact Other
Third Contact Other	Text Value	Wanted To Think	Optional, Mutually Exclusive With Third

		About It	Contact
Primary Presenting Need	Text Value	Financial Support	Optional

SCREENING / ASSESSMENT FORM (All Items Below Are Optional)			
Column Header	**Allowed Values**	**Example**	**Notes**
Intake Date	Date (MM/DD/YYYY)	03/04/2023	
Living Arrangement	Integer 1 = Lives alone or with child/children 2 = Lives with spouse/partner 3 = Lives with parent(s) 4 = Lives with partner's parent(s) or other related adults 5 = Lives with other unrelated adults 6 = Lives in foster/group home 7 = Homeless/no permanent residence 8 = Refused/Unknown	3	Mutually Exclusive With Living Arrangement Other
Living Arrangement Other	Text Value	Shelter	Mutually Exclusive With Living Arrangement
Highest Grade Completed	Integer 8 = Less than 8th 9 = 8-11 10 = High school graduate/GED 12 = Vocational school after HS 13 = Some college 14 = Associates degree 15 = Bachelor's degree or higher 16 = Refused/Unknown	10	
Educational Enrollment	Character(1) y = Yes n = No u = Unknown	n	
Working For Pay	Character(1) y = Yes n = No u = Unknown	y	
Current Job Status	Multi-Select Integer (Length 3) Digits Correspond to 1 = Full-time	101	

	2 = Part-time 3 = Temporary		
Receiving Benefits	Multi-Select Integer (Length 5) Digits Correspond to 1 = TANF 2 = Emergency Assistance 3 = SSI/SSD 4 = Food Stamps 5 = WIC	10110	
Household Members	Integer Cannot Be Less Than 0	3	
Household Income	Integer Cannot Be Less Than 0	45000	Mutually Exclusive With Household Income Unknown
Household Income Unknown	Bit 0 = False 1 = True	0	Mutually Exclusive With Household Income
Household Benefits	Integer	12000	Mutually Exclusive With Household Benefits Other
Household Benefits Unknown	Bit 0 = False 1 = True	1	Mutually Exclusive With Household Benefits
Medical Care Source	Integer 1 = Doctor/clinician's office 2 = Hospital outpatient clinic 3 = Federally qualified health center (FQHC) 4 = Emergency department 5 = Urgent care 6 = None 7 = Unknown	3	Mutually Exclusive With Medical Care Source Other
Medical Care Source Other	Text Value	Midwife	Mutually Exclusive With Medical Care Source
Seen Medical Provider	Character(1) y = Yes n = No u = Unknown	n	
Has Dental Provider	Character(1) y = Yes n = No	y	

	u = Unknown		
Seen Dental Provider	Character(1) y = Yes n = No u = Unknown	u	
Has Dental Problems	Character(1) y = Yes n = No u = Unknown	y	
Has Health Insurance	Character(1) y = Yes n = No u = Unknown	y	
Type of Health Insurance	Multi-Select Integer (Length 5) Digits Correspond to 1 = Medicaid/Medicaid Managed Care 2 = Child Health Plus 3 = Private Insurance 4 = FPEP or FPBP (family planning only) 5 = Unknown	10100	
Health Insurance Type Other	Text Value	Medicare	
Number of Previous Pregnancies	Integer Cannot Be Less Than 0	4	
Date of Last Delivery	Date	11/19/2016	
Number of Previous Live Births	Integer Cannot Be Less Than 0	2	
Babies Below Normal Weight	Character(1) y = Yes n = No u = Unknown	n	
Previous Premature Birth	Character(1) y = Yes n = No u = Unknown	y	
Previous Still Birth Or Fetal Death	Character(1) y = Yes n = No	n	

	u = Unknown		
Currently Pregnant	Character(1) y = Yes n = No u = Unknown	y	
Expected Delivery Date	Date	12/22/2023	
Would Like To Become Pregnant In The Next 12 Months	Character(1) y = Yes n = No u = Unknown s = Unsure	s	
Taking Steps to Prevent Pregnancy	Character(1) y = Yes n = No u = Unknown	y	
Types of Birth Control Used	Multi-Select Integer (Length 17) Digits Correspond to: 1 = Abstinence 2 = Birth control pill 3 = Cervical cap (FemCap) 4 = Female condom 5 = Spermicide 6 = Withdrawal/Other 7 = Birth control implant (Implanon/Nexplanon) 8 = Birth control vaginal ring (NuvaRing) 9 = Condom 10 = Emergency contraception (morning after pill) 11 = Tubal ligation (female sterilization) 12 = Rhythm method/natural family planning/FAM (fertility amenorrhea method) 13 = Birth control patch (Ortho Evra) 14 = Birth control shot (Depo-Provera) 15 = Diaphragm 16 = IUD (Mirena, Paragard) 17 = Vasectomy (male sterilization)	10110000010110001	
Taking Supplements	Character(1) y = Yes n = No	y	

	u = Unknown		
Healthy Weight Concerns	Character(1) y = Yes n = No u = Unknown	n	
Client Tobacco Use	Character(1) y = Yes n = No u = Unknown	y	
Household Tobacco Use	Character(1) y = Yes n = No u = Unknown	n	
Recent Travel	Character(1) y = Yes n = No u = Unknown	n	
Recent Travel Location	Text Value	Winnipeg	
Prenatal Visits	Character(1) y = Yes n = No u = Unknown	y	
First Prenatal Visit Date	Date	11/12/2022	
Number of Prenatal Visits	Integer Value Cannot Be Below 0	3	
Breast Milk Plan	Character(1) y = Yes n = No u = Unknown	n	
Financial Support Received Pregnancy	Multi-Select Integer (Length 6) Digits Correspond to: 1 = Baby's parent 2 = Partner (not baby's parent) 3 = Parents 4 = Other relatives 5 = Friends 6 = No one	101010	

Financial Support Received Pregnancy Other	Text Value	Boyfriend's Parents	
Social Support Received Pregnancy	Multi-Select Integer (Length 6) Digits Correspond to: 1= Baby's parent 2 = Partner (not baby's parent) 3 = Parents 4 = Other relatives 5 = Friends 6 = No one	011000	
Social Support Received Pregnancy Other	Text Value	Boyfriend's Parents	
Physician Weight Gain Concerns	Character(1) y = Yes n = No u = Unknown	n	
Physician Other Concerns	Character(1) y = Yes n = No u = Unknown	y	
Physician Other Concerns Specify	Text Value	Alcoholism	
Selected Contraception	Character(1) y = Yes n = No	n	
Has Children Under 12 Months	Character(1) y = Yes n = No	y	
Baby Has Health Insurance	Character(1) y = Yes n = No u = Unknown	n	
Baby Has Primary Medical Provider	Character(1) y = Yes n = No u = Unknown	y	
Child's Usual Source Of Medical Care	Integer 1 = Doctor/clinician's office 2 = Hospital outpatient clinic	3	Mutually Exclusive With Child's Usual Source Of Medical Care Other

	3 = Federally qualified health center (FQHC) 4 = Emergency department 5 = Urgent care 6 = None 7 = Unknown		
Child's Usual Source Of Medical Care Other	Text Value	Family Friend	Mutually Exclusive With Child's Usual Source Of Medical Care
Currently Feeding With Breast Milk	Character(1) o = Breast Milk Only f = Breast Milk and Formula/Solids n = No	o	
Ever Fed Breast Milk	Character(1) y = Yes n = No u = Unknown	n	
Number Of Months Fed Breast Milk	Decimal Must be a multiple of .25, with each .25 representing one week. Cannot Be Less Than 0	3.25	
Number Of Months Fed Only Breast Milk	Decimal Must be a multiple of .25, with each .25 representing one week. Cannot Be Less Than 0	2.50	
Financial Support Received Child	Multi-Select Integer (Length 6) Digits Correspond to: 1 = Baby's parent 2 = Partner (not baby's parent) 3 = Parents 4 = Other relatives 5 = Friends 6 = No one	101100	
Financial Support Received Child Other	Text Value	Boyfriend's Parents	
Social Support Received Child	Multi-Select Integer (Length 6) Digits Correspond to: 1 = Baby's parent 2 = Partner (not baby's parent) 3 = Parents 4 = Other relatives 5 = Friends	110010	

	6 = No one		
Social Support Received Child Other	Text Value	Neighbors	
How Often Was Child Put To Bed On Back	Character(1) a = Always u = Usually s = Sometimes n = Never	s	
How Often Was Child Put To Bed Alone	Character(1) a = Always u = Usually s = Sometimes n = Never	a	
How Often Was Child Put To Bed In Crib	Character(1) a = Always u = Usually s = Sometimes n = Never	a	
AUDITC How Often Have Alcohol	Integer 1 = Never 2 = Monthly Or Less 3 = 2-4 Times A Month 4 = 2-3 Times A Week 5 = 4 Or More Times A Week	3	
AUDITC How Many Drinks Per Day	Integer 1 = 2 Or Less 2 = 3 Or 4 3 = 5 Or 6 4 = 7 To 9 5= 10 Or More	1	
AUDITC How Often Have Six Or More Drinks At Once	Integer 1 = Never 2 = Less Than Monthly 3= Monthly 4= Weekly 5= Daily Or Almost Daily	1	
AUDITC Screening Result	Character(1) p = Positive	r	

	n = Negative r = Refused		
AUDITC Was Client Referred	Character(1) y = Yes n = No	n	
Alcohol Other Evidence Based Screening Tool	Text Value	CAGE	
NIDA How Often Used Alcohol	Integer 1 = Never 2 = Once Or Twice 3 = Monthly 4 = Weekly 5 = Daily Or Almost Daily	3	
NIDA How Often Used Tobacco	Integer 1 = Never 2 = Once Or Twice 3 = Monthly 4 = Weekly 5 = Daily Or Almost Daily	1	
NIDA How Often Used Prescription Drugs	Integer 1 = Never 2 = Once Or Twice 3 = Monthly 4 = Weekly 5 = Daily Or Almost Daily	1	
NIDA How Often Used Illegal Drugs	Integer 1 = Never 2 = Once Or Twice 3 = Monthly 4 = Weekly 5 = Daily Or Almost Daily	2	
NIDA Which Substances Used Lifetime	Multi-Select Integer (Length 9) Digits Correspond To 1 = Cannabis 2 = Cocaine 3 = Prescription Stimulants 4 = Methamphetamine 5 = Inhalants	100011000	

	6 = Sedatives Or Sleeping Pills 7 = Hallucinogens 8 = Street Opioids 9 = Prescription Opioids		
NIDA Which Substances Used Lifetime Other	Text Value	Methadone	
NIDA Screening Result	Character(1) p = Positive n = Negative r = Refused	n	
NIDA Was Client Referred	Character(1) y = Yes n = No	y	
Substance Use Other Evidence Based Screening Tool	Text Value	CRAFFT	
HITS How Often Partner Physically Hurt	Integer 1 = Not At All 2 = Rarely 3 = Sometimes 4 = Fairly Often 5 = Frequently	1	
HITS How Often Partner Talk Down	Integer 1 = Not At All 2 = Rarely 3 = Sometimes 4 = Fairly Often 5 = Frequently	2	
HITS How Often Partner Threaten	Integer 1 = Not At All 2 = Rarely 3 = Sometimes 4 = Fairly Often 5 = Frequently	1	
HITS How Often Partner Scream	Integer 1 = Not At All 2 = Rarely 3 = Sometimes 4 = Fairly Often	4	

	5 = Frequently		
HITS Reason Not Answered	Integer 1 = Does Not Want To Disclose 2 = Safety Concerns 3 = No Partner	3	Mutually Exclusive With HITS Reason Not Answered Other
HITS Reason Not Answered Other	Text Value	Not Relevant	Mutually Exclusive With HITS Reason Not Answered
HITS Has Other Concerns About Violence/Coercion	Character(1) y = Yes n = No	y	
HITS Screening Result	Character(1) p = Positive n = Negative r = Refused	r	
HITS Was Client Referred	Character(1) y = Yes n = No	n	
Domestic Violence Use Other Evidence Based Screening Tool	Text Value	HARK	
PHQ9 Little Interest	Integer 1 = Not At All 2 = Several Days 3 = More Than Half The Days 4 = Nearly Every Day	1	
PHQ9 Feeling Down	Integer 1 = Not At All 2 = Several Days 3 = More Than Half The Days 4 = Nearly Every Day	2	
PHQ9 Trouble Sleeping	Integer 1 = Not At All 2 = Several Days 3 = More Than Half The Days 4 = Nearly Every Day	1	
PHQ9 Feeling Tired	Integer 1 = Not At All 2 = Several Days 3 = More Than Half The Days	3	

	4 = Nearly Every Day		
PHQ9 Poor Appetite	Integer 1 = Not At All 2 = Several Days 3 = More Than Half The Days 4 = Nearly Every Day	1	
PHQ9 Feeling Bad	Integer 1 = Not At All 2 = Several Days 3 = More Than Half The Days 4 = Nearly Every Day	4	
PHQ9 Trouble Concentrating	Integer 1 = Not At All 2 = Several Days 3 = More Than Half The Days 4 = Nearly Every Day	1	
PHQ9 Moving Slowly	Integer 1 = Not At All 2 = Several Days 3 = More Than Half The Days 4 = Nearly Every Day	1	
PHQ9 Suicidal Thoughts	Integer 1 = Not At All 2 = Several Days 3 = More Than Half The Days 4 = Nearly Every Day	1	
PHQ9 How Difficult	Integer 1 = Not Difficult At All 2 = Somewhat Difficult 3 = Very Difficult 4 = Extremely Difficult	2	
PHQ9 Screening Result	Character(1) p = Positive n = Negative r = Refused	p	
PHQ9 Was Client Referred	Character(1) y = Yes n = No	y	

Depression Use Other Evidence Based Screening Tool	Text Value	BDI	
Alcohol Use Currently Experiencing	Character(1) y = Yes n = No u = Unsure	y	
Alcohol Use Would Like Assistance	Character(1) y = Yes n = No	n	
Alcohol Use Was Information Given	Character(1) y = Yes n = No	y	
Alcohol Use Was Client Referred	Character(1) y = Yes n = No	y	
Substance Use Currently Experiencing	Character(1) y = Yes n = No u = Unsure	y	
Substance Use Would Like Assistance	Character(1) y = Yes n = No	y	
Substance Use Was Information Given	Character(1) y = Yes n = No	n	
Substance Use Was Client Referred	Character(1) y = Yes n = No	n	
Physical Disability Currently Experiencing	Character(1) y = Yes n = No u = Unsure	y	
Physical Disability Would Like Assistance	Character(1) y = Yes n = No	n	
Physical Disability Was Information Given	Character(1) y = Yes n = No	y	

Physical Disability Was Client Referred	Character(1) y = Yes n = No	n	
Depression Currently Experiencing	Character(1) y = Yes n = No u = Unsure	n	
Depression Would Like Assistance	Character(1) y = Yes n = No	y	
Depression Was Information Given	Character(1) y = Yes n = No	n	
Depression Was Client Referred	Character(1) y = Yes n = No	n	
Other Mental Illness Currently Experiencing	Character(1) y = Yes n = No u = Unsure	u	
Other Mental Illness Would Like Assistance	Character(1) y = Yes n = No	n	
Other Mental Illness Was Information Given	Character(1) y = Yes n = No	y	
Other Mental Illness Was Client Referred	Character(1) y = Yes n = No	y	
Domestic Violence Currently Experiencing	Character(1) y = Yes n = No u = Unsure	y	
Domestic Violence Would Like Assistance	Character(1) y = Yes n = No	n	
Domestic Violence Was Information Given	Character(1)	n	

	y = Yes n = No		
Domestic Violence Was Client Referred	Character(1) y = Yes n = No	n	
Relationship Difficulties Currently Experiencing	Character(1) y = Yes n = No u = Unsure	u	
Relationship Difficulties Would Like Assistance	Character(1) y = Yes n = No	y	
Relationship Difficulties Was Information Given	Character(1) y = Yes n = No	n	
Relationship Difficulties Was Client Referred	Character(1) y = Yes n = No	y	
Self Health Concerns Currently Experiencing	Character(1) y = Yes n = No u = Unsure	n	
Self Health Concerns Would Like Assistance	Character(1) y = Yes n = No	n	
Self Health Concerns Was Information Given	Character(1) y = Yes n = No	y	
Self Health Concerns Was Client Referred	Character(1) y = Yes n = No	n	
Financial Difficulties Currently Experiencing	Character(1) y = Yes n = No u = Unsure	n	
Financial Difficulties Would Like Assistance	Character(1) y = Yes	y	

	n = No		
Financial Difficulties Was Information Given	Character(1) y = Yes n = No	y	
Financial Difficulties Was Client Referred	Character(1) y = Yes n = No	y	
Unemployment Currently Experiencing	Character(1) y = Yes n = No u = Unsure	y	
Unemployment Would Like Assistance	Character(1) y = Yes n = No	y	
Unemployment Was Information Given	Character(1) y = Yes n = No	n	
Unemployment Was Client Referred	Character(1) y = Yes n = No	n	
Homelessness Currently Experiencing	Character(1) y = Yes n = No u = Unsure	u	
Homelessness Would Like Assistance	Character(1) y = Yes n = No	n	
Homelessness Was Information Given	Character(1) y = Yes n = No	y	
Homelessness Was Client Referred	Character(1) y = Yes n = No	n	
Legal Problems Currently Experiencing	Character(1) y = Yes n = No u = Unsure	y	

Legal Problems Would Like Assistance	Character(1) y = Yes n = No	n	
Legal Problems Was Information Given	Character(1) y = Yes n = No	n	
Legal Problems Was Client Referred	Character(1) y = Yes n = No	y	
Social Isolation Currently Experiencing	Character(1) y = Yes n = No u = Unsure	u	
Social Isolation Would Like Assistance	Character(1) y = Yes n = No	y	
Social Isolation Was Information Given	Character(1) y = Yes n = No	y	
Social Isolation Was Client Referred	Character(1) y = Yes n = No	n	
Stress Currently Experiencing	Character(1) y = Yes n = No u = Unsure	y	
Stress Would Like Assistance	Character(1) y = Yes n = No	n	
Stress Was Information Given	Character(1) y = Yes n = No	n	
Stress Was Client Referred	Character(1) y = Yes n = No	n	
Inadequate Amenities Currently Experiencing	Character(1) y = Yes	n	

	n = No u = Unsure		
Inadequate Amenities Would Like Assistance	Character(1) y = Yes n = No	n	
Inadequate Amenities Was Information Given	Character(1) y = Yes n = No	y	
Inadequate Amenities Was Client Referred	Character(1) y = Yes n = No	n	
Smoking Currently Experiencing	Character(1) y = Yes n = No u = Unsure	u	
Smoking Would Like Assistance	Character(1) y = Yes n = No	y	
Smoking Was Information Given	Character(1) y = Yes n = No	n	
Smoking Was Client Referred	Character(1) y = Yes n = No	y	
Dental Problems Currently Experiencing	Character(1) y = Yes n = No u = Unsure	y	
Dental Problems Would Like Assistance	Character(1) y = Yes n = No	y	
Dental Problems Was Information Given	Character(1) y = Yes n = No	n	
Dental Problems Was Client Referred	Character(1) y = Yes n = No	y	

Parenting Currently Experiencing	Character(1) y = Yes n = No u = Unsure	n	
Parenting Would Like Assistance	Character(1) y = Yes n = No	n	
Parenting Was Information Given	Character(1) y = Yes n = No	n	
Parenting Was Client Referred	Character(1) y = Yes n = No	n	
Prenatal Postpartum Currently Experiencing	Character(1) y = Yes n = No u = Unsure	n	
Prenatal Postpartum Would Like Assistance	Character(1) y = Yes n = No	n	
Prenatal Postpartum Was Information Given	Character(1) y = Yes n = No	y	
Prenatal Postpartum Was Client Referred	Character(1) y = Yes n = No	y	
Child Health Concerns Currently Experiencing	Character(1) y = Yes n = No u = Unsure	n	
Child Health Concerns Would Like Assistance	Character(1) y = Yes n = No	y	
Child Health Concerns Was Information Given	Character(1) y = Yes n = No	n	
Child Health Concerns Was Client Referred	Character(1)	n	

	y = Yes n = No		
Child Development Concerns Currently Experiencing	Character(1) y = Yes n = No u = Unsure	y	
Child Development Concerns Would Like Assistance	Character(1) y = Yes n = No	y	
Child Development Concerns Was Information Given	Character(1) y = Yes n = No	n	
Child Development Concerns Was Client Referred	Character(1) y = Yes n = No	y	
Dental Access Currently Experiencing	Character(1) y = Yes n = No u = Unsure	u	
Dental Access Would Like Assistance	Character(1) y = Yes n = No	n	
Dental Access Was Information Given	Character(1) y = Yes n = No	n	
Dental Access Was Client Referred	Character(1) y = Yes n = No	n	
More Information	Multi-Select Integer (Length 34) Digits Correspond To 1 = Family Planning/Contraception 2 = Pregnancy Testing 3 = Safe Sex 4 = Exercise, Opportunities To Exercise 5 = Nutrition, Access To Healthy Foods 6 = HIV Testing 7 = STD Testing 8 = Job Search / Placement Assistance	1000001000001100001001100010101100	

	9 = Adult Basic Education Or GED Preparation 10 = ESL 11 = Vocational Or Job Skills Training 12 = Child Care Programs 13 = Parenting Skills 14 = Lead Assessment / Testing 15 = Child Development 16 = Safe Sleep 17 = Environmental Health / Safety 18 = Car Seat Use 19 = Healthy Pregnancy 20 = Feeding With Breast Milk And Child Nutrition 21 = Immunizations 22 = Accessing Dental Care 23 = Alcohol 24 = Basic Needs (Housing, Food, etc.) 25 = Birth Plan / Preterm Birth 26 = Depression 27 = Domestic Violence 28 = Health Insurance 29 = Illicit Drug Use 30 = Infant / New Born Care 31 = Postpartum Care 32 = Prenatal Care 33 = Preventative Care / Primary Care 34 = Smoking		
Is Non Birthing Caregiver	Character(1) y = Yes n = No	y	