## Creating Data Transfer Files: Instructions for State Vital Records Agencies

The Center for Medicaid and CHIP Services (CMCS) is launching a project to support patient-centered outcomes research on maternal and infant health. This project seeks to establish partnerships and agreements with state vital records agencies to obtain state vital records data and link those data with the Transformed Medicaid Statistical Information System Analytic Files (TAF). The TAF, which contain enrollment and claims data from Medicaid and the Children's Health Insurance Program (CHIP), are critical for monitoring enrollment, access to care, and quality of care in Medicaid and CHIP. These data are used to study coverage, access to care, and quality of care, both for specific years and longitudinally.

The integrated vital records and TAF data yielded by this project will strengthen the data infrastructure needed to generate strong, high-quality evidence, which could ultimately improve health outcomes for pregnant people and their infants. These data will also give states and CMCS deeper insights into maternal and infant health outcomes to inform policy and quality improvement.

The following information and attached Vital Records Data Elements-Natality and Mortality workbook are designed to help participating agencies develop a vital records data file for transfer to the Centers for Medicare \& Medicaid Services (CMS).

## Vital Records Data Elements-Natality and Mortality Workbook

Please see the attached Vital Records Data Elements—Natality and Mortality workbook for information on the data elements CMS is requesting in the transferred vital records data files. This workbook addresses both the natality and mortality data elements CMS is looking for; see the sheets relevant to your agency's data use agreement with CMS. The Natality sheet lists the requested data elements from the natality files, and the Mortality sheet does the same for the mortality files. Both sheets include data element-specific information, including name, field contents, description of the field's code structure, and corresponding CMS control number. If your state is submitting linked data, please retain the CMS control number in those data; this number will be used to link the vital records data back to the TAF.

## Submitted File Requirements

To keep file submissions consistent, CMS asks that vital records agencies consider submitting their vital records data in the NAPHSIS STEVE interjurisdictional data exchange file layout. Because vital records agencies use this format for interjurisdictional data exchanges, they should be familiar with the file structure. CMS also requests that data be submitted in TXT or CSV file format, if possible.

## Questions or Concerns

If you have questions or concerns about developing your agency's VR data transfer file, please contact the CMS VR Linking team:

## Ali Fokar, MPH

Project Director
Ali.Fokar@cms.hhs.gov

## Support mailbox

CMSPCORQuestions@mathematica-mpr.com

## Natality

| Field \# | Name | Contents | Code Structure Description |
| :---: | :---: | :---: | :---: |
| 1 | IDOB_YR | Date of Birth (Infant)--Year | 4 digit year |
| 2 | BSTATE | State, U.S. Territory or Canadian Province of Birth (Infant) code | NCHS Instruction Manual: Part 8 <br> For US Territories: <br> MP NORTHERN MARIANAS <br> AS AMERICAN SAMOA <br> GU GUAM <br> VI VIRGIN ISLANDS <br> PR PUERTO RICO <br> For Canadian Provinces: <br> AB ALBERTA <br> BC BRITISH COLUMBIA <br> MB MANITOBA <br> NB NEW BRUNSWICK <br> NL NEWFOUNDLAND AND LABRADOR <br> NS NOVA SCOTIA <br> NT NORTHWEST TERRITORIES <br> NU NUNAVUT <br> ON ONTARIO <br> PE PRINCE EDWARD ISLAND <br> QC QUEBEC <br> SK SASKATCHEWAN <br> YT YUKON |
| 3 | ISEX | Sex | $\begin{aligned} & M=\text { Male } \\ & F=\text { Female } \\ & N=\text { Not Yet Determined } \end{aligned}$ |
| 4 | IDOB_MO | Date of Birth (Infant)--Month | 01-12 |
| 5 | IDOB_DY | Date of Birth (Infant)--Day | 01-31 (based on month) |
| 6 | CNTYO | County of Birth | NCHS Instruction Manual: Part 8 |


| Field \# | Name | Contents | Code Structure Description |
| :--- | :--- | :--- | :--- |
| 7 | BPLACE | Place Where Birth Occurred (type of place or institution) | $\begin{array}{l}1=\text { Hospital } \\ 2=\text { Freestanding Birth Center } \\ 3 \\ \text { Home (Intended) }\end{array}$ |
| $4=$ Home (Not Intended) |  |  |  |$)$


| Field \# | Name | Contents | Code Structure Description |
| :---: | :---: | :---: | :---: |
| 15 | STATEC | State, U.S. Territory or Canadian Province of Residence (Mother) - code | NCHS Instruction Manual: Part 8 <br> ZZ = UNKNOWN OR BLANK U.S. STATE OR TERRITORY OR <br> UNKNOWN/ UNCLASSIFIABLE COUNTRY <br> XX = COUNTRY IS CANADA BUT UNKNOWN CANADIAN <br> PROVINCE OR ANY COUNTRY THAT IS KNOWN, BUT NOT <br> U.S. OR CANADA <br> For U.S. Territories: <br> MP NORTHERN MARIANAS <br> AS AMERICAN SAMOA <br> GU GUAM <br> VI VIRGIN ISLANDS <br> PR PUERTO RICO <br> For Canadian Provinces: <br> AB ALBERTA <br> BC BRITISH COLUMBIA <br> MB MANITOBA <br> NB NEW BRUNSWICK <br> NL NEWFOUNDLAND AND LABRADOR <br> NS NOVA SCOTIA <br> NT NORTHWEST TERRITORIES <br> NU NUNAVUT <br> ON ONTARIO <br> PE PRINCE EDWARD ISLAND <br> QC QUEBEC <br> SK SASKATCHEWAN <br> YT YUKON |
| 16 | COUNTRYC | Residence of Mother--Country | NCHS Instruction Manual: Part 8 |
| 17 | LIMITS | Residence of Mother--Inside City Limits | $\begin{aligned} & Y=Y e s \\ & N=N o \\ & U=\text { Unknown } \end{aligned}$ |
| 18 | MARN | Mother Married?-- At Conception, at Birth or any Time in Between | $\begin{aligned} & \mathrm{Y}=\mathrm{Yes} \\ & \mathrm{~N}=\mathrm{No} \\ & \mathrm{U}=\text { Unknown } \end{aligned}$ |


| Field \# | Name | Contents | Code Structure Description |
| :---: | :---: | :---: | :---: |
| 19 | MEDUC | Mother's Education | $1=8$ th grade or less <br> 2 = 9th through 12th grade; no diploma <br> 3 = High School Graduate or GED Completed <br> 4 = Some college credit, but no degree <br> 5 = Associate Degree <br> 6 = Bachelor's Degree <br> 7 = Master's Degree <br> 8 = Doctorate Degree or Professional Degree <br> 9 = Unknown |
| 20 | MEDUC_BYPASS | Mother's Education--Edit Flag | $\begin{aligned} & 0=\text { Edit Passed } \\ & 1 \text { = Edit Failed, Data Queried and Verified } \\ & 2 \text { = Edit Failed, Data Queried, but not Verified } \end{aligned}$ |
| 21 | METHNIC1 | Mother of Hispanic Origin?--Mexican | $\begin{aligned} & \text { N }=\text { No, Not Mexican } \\ & H=\text { Yes, Mexican } \\ & U=\text { Unknown } \end{aligned}$ |
| 22 | METHNIC2 | Mother of Hispanic Origin?--Puerto Rican | $\begin{aligned} & \text { N }=\text { No, Not Puerto Rican } \\ & H=\text { Yes, Puerto Rican } \\ & U=\text { Unknown } \\ & \hline \end{aligned}$ |
| 23 | METHNIC3 | Mother of Hispanic Origin?--Cuban | $\begin{aligned} & \text { N = No, Not Cuban } \\ & \text { H = Yes, Cuban } \\ & \text { U Unknown } \end{aligned}$ |
| 24 | METHNIC4 | Mother of Hispanic Origin?--Other | $\begin{aligned} & \text { N = No, Not other Hispanic } \\ & \text { H = Yes, other Hispanic } \\ & \text { U = Unknown } \end{aligned}$ |
| 25 | METHNIC5 | Mother of Hispanic Origin?--Other Literal | literal; blank |
| 26 | MRACE1 | Mother's Race--White | $Y=$ Yes, box for race checked <br> $\mathrm{N}=\mathrm{No}$, box for race not checked |
| 27 | MRACE2 | Mother's Race--Black or African American | Y, N |
| 28 | MRACE3 | Mother's Race--American Indian or Alaska Native | Y, N |
| 29 | MRACE4 | Mother's Race--Asian Indian | Y, N |
| 30 | MRACE5 | Mother's Race--Chinese | Y, N |
| 31 | MRACE6 | Mother's Race--Filipino | Y, N |
| 32 | MRACE7 | Mother's Race--Japanese | Y, N |


| Field \# | Name | Contents | Code Structure Description |
| :---: | :---: | :---: | :---: |
| 33 | MRACE8 | Mother's Race--Korean | Y, N |
| 34 | MRACE9 | Mother's Race--Vietnamese | Y, N |
| 35 | MRACE10 | Mother's Race--Other Asian | Y, N |
| 36 | MRACE11 | Mother's Race--Native Hawaiian | Y, N |
| 37 | MRACE12 | Mother's Race--Guamanian or Chamorro | Y, N |
| 38 | MRACE13 | Mother's Race--Samoan | Y, N |
| 39 | MRACE14 | Mother's Race--Other Pacific Islander | Y, N |
| 40 | MRACE15 | Mother's Race--Other | Y, N |
| 41 | MRACE16 | Mother's Race--First American Indian or Alaska Native Literal | Literal; blank |
| 42 | MRACE17 | Mother's Race--Second American Indian or Alaska Native Literal | Literal; blank |
| 43 | MRACE18 | Mother's Race--First Other Asian Literal | Literal; blank |
| 44 | MRACE19 | Mother's Race--Second Other Asian Literal | Literal; blank |
| 45 | MRACE20 | Mother's Race--First Other Pacific Islander Literal | Literal; blank |
| 46 | MRACE21 | Mother's Race--Second Other Pacific Islander Literal | Literal; blank |
| 47 | MRACE22 | Mother's Race--First Other Literal | Literal; blank |
| 48 | MRACE23 | Mother's Race--Second Other Literal | Literal; blank |
| 49 | MRACE1E | Mother's Race Tabulation Variable 1E | NCHS Appendix E <br> (values for fields 62-77 returned from NCHS) |
| 50 | MRACE2E | Mother's Race Tabulation Variable 2E | NCHS Appendix E |
| 51 | MRACE3E | Mother's Race Tabulation Variable 3E | NCHS Appendix E |
| 52 | MRACE4E | Mother's Race Tabulation Variable 4E | NCHS Appendix E |
| 53 | MRACE5E | Mother's Race Tabulation Variable 5E | NCHS Appendix E |
| 54 | MRACE6E | Mother's Race Tabulation Variable 6E | NCHS Appendix E |
| 55 | MRACE7E | Mother's Race Tabulation Variable 7E | NCHS Appendix E |
| 56 | MRACE8E | Mother's Race Tabulation Variable 8E | NCHS Appendix E |
| 57 | MRACE16C | Mother's Race Tabulation Variable 16C | NCHS Appendix E |
| 58 | MRACE17C | Mother's Race Tabulation Variable 17C | NCHS Appendix E |


| Field \# | Name | Contents | Code Structure Description |
| :---: | :---: | :---: | :---: |
| 59 | MRACE18C | Mother's Race Tabulation Variable 18C | NCHS Appendix E |
| 60 | MRACE19C | Mother's Race Tabulation Variable 19C | NCHS Appendix E |
| 61 | MRACE20C | Mother's Race Tabulation Variable 20C | NCHS Appendix E |
| 62 | MRACE21C | Mother's Race Tabulation Variable 21C | NCHS Appendix E |
| 63 | MRACE22C | Mother's Race Tabulation Variable 22C | NCHS Appendix E |
| 64 | MRACE23C | Mother's Race Tabulation Variable 23C | NCHS Appendix E |
| 65 | FEDUC | Father's Education | 1 = 8th grade or less <br> 2 = 9th through 12th grade; no diploma <br> 3 = High School Graduate or GED Completed <br> 4 = Some college credit, but no degree <br> 5 = Associate Degree <br> 6 = Bachelor's Degree <br> 7 = Master's Degree <br> 8 = Doctorate Degree or Professional Degree <br> 9 = Unknown |
| 66 | FEDUC_BYPASS | Father's Education--Edit Flag | $\begin{array}{\|l} \hline 0 \text { = Edit Passed } \\ 1 \text { = Edit Failed, Data Queried and Verified } \\ 2 \text { = Edit Failed, Data Queried, but not Verified } \\ \hline \end{array}$ |
| 67 | FETHNIC1 | Father of Hispanic Origin?--Mexican | $\begin{aligned} & \text { N = No, Not Mexican } \\ & \text { H = Yes, Mexican } \\ & \mathrm{U}=\text { Unknown } \end{aligned}$ |
| 68 | FETHNIC2 | Father of Hispanic Origin?--Puerto Rican | $\begin{aligned} & \mathrm{N}=\text { No, Not Puerto Rican } \\ & \mathrm{H}=\text { Yes, Puerto Rican } \\ & \mathrm{U}=\text { Unknown } \end{aligned}$ |
| 69 | FETHNIC3 | Father of Hispanic Origin?--Cuban | $\begin{aligned} & \mathrm{N}=\text { No, Not Cuban } \\ & \mathrm{H}=\text { Yes, Cuban } \\ & \mathrm{U}=\text { Unknown } \end{aligned}$ |
| 70 | FETHNIC4 | Father of Hispanic Origin?--Other | $\begin{aligned} & \mathrm{N}=\text { No, Not other Hispanic } \\ & \mathrm{H}=\text { Yes, other Hispanic } \\ & \mathrm{U}=\text { Unknown } \end{aligned}$ |
| 71 | FETHNIC5 | Father of Hispanic Origin?--Other Literal | Literal; blank |
| 72 | FRACE1 | Father's Race--White | $\begin{aligned} & Y=\text { Yes, box for race checked } \\ & N=\text { No, box for race not checked } \end{aligned}$ |


| Field \# | Name | Contents | Code Structure Description |
| :---: | :---: | :---: | :---: |
| 73 | FRACE2 | Father's Race--Black or African American | Y, N |
| 74 | FRACE3 | Father's Race--American Indian or Alaska Native | Y, N |
| 75 | FRACE4 | Father's Race--Asian Indian | Y, N |
| 76 | FRACE5 | Father's Race--Chinese | Y, N |
| 77 | FRACE6 | Father's Race--Filipino | Y, N |
| 78 | FRACE7 | Father's Race--Japanese | Y, N |
| 79 | FRACE8 | Father's Race--Korean | Y, N |
| 80 | FRACE9 | Father's Race--Vietnamese | Y, N |
| 81 | FRACE10 | Father's Race--Other Asian | Y, N |
| 82 | FRACE11 | Father's Race--Native Hawaiian | Y, N |
| 83 | FRACE12 | Father's Race--Guamanian or Chamorro | Y, N |
| 84 | FRACE13 | Father's Race--Samoan | Y, N |
| 85 | FRACE14 | Father's Race--Other Pacific Islander | Y, N |
| 86 | FRACE15 | Father's Race--Other | Y, N |
| 87 | FRACE16 | Father's Race--First American Indian or Alaska Native Literal | Literal; blank |
| 88 | FRACE17 | Father's Race--Second American Indian or Alaska Native Literal | Literal; blank |
| 89 | FRACE18 | Father's Race--First Other Asian Literal | Literal; blank |
| 90 | FRACE19 | Father's Race--Second Other Asian Literal | Literal; blank |
| 91 | FRACE20 | Father's Race--First Other Pacific Islander Literal | Literal; blank |
| 92 | FRACE21 | Father's Race--Second Other Pacific Islander Literal | Literal; blank |
| 93 | FRACE22 | Father's Race--First Other Literal | Literal; blank |
| 94 | FRACE23 | Father's Race--Second Other Literal | Literal; blank |
| 95 | FRACE1E | Father's Race Tabulation Variable 1E | NCHS Appendix E <br> (values for fields 108-123 returned from NCHS) |
| 96 | FRACE2E | Father's Race Tabulation Variable 2E | NCHS Appendix E |
| 97 | FRACE3E | Father's Race Tabulation Variable 3E | NCHS Appendix E |
| 98 | FRACE4E | Father's Race Tabulation Variable 4E | NCHS Appendix E |
| 99 | FRACE5E | Father's Race Tabulation Variable 5E | NCHS Appendix E |


| Field \# | Name | Contents | Code Structure Description |
| :---: | :---: | :---: | :---: |
| 100 | FRACE6E | Father's Race Tabulation Variable 6E | NCHS Appendix E |
| 101 | FRACE7E | Father's Race Tabulation Variable 7E | NCHS Appendix E |
| 102 | FRACE8E | Father's Race Tabulation Variable 8E | NCHS Appendix E |
| 103 | FRACE16C | Father's Race Tabulation Variable 16C | NCHS Appendix E |
| 104 | FRACE17C | Father's Race Tabulation Variable 17C | NCHS Appendix E |
| 105 | FRACE18C | Father's Race Tabulation Variable 18C | NCHS Appendix E |
| 106 | FRACE19C | Father's Race Tabulation Variable 19C | NCHS Appendix E |
| 107 | FRACE20C | Father's Race Tabulation Variable 20C | NCHS Appendix E |
| 108 | FRACE21C | Father's Race Tabulation Variable 21C | NCHS Appendix E |
| 109 | FRACE22C | Father's Race Tabulation Variable 22C | NCHS Appendix E |
| 110 | FRACE23C | Father's Race Tabulation Variable 23C | NCHS Appendix E |
| 111 | ATTEND | Attendant Title | $\begin{aligned} & 1=\text { MD } \\ & 2=\text { DO } \\ & 3=\text { CNM/CM } \\ & 4=\text { Other midwife } \\ & 5=\text { Other (specify) } \\ & 9=\text { Unknown } \end{aligned}$ |
| 112 | TRAN | Mother Transferred? | $\begin{aligned} & \mathrm{Y}=\mathrm{Yes} \\ & \mathrm{~N}=\mathrm{No} \\ & \mathrm{U}=\text { Unknown } \end{aligned}$ |
| 113 | DOFP_MO | Date of First Prenatal Care Visit--Month | 01-12, 88=no care, 99=unknown |
| 114 | DOFP_DY | Date of First Prenatal Care Visit--Day | 01-31 (based on month), 88=no care, 99=unknown |
| 115 | DOFP_YR | Date of First Prenatal Care Visit--Year | 4 digit year; year of child's birth or (year of child's birth-1), 8888=no care, 9999=unknown |
| 116 | NPREV | Total Number of Prenatal Care Visits | 00-98, 99 |
| 117 | NPREV_BYPASS | Total Number of Prenatal Care Visits--Edit Flag | $\begin{aligned} & 0=\text { Edit Passed } \\ & 1 \text { = Edit Failed, Number Verified } \\ & 2=\text { Edit Failed, Number not Verified } \end{aligned}$ |
| 118 | WIC | Did Mother get WIC Food for Herself? | $\begin{aligned} & \mathrm{Y}=\mathrm{Yes} \\ & \mathrm{~N}=\mathrm{No} \\ & \mathrm{U}=\text { Unknown } \end{aligned}$ |


| Field \# | Name | Contents | Code Structure Description |
| :---: | :---: | :---: | :---: |
| 119 | PLBL | Previous Live Births Now Living | 00-30, 99 |
| 120 | PLBD | Previous Live Births Now Dead | 00-30, 99 |
| 121 | POPO | Previous Other Pregnancy Outcomes | 00-30, 99 |
| 122 | MLLB | Date of Last Live Birth--Month | 01-12, 88, 99 |
| 123 | YLLB | Date of Last Live Birth--Year | 4 digit year;(year of mother's birth + 10) through year of child's birth, 8888, 9999 |
| 124 | MOPO | Date of Last Other Pregnancy Outcome--Month | 01-12, 88, 99 |
| 125 | YOPO | Date of Last Other Pregnancy Outcome--Year | 4 digit year;(year of mother's birth + 10) through year of child's birth, 8888, 9999 |
| 126 | CIGPN | Number of Cigarettes Smoked in 3 months prior to Pregnancy | 00-98, 99 |
| 127 | CIGFN | Number of Cigarettes Smoked in 1st 3 months | 00-98, 99 |
| 128 | CIGSN | Number of Cigarettes Smoked in 2nd 3 months | 00-98, 99 |
| 129 | CIGLN | Number of Cigarettes Smoked in third or last trimester | 00-98, 99 |
| 130 | PAY | Principal source of Payment for this delivery | $\begin{aligned} & 1=\text { Medicaid } \\ & 2=\text { Private Insurance } \\ & 3=\text { Self-pay } \\ & 4=\text { Indian Health Service } \\ & 5=\text { CHAMPUS/TRICARE } \\ & 6=\text { Other Government (Fed, State, Local) } \\ & 8=\text { Other } \\ & 9=\text { Unknown } \end{aligned}$ |
| 131 | DLMP_YR | Date Last Normal Menses Began--Year | 4 digit year; year of child's birth or (year of child's birth - 1) <br> or (year of child's birth - 2), 9999 |
| 132 | DLMP_MO | Date Last Normal Menses Began--Month | 01-12, 99 |
| 133 | DLMP_DY | Date Last Normal Menses Began--Day | 01-31 (based on month), 99 |
| 134 | PDIAB | Risk Factors--Prepregnancy Diabetes | $\begin{aligned} & Y=Y e s \\ & N=N o \\ & U=\text { Unknown } \end{aligned}$ |
| 135 | GDIAB | Risk Factors--Gestational Diabetes | Y, N, U |
| 136 | PHYPE | Risk Factors--Prepregnancy Hypertension | Y, N, U |


| Field \# | Name | Contents | Code Structure Description |
| :---: | :---: | :---: | :---: |
| 137 | GHYPE | Risk Factors--Gestational Hypertension (SEE ADDITIONAL HYPERTENSION CATEGORY IN LOCATION 924) | Y, N, U |
| 138 | PPB | Risk Factors--Previous Preterm Births | Y, N, U |
| 139 | INFT | Risk Factors--Infertility Treatment (SEE ADDITIONAL SUBCATEGORIES IN LOCATIONS 925-926) | Y, N, U |
| 140 | PCES | Risk Factors--Previous Cesarean | Y, N, U |
| 141 | NPCES | Risk Factors--Number Previous Cesareans | 00-30, 99 |
| 142 | NPCES_BYPASS | Risk Factors--Number Previous Cesareans--Edit Flag | $\begin{aligned} & 0=\text { Edit Passed } \\ & 1=\text { Edit Failed, Verified } \end{aligned}$ |
| 143 | GON | Infections Present--Gonorrhea | $\begin{aligned} & \mathrm{Y}=\mathrm{Yes} \\ & \mathrm{~N}=\mathrm{No} \\ & \mathrm{U}=\text { Unknown } \end{aligned}$ |
| 144 | SYPH | Infections Present--Syphilis | Y, N, U |
| 145 | CHAM | Infections Present--Chlamydia | Y, N, U |
| 146 | HEPB | Infections Present--Hepatitis B | Y, N, U |
| 147 | HEPC | Infections Present--Hepatitis C | Y, N, U |
| 148 | CERV | Obstetric Procedures--Cervical Cerclage | $\begin{aligned} & \mathrm{Y}=\mathrm{Yes} \\ & \mathrm{~N}=\mathrm{No} \\ & \mathrm{U}=\text { Unknown } \end{aligned}$ |
| 149 | TOC | Obstetric Procedures--Tocolysis | Y, $\mathrm{N}, \mathrm{U}$ |
| 150 | ECVS | Obstetric Procedures--Successful External Cephalic Version | Y, N, U |
| 151 | ECVF | Obstetric Procedures--Failed External Cephalic Version | Y, N, U |
| 152 | PROM | Onset of Labor--Premature Rupture of Membranes | $\begin{aligned} & \mathrm{Y}=\mathrm{Yes} \\ & \mathrm{~N}=\mathrm{No} \\ & \mathrm{U}=\text { Unknown } \end{aligned}$ |
| 153 | PRIC | Onset of Labor--Precipitous Labor | Y, N, U |
| 154 | PROL | Onset of Labor--Prolonged Labor | Y, N, U |
| 155 | INDL | Characteristics of Labor \& Delivery--Induction of Labor | $\begin{aligned} & \mathrm{Y}=\mathrm{Yes} \\ & \mathrm{~N}=\mathrm{No} \\ & \mathrm{U}=\text { Unknown } \end{aligned}$ |


| Field \# | Name | Contents | Code Structure Description |
| :---: | :---: | :---: | :---: |
| 156 | NVPR | Characteristics of Labor \& Delivery--Non-vertex Presentation | $\begin{aligned} & \mathrm{Y}=\mathrm{Yes} \\ & \mathrm{~N}=\mathrm{No} \\ & \mathrm{U}=\text { Unknown } \end{aligned}$ |
| 157 | AUGL | Characteristics of Labor \& Delivery--Augmentation of Labor | Y, N, U |
| 158 | STER | Characteristics of Labor \& Delivery--Steroids | Y, N, U |
| 159 | ANTB | Characteristics of Labor \& Delivery--Antibiotics | Y, N, U |
| 160 | CHOR | Characteristics of Labor \& Delivery--Chorioamnionitis | Y, N, U |
| 161 | MECS | Characteristics of Labor \& Delivery--Meconium Staining | Y, N, U |
| 162 | FINT | Characteristics of Labor \& Delivery--Fetal Intolerance | Y, N, U |
| 163 | ESAN | Characteristics of Labor \& Delivery--Anesthesia | Y, N, U |
| 164 | ATTF | Method of Delivery--Attempted Forceps | Y, N, U |
| 165 | ATTV | Method of Delivery--Attempted Vacuum | Y, N, U |
| 166 | PRES | Method of Delivery--Fetal Presentation | $\begin{aligned} & 1=\text { Cephalic } \\ & 2=\text { Breech } \\ & 3=\text { Other } \\ & 9=\text { Unknown } \end{aligned}$ |
| 167 | ROUT | Method of Delivery--Route and Method of Delivery | $\begin{aligned} & 1=\text { Spontaneous } \\ & 2=\text { Forceps } \\ & 3=\text { Vacuum } \\ & 4=\text { Cesarean } \\ & 9=\text { Unknown } \end{aligned}$ |
| 168 | TLAB | Method of Delivery--Trial of Labor Attempted | $\begin{aligned} & Y=\text { Yes } \\ & N=N o \\ & U=\text { Unknown } \\ & X=\text { Not Applicable } \end{aligned}$ |
| 169 | MTR | Maternal Morbidity--Maternal Transfusion | $\begin{aligned} & Y=Y e s \\ & N=N o \\ & U=\text { Unknown } \end{aligned}$ |
| 170 | PLAC | Maternal Morbidity--Perineal Laceration | Y, N, U |
| 171 | RUT | Maternal Morbidity--Ruptured Uterus | Y, N, U |
| 172 | UHYS | Maternal Morbidity--Unplanned Hysterectomy | Y, N, U |
| 173 | AINT | Maternal Morbidity--Admit to Intensive Care | Y, N, U |


| Field \# | Name | Contents | Code Structure Description |
| :---: | :---: | :---: | :---: |
| 174 | UOPR | Maternal Morbidity--Unplanned Operation | Y, N, U |
| 175 | BWG | Birthweight in grams | 0000-9998; 9999=unknown |
| 176 | BW_BYPASS | Birthweight--Edit Flag | $\begin{aligned} & 0=\text { Off } \\ & 1 \text { = Queried data correct, out of range } \\ & 2=\text { Queried, failed birthweight/gestation edit } \end{aligned}$ |
| 177 | OWGEST | Obstetric Estimation of Gestation | 00-98, 99 |
| 178 | OWGEST_BYPASS | Obstetric Estimation of Gestation--Edit Flag | $\begin{aligned} & 0=\text { Off } \\ & 1=\text { Queried data correct, out of range } \end{aligned}$ |
| 179 | APGAR5 | Apgar Score at 5 Minutes | 00-10, 99 |
| 180 | APGAR10 | Apgar Score at 10 Minutes | 00-10, 88, 99 |
| 181 | PLUR | Plurality | 01-12, 99 |
| 182 | SORD | Set Order | 01-12, 99 |
| 183 | LIVEB | Number of Live Born | 01-12, 99 |
| 184 | MATCH | Matching Number | left 0 filled; 000001-999999 |
| 185 | PLUR_BYPASS | Plurality--Edit Flag | $\begin{aligned} & 0=\text { OFF } \\ & 1 \text { = Queried, and Correct } \\ & 2 \text { = Plurality/Set Order Queried, Inconsistent } \end{aligned}$ |
| 186 | AVEN1 | Abnormal Conditions of the Newborn--Assisted Ventilation | $\begin{aligned} & \mathrm{Y}=\mathrm{Yes} \\ & \mathrm{~N}=\mathrm{No} \\ & \mathrm{U}=\text { Unknown } \end{aligned}$ |
| 187 | AVEN6 | Abnormal Conditions of the Newborn--Assisted Ventilation > 6 hours | Y, N, U |
| 188 | NICU | Abnormal Conditions of the Newborn--Admission to NICU | Y, N, U |
| 189 | SURF | Abnormal Conditions of the Newborn--Surfactant Replacement | Y, N, U |
| 190 | ANTI | Abnormal Conditions of the Newborn--Antibiotics | Y, N, U |
| 191 | SEIZ | Abnormal Conditions of the Newborn--Seizures | Y, N, U |
| 192 | BINJ | Abnormal Conditions of the Newborn--Birth Injury | Y, N, U |
| 193 | ANEN | Congenital Anomalies of the Newborn--Anencephaly | $\begin{aligned} & \mathrm{Y}=\mathrm{Yes} \\ & \mathrm{~N}=\mathrm{No} \\ & \mathrm{U}=\text { Unknown } \end{aligned}$ |


| Field \# | Name | Contents | Code Structure Description |
| :---: | :---: | :---: | :---: |
| 194 | MNSB | Congenital Anomalies of the Newborn-Meningomyelocele/Spina Bifida | Y, N, U |
| 195 | CCHD | Congenital Anomalies of the Newborn--Cyanotic congenital heart disease | Y, N, U |
| 196 | CDH | Congenital Anomalies of the Newborn--Congenital diaphragmatic hernia | Y, N, U |
| 197 | OMPH | Congenital Anomalies of the Newborn--Omphalocele | Y, N, U |
| 198 | GAST | Congenital Anomalies of the Newborn--Gastroschisis | Y, N, U |
| 199 | LIMB | Congenital Anomalies of the Newborn--Limb Reduction Defect | Y, N, U |
| 200 | CL | Congenital Anomalies of the Newborn--Cleft Lip with or without Cleft Palate | Y, N, U |
| 201 | CP | Congenital Anomalies of the Newborn--Cleft Palate Alone | Y, N, U |
| 202 | DOWT | Congenital Anomalies of the Newborn--Down Syndrome | $\begin{aligned} & C=\text { Confirmed } \\ & P=\text { Pending } \\ & N=\text { No } \\ & U=\text { Unknown } \end{aligned}$ |
| 203 | CDIT | Congenital Anomalies of the Newborn--Suspected Chromosomal disorder | $\begin{aligned} & C=\text { Confirmed } \\ & P=\text { Pending } \\ & N=\text { No } \\ & U=\text { Unknown } \end{aligned}$ |
| 204 | HYPO | Congenital Anomalies of the Newborn--Hypospadias | $\begin{aligned} & Y=Y e s \\ & N=N o \\ & U=\text { Unknown } \end{aligned}$ |
| 205 | ITRAN | Was Infant Transferred Within 24 Hours of Delivery? | $\begin{aligned} & \mathrm{Y}=\mathrm{Yes} \\ & \mathrm{~N}=\mathrm{No} \\ & \mathrm{U}=\text { Unknown } \end{aligned}$ |
| 206 | ILIV | Is Infant Living at Time of Report? | $\begin{aligned} & Y=Y e s \\ & N=N o \\ & U=\text { Infant transferred, Status Unknown } \end{aligned}$ |
| 207 | BFED | Is Infant Being Breastfed at the Time of Discharge? | $\begin{aligned} & \mathrm{Y}=\mathrm{Yes} \\ & \mathrm{~N}=\mathrm{No} \\ & \mathrm{U}=\text { Unknown } \end{aligned}$ |


| Field \# | Name | Contents | Code Structure Description |
| :---: | :---: | :---: | :---: |
| 208 | MAGER | Mother's Reported Age | 00-98, 99 |
| 209 | EHYPE | Risk Factors--Hypertension Eclampsia (RECOMMENDED ADDITION EFFECTIVE 2004) | Y, N, U (BLANK IF NOT ADDED) |
| 210 | INFT_DRG | Risk Factors--Infertility: Fertility Enhancing Drugs (RECOMMENDED ADDITION EFFECTIVE 2004) | $\begin{aligned} & Y=\text { Yes } \\ & N=\text { No } \\ & X=\text { Not Applicable } \\ & U=\text { Unknown } \\ & \text { (BLANK IF NOT ADDED) } \end{aligned}$ |
| 211 | INFT_ART | Risk Factors--Infertility: Asst. Rep. Technology (RECOMMENDED ADDITION EFFECTIVE 2004) | $\mathrm{Y}, \mathrm{N}, \mathrm{X}, \mathrm{U}$ (BLANK IF NOT ADDED) |
| 212 | MCPH | Abnormal Conditions of the Newborn--Microcephaly | Y, N, U |
| 213 | KIDFNAME | Child's First Name | Free form literal |
| 214 | KIDMNAME | Child's Middle Name | Free form literal |
| 215 | KIDLNAME | Child's Last Name | Free form literal |
| 216 | KIDSUFFX | Child's Surname Suffix (moved from end) | Valid suffix |
| 217 | BIRTH_CO | County of Birth (Literal) | valid county literal |
| 218 | BRTHCITY | City/town/place of birth (Literal) | Valid city/town/place literal |
| 219 | HOSP | Name of Facility of Birth | Facility name literal |
| 220 | MOMFNAME | Mother's First Name | Free form literal |
| 221 | MOMMIDDL | Mother's Middle Name | Free form literal |
| 222 | MOMLNAME | Mother's Last Name | Free form literal |
| 223 | MOMSUFFX | Mother's Surname Suffix | Valid suffix |
| 224 | MOMFMNME | Mother's First Maiden Name | Free form literal |
| 225 | MOMMMID | Mother's Middle Maiden Name | Free form literal |
| 226 | MOMMAIDN | Mother's Maiden Surname | Free form literal |
| 227 | MOMMSUFX | Mother's Maiden Surname Suffix | Valid suffix |
| 228 | STNUM | Residence Street Number | parsed residence address |
| 229 | PREDIR | Residence Pre Directional | parsed residence address |
| 230 | STNAME | Residence Street name | parsed residence address |
| 231 | STDESIG | Residence Street designator | parsed residence address |


| Field \# | Name | Contents | Code Structure Description |
| :---: | :---: | :---: | :---: |
| 232 | POSTDIR | Residence Post Directional | parsed residence address |
| 233 | UNUM | Residence Unit or Apartment Number | parsed residence address |
| 234 | ADDRESS | Mother's Residence Street Address | The item is made up of one long string that includes Street number, Pre Directional, Street name, Street designator, Post Directional, and Unit or Apartment Number. Jurisdiction should use version of Mother's Residence address that's used in their system versus reprogramming. |
| 235 | ZIPCODE | Mother's Residence Zip Code and Zip+4 | Valid 5+4 digit zip code; 3 space 3 for Canada; unknown portion left blank; do not include the "-" |
| 236 | COUNTYTXT | Mother's Residence County (Literal) | Valid county literal |
| 237 | CITYTEXT | Mother's Residence City/Town (Literal) | Valid city/town/place literal |
| 238 | STATETXT | State, U.S. Territory or Canadian Province of Residence (Mother) - literal | Valid state, U.S. territory or Canadian province literal, otherwise blank |
| 239 | CNTRYTXT | Mother's Residence Country (Literal) | Valid text for country of residence |
| 240 | DADFNAME | Father's First Name | Free form literal |
| 241 | DADMNAME | Father's Middle Name | Free form literal |
| 242 | DADLNAME | Father's Last Name | Free form literal |
| 243 | DADSUFFX | Father's Surname Suffix | Valid suffix |
| 244 | MOM_SSN | Mother's Social Security Number | 9 digit SSN; blank if unknown or not sharable |
| 245 | DAD_SSN | Father's Social Security Number | 9 digit SSN; blank if unknown or not sharable |
| 246 | MAGE_CALC | Mother's Age (Calculated) | 0-98, 99 |
| 247 | FAGE_CALC | Father's Age (Calculated) | 0-98, 99 |
| 248 | MOM_OC_T | Occupation of Mother | Literal for mother's usual occupation |
| 249 | MOM_OC_C | Occupation of Mother (coded) | Refer to NCHS Instruction Manual Part 19, Industry and Occupation Coding for Death Certificates, 2003. Leave blank if using a coding system other than this |
| 250 | DAD_OC_T | Occupation of Father | Literal for father's usual occupation |
| 251 | DAD_OC_C | Occupation of Father (coded) | Refer to NCHS Instruction Manual Part 19, Industry and Occupation Coding for Death Certificates, 2003. Leave blank if using a coding system other than this |
| 252 | MOM_IN_T | Industry of Mother | Literal for mother's corresponding industry |


| Field \# | Name | Contents | Code Structure Description |
| :---: | :---: | :---: | :---: |
| 253 | MOM_IN_C | Industry of Mother (coded) | Refer to NCHS Instruction Manual Part 19, Industry and Occupation Coding for Death Certificates, 2003. Leave blank if using a coding system other than this |
| 254 | DAD_IN_T | Industry of Father | Literal for father's corresponding industry |
| 255 | DAD_IN_C | Industry of Father (coded) | Refer to NCHS Instruction Manual Part 19, Industry and Occupation Coding for Death Certificates, 2003. Leave blank if using a coding system other than this |
| 256 | METHNIC5C | Mother's Hispanic Code for Literal | NCHS Appendix D |
| 257 | METHNICE | Mother's Edited Hispanic Origin Code | NCHS will send this information to occurrence state for editing or special codes. Send it if available at the time of regular transmission to receiving states. Do not wait to obtain from NCHS if outside of the normal time frame for Interjurisdictional exchange. |
| 258 | MRACEBG_C | Mother's Bridged Race - NCHS Code | ```\(01=\) White 02 = Black 03 = American Indian/Alaskan Native 04 = Asian Indian \(05=\) Chinese \(06=\) Filipino 07 = Japanese 08 = Korean \(09=\) Vietnamese \(10=\) Other Asian 11 = Native Hawaiian 12 = Guamanian 13 = Samoan 14 = Other Pacific Islander 15 = Other 21 = Bridged White 22 = Bridged Black 23 = Bridged American Indian/Alaskan Native 24 = Bridged Asian \& Pacific Islander``` |
| 259 | FETHNIC5C | Father's Hispanic Code for Literal | NCHS Appendix D |
| 260 | FETHNICE | Father's Edited Hispanic Origin Code | NCHS Appendix D |


| Field \# | Name | Contents | Code Structure Description |
| :---: | :---: | :---: | :---: |
| 261 | FRACEBG_C | Father's Bridged Race - NCHS Code | $\begin{aligned} & 01 \text { = White } \\ & 02 \text { = Black } \\ & 03 \text { = American Indian/Alaskan Native } \\ & 04 \text { = Asian Indian } \\ & 05 \text { = Chinese } \\ & 06 \text { = Filipino } \\ & 07 \text { = Japanese } \\ & 08 \text { = Korean } \\ & 09 \text { = Vietnamese } \\ & 10=\text { Other Asian } \\ & 11=\text { Native Hawaiian } \\ & 12 \text { = Guamanian } \\ & 13=\text { Samoan } \\ & 14 \text { = Other Pacific Islander } \\ & 15 \text { = Other } \\ & 21=\text { Bridged White } \\ & 22 \text { = Bridged Black } \\ & 23=\text { Bridged American Indian/Alaskan Native } \\ & 24 \text { = Bridged Asian \& Pacific Islander } \end{aligned}$ |
| 262 | METHNIC_T | Mother's Hispanic Origin - Specify | Text, comma delimit multiple entries |
| 263 | MRACE_T | Mother's Race - Specify | Text, comma delimit multiple entries |
| 264 | FETHNIC_T | Father's Hispanic Origin - Specify | Text, comma delimit multiple entries |
| 265 | FRACE_T | Father's Race - Specify | Text, comma delimit multiple entries |
| 266 | HOSPFROM | Facility Mother Moved From (if transferred) | Literal facility name; blank if not transferred |
| 267 | HOSPTO | Facility Infant Transferred To (if transferred w/in 24 hours) | Literal facility name; blank if not transferred |
| 268 | ATTEND_OTH_TXT | Attendant ("Other" specified text) | Alpha character string when "Other" text is specified |
| 269 | MMIS_ID | Mother's Medicaid ID number (if applicable) | Free form literal |
| 270 | PNC1 | Source of Prenatal Care - Hospital Clinic | $\begin{aligned} & Y=\text { Yes } \\ & N=\text { No } \\ & X=\text { Not Applicable } \\ & U=\text { Unknown } \\ & \text { (BLANK IF NOT ADDED) } \end{aligned}$ |


| Field \# | Name | Contents | Code Structure Description |
| :---: | :---: | :---: | :---: |
| 271 | PNC2 | Source of Prenatal Care - Public Health Clinic | $\begin{aligned} & Y=\text { Yes } \\ & N=\text { No } \\ & X=\text { Not Applicable } \\ & U=\text { Unknown } \\ & \text { (BLANK IF NOT ADDED) } \end{aligned}$ |
| 272 | PNC3 | Source of Prenatal Care - Private Physician | $\begin{aligned} & Y=\text { Yes } \\ & N=\text { No } \\ & X=\text { Not Applicable } \\ & U=\text { Unknown } \\ & \text { (BLANK IF NOT ADDED) } \end{aligned}$ |
| 273 | PNC4 | Source of Prenatal Care - Midwife | $\begin{aligned} & Y=\text { Yes } \\ & N=\text { No } \\ & X=\text { Not Applicable } \\ & U=\text { Unknown } \\ & \text { (BLANK IF NOT ADDED) } \end{aligned}$ |
| 274 | PNC5 | Source of Prenatal Care - None | $\begin{aligned} & Y=\text { Yes } \\ & N=\text { No } \\ & X=\text { Not Applicable } \\ & U=\text { Unknown } \\ & \text { (BLANK IF NOT ADDED) } \end{aligned}$ |
| 275 | PNC6 | Source of Prenatal Care - Unknown | $\begin{aligned} & Y=\text { Yes } \\ & N=\text { No } \\ & X=\text { Not Applicable } \\ & U=\text { Unknown } \\ & \text { (BLANK IF NOT ADDED) } \end{aligned}$ |
| 276 | PNC7 | Source of Prenatal Care - Other | $\begin{aligned} & Y=\text { Yes } \\ & N=\text { No } \\ & X=\text { Not Applicable } \\ & U=\text { Unknown } \\ & \text { (BLANK IF NOT ADDED) } \end{aligned}$ |
| 277 | PNC8 | Source of Prenatal Care - Other, specify | literal; blank |
| 278 | HEPB_VAX | Hepatitis B Immunization Given? (Infant) | Y, N, U |
| 278 | CMS_CONTROL | CMS Control Number | Free form literal |

## Mortality

| Field \# | Name | Contents | Code Structure Description |
| :---: | :---: | :---: | :---: |
| 1 | DOD_YR | Date of Death--Year | 4 digit year |
| 2 | DSTATE | State, U.S. Territory or Canadian Province of Death code | NCHS Instruction Manual: Part 8 <br> For U.S. Territories: <br> MP NORTHERN MARIANAS <br> AS AMERICAN SAMOA <br> GU GUAM <br> VI VIRGIN ISLANDS <br> PR PUERTO RICO <br> For Canadian Provinces: <br> AB ALBERTA <br> BC BRITISH COLUMBIA <br> MB MANITOBA <br> NB NEW BRUNSWICK <br> NL NEWFOUNDLAND AND LABRADOR <br> NS NOVA SCOTIA <br> NT NORTHWEST TERRITORIES <br> NU NUNAVUT <br> ON ONTARIO <br> PE PRINCE EDWARD ISLAND <br> QC QUEBEC <br> SK SASKATCHEWAN <br> YT YUKON |
| 3 | GNAME | Decedent's Legal Name--Given |  |
| 4 | MNAME | Decedent's Legal Name--Middle |  |
| 5 | LNAME | Decedent's Legal Name--Last | Last name is required |
| 6 | SUFF | Decedent's Legal Name--Suffix |  |
| 7 | ALIAS | Decedent's Legal Name--Alias | $0=$ Original Record <br> 1 = Alias Record |
| 8 | SEX | Sex | $\begin{aligned} & \mathrm{M}=\text { Male } \\ & \mathrm{F}=\text { Female } \\ & \mathrm{U}=\text { Unknown } \end{aligned}$ |


| Field \# | Name | Contents | Code Structure Description |
| :---: | :---: | :---: | :---: |
| 9 | SEX_BYPASS | Sex--Edit Flag | $0=$ Edit Passed $1=$ Edit Failed, Data Queried, and Verified |
| 10 | SSN | Social Security Number | 9 digit SSN; blank if unknown or not sharable |
| 11 | AGETYPE | Decedent's Age--Type | $\begin{aligned} & 1=\text { Years } \\ & 2=\text { Months } \\ & 4=\text { Days } \\ & 5=\text { Hours } \\ & 6=\text { Minutes } \\ & 9=\text { Unknown (not classifiable) } \end{aligned}$ |
| 12 | AGE | Decedent's Age--Units | $\begin{aligned} & \begin{array}{l} 001-135,999 \\ \text { Codes: If AGETYPE = } \end{array} \\ & 1 \text { then 001-135,999 } \\ & 2 \text { then 001-011,999 } \\ & 4 \text { then 001-027,999 } \\ & 5 \text { then 001-023,999 } \\ & 6 \text { then 001-059,999 } \\ & 9 \text { then } 999 \end{aligned}$ |
| 13 | AGE_BYPASS | Decedent's Age--Edit Flag | $0=$ Edit Passed $1=$ Edit Failed, Data Queried, and Verified |
| 14 | DOB_YR | Date of Birth--Year | 4 digit year; < =year of death, 9999 |
| 15 | DOB_MO | Date of Birth--Month | 01-12, 99 |
| 16 | DOB_DY | Date of Birth--Day | 01-31 (based on month), 99 |
| 17 | CITYC | Decedent's Residence--City | NCHS Instruction Manual: Part 8 |
| 18 | COUNTYC | Decedent's Residence--County | NCHS Instruction Manual: Part 8 |


| Field \# | Name | Contents | Code Structure Description |
| :---: | :---: | :---: | :---: |
| 19 | STATEC | State, U.S. Territory or Canadian Province of Decedent's residence - code | NCHS Instruction Manual: Part 8 <br> ZZ = UNKNOWN OR BLANK U.S. STATE OR TERRITORY OR <br> UNKNOWN/ UNCLASSIFIABLE COUNTRY <br> XX = COUNTRY IS CANADA BUT UNKNOWN CANADIAN <br> PROVINCE OR ANY COUNTRY THAT IS KNOWN, BUT NOT U.S. <br> OR CANADA <br> For U.S. Territories: <br> MP NORTHERN MARIANAS <br> AS AMERICAN SAMOA <br> GU GUAM <br> VI VIRGIN ISLANDS <br> PR PUERTO RICO <br> For Canadian Provinces: <br> AB ALBERTA <br> BC BRITISH COLUMBIA <br> MB MANITOBA <br> NB NEW BRUNSWICK <br> NL NEWFOUNDLAND AND LABRADOR <br> NS NOVA SCOTIA <br> NT NORTHWEST TERRITORIES <br> NU NUNAVUT <br> ON ONTARIO <br> PE PRINCE EDWARD ISLAND <br> QC QUEBEC <br> SK SASKATCHEWAN <br> YT YUKON |
| 20 | COUNTRYC | Decedent's Residence--Country | NCHS Instruction Manual: Part 8 |
| 21 | LIMITS | Decedent's Residence--Inside City Limits | $\begin{aligned} & \mathrm{Y}=\mathrm{Yes} \\ & \mathrm{~N}=\mathrm{No} \\ & \mathrm{U}=\text { Unknown } \end{aligned}$ |


| Field \# | Name | Contents | Code Structure Description |
| :---: | :---: | :---: | :---: |
| 22 | MARITAL | Marital Status | $\begin{aligned} & M=\text { Married } \\ & A=\text { Married but Separated } \\ & W=\text { Widowed } \\ & D=\text { Divorced } \\ & S=\text { Never Married } \\ & U \text { = Not Classifiable } \end{aligned}$ |
| 23 | MARITAL_BYPASS | Marital Status--Edit Flag | $\begin{aligned} & 0=\text { Edit Passed } \\ & 1 \text { = Edit Failed, Data Queried, and Verified } \\ & 2=\text { Edit Failed, Data Queried, but not Verified } \\ & 4=\text { Edit Failed, Query Needed } \end{aligned}$ |
| 24 | DPLACE | Place of Death | $\begin{aligned} & 1=\text { Inpatient } \\ & 2 \text { = Emergency Room/Outpatient } \\ & 3 \text { = Dead on Arrival } \\ & 4 \text { = Decedent's Home } \\ & 5=\text { Hospice Facility } \\ & 6=\text { Nursing Home/Long Term Care Facility } \\ & 7=\text { Other } \\ & 9=\text { Unknown } \end{aligned}$ |
| 25 | COD | County of Death Occurrence | NCHS Instruction Manual: Part 8 <br> Variable description ("Contents") edited; same as NCHS "Facility Name--County" |
| 26 | DOD_MO | Date of Death--Month | 01-12, 99 |
| 27 | DOD_DY | Date of Death--Day | 01-31 (based on month), 99 |
| 28 | TOD | Time of Death | 0000-2359, 9999 |
| 29 | DEDUC | Decedent's Education | 1 = 8th grade or less <br> 2 = 9th through 12th grade; no diploma <br> 3 = High School Graduate or GED Completed <br> 4 = Some college credit, but no degree <br> 5 = Associate Degree <br> 6 = Bachelor's Degree <br> 7 = Master's Degree <br> 8 = Doctorate Degree or Professional Degree <br> 9 = Unknown |


| Field \# | Name | Contents | Code Structure Description |
| :---: | :---: | :---: | :---: |
| 30 | DEDUC_BYPASS | Decedent's Education--Edit Flag | $0=$ Edit Passed <br> 1 = Edit Failed, Data Queried, and Verified <br> 2 = Edit Failed, Data Queried, but not Verified <br> 3 = Edit Failed, Review Needed <br> 4 = Edit Failed, Query Needed |
| 31 | DETHNIC1 | Decedent of Hispanic Origin?--Mexican | $\begin{aligned} & \mathrm{N}=\text { No, Not Mexican } \\ & \mathrm{H}=\text { Yes, Mexican } \\ & \mathrm{U}=\text { Unknown } \end{aligned}$ |
| 32 | DETHNIC2 | Decedent of Hispanic Origin?--Puerto Rican | $\begin{aligned} & \mathrm{N}=\text { No, Not Puerto Rican } \\ & \mathrm{H}=\text { Yes, Puerto Rican } \\ & \mathrm{U}=\text { Unknown } \end{aligned}$ |
| 33 | DETHNIC3 | Decedent of Hispanic Origin?--Cuban | $\begin{aligned} & \mathrm{N}=\text { No, Not Cuban } \\ & \mathrm{H}=\text { Yes, Cuban } \\ & \mathrm{U}=\text { Unknown } \end{aligned}$ |
| 34 | DETHNIC4 | Decedent of Hispanic Origin?--Other | $\begin{aligned} & \mathrm{N}=\text { No, Not other Hispanic } \\ & \mathrm{H}=\text { Yes, other Hispanic } \\ & \mathrm{U}=\text { Unknown } \end{aligned}$ |
| 35 | DETHNIC5 | Decedent of Hispanic Origin?--Other, Literal | Literal; Blank |
| 36 | RACE1 | Decedent's Race--White | $\mathrm{Y}=\mathrm{Yes}$, box for race checked <br> $\mathrm{N}=\mathrm{No}$, box for race not checked |
| 37 | RACE2 | Decedent's Race--Black or African American | Y, N |
| 38 | RACE3 | Decedent's Race--American Indian or Alaska Native | Y, N |
| 39 | RACE4 | Decedent's Race--Asian Indian | Y, N |
| 40 | RACE5 | Decedent's Race--Chinese | $Y, N$ |
| 41 | RACE6 | Decedent's Race--Filipino | $Y, N$ |
| 42 | RACE7 | Decedent's Race--Japanese | Y, N |
| 43 | RACE8 | Decedent's Race--Korean | Y, N |
| 44 | RACE9 | Decedent's Race--Vietnamese | $Y, N$ |
| 45 | RACE10 | Decedent's Race--Other Asian | $Y, N$ |
| 46 | RACE11 | Decedent's Race--Native Hawaiian | Y, N |
| 47 | RACE12 | Decedent's Race--Guamanian or Chamorro | Y, N |
| 48 | RACE13 | Decedent's Race--Samoan | Y, N |


| Field \# | Name | Contents | Code Structure Description |
| :---: | :---: | :---: | :---: |
| 49 | RACE14 | Decedent's Race--Other Pacific Islander | Y, N |
| 50 | RACE15 | Decedent's Race--Other | Y, N |
| 51 | RACE16 | Decedent's Race--First American Indian or Alaska Native Literal | Literal; Blank |
| 52 | RACE17 | Decedent's Race--Second American Indian or Alaska Native Literal | Literal; Blank |
| 53 | RACE18 | Decedent's Race--First Other Asian Literal | Literal; Blank |
| 54 | RACE19 | Decedent's Race--Second Other Asian Literal | Literal; Blank |
| 55 | RACE20 | Decedent's Race--First Other Pacific Islander Literal | Literal; Blank |
| 56 | RACE21 | Decedent's Race--Second Other Pacific Islander Literal | Literal; Blank |
| 57 | RACE22 | Decedent's Race--First Other Literal | Literal; Blank |
| 58 | RACE23 | Decedent's Race--Second Other Literal | Literal; Blank |
| 59 | RACE1E | Race tabulation variables | Appendix I <br> (Values for fields 67-82 returned from NCHS) |
| 60 | RACE2E | Race tabulation variables | Appendix I |
| 61 | RACE3E | Race tabulation variables | Appendix I |
| 62 | RACE4E | Race tabulation variables | Appendix I |
| 63 | RACE5E | Race tabulation variables | Appendix I |
| 64 | RACE6E | Race tabulation variables | Appendix I |
| 65 | RACE7E | Race tabulation variables | Appendix I |
| 66 | RACE8E | Race tabulation variables | Appendix I |
| 67 | RACE16C | Race tabulation variables | Appendix I |
| 68 | RACE17C | Race tabulation variables | Appendix I |
| 69 | RACE18C | Race tabulation variables | Appendix I |
| 70 | RACE19C | Race tabulation variables | Appendix I |
| 71 | RACE20C | Race tabulation variables | Appendix I |
| 72 | RACE21C | Race tabulation variables | Appendix I |
| 73 | RACE22C | Race tabulation variables | Appendix I |
| 74 | RACE23C | Race tabulation variables | Appendix I |


| Field \# | Name | Contents | Code Structure Description |
| :--- | :--- | :--- | :--- |
| 75 | RACE_MVR | Decedent's Race--Missing | R = Refused <br> S = Sought, but Unknown <br> C = Not Obtainable |
| 76 | OCCUP | Occupation -- Literal (REQUIRED) |  |
| 77 | OCCUPC | Occupation -- Code (OPTIONAL) | Refer to NCHS Instruction Manual Part 19, Industry and Occupation <br> Coding for Death Certificates, 2003. Leave blank if using a coding <br> system other than this. |
| 78 | INDUST | Industry -- Literal (REQUIRED) | Refer to NCHS Instruction Manual Part 19, Industry and Occupation <br> Coding for Death Certificates, 2003. Leave blank if using a coding <br> system other than this. |
| 79 | INDUSTC | Industry -- Code (OPTIONAL) | Left 0 filled; 000001-999999, BLANK |
| 80 | BCNO | Infant Death/Birth Linking - birth certificate number | 4 digit year = year of death or (year of death - 1) <br> $9999=$ unknown <br> Blank |
| 81 | IDOB_YR | Infant Death/Birth Linking - year of birth |  |


| Field \# | Name | Contents | Code Structure Description |
| :---: | :---: | :---: | :---: |
| 82 | BSTATE | Infant Death/Birth Linking - State, U.S. Territory or Canadian Province of Birth - code | NCHS Instruction Manual: Part 8 <br> ZZ = UNKNOWN OR BLANK U.S. STATE OR TERRITORY OR <br> UNKNOWN/ UNCLASSIFIABLE COUNTRY <br> XX = COUNTRY IS CANADA BUT UNKNOWN CANADIAN <br> PROVINCE OR ANY COUNTRY THAT IS KNOWN, BUT NOT U.S. <br> OR CANADA <br> YC = NEW YORK CITY <br> For U.S. Territories: <br> MP NORTHERN MARIANAS <br> AS AMERICAN SAMOA <br> GU GUAM <br> VI VIRGIN ISLANDS <br> PR PUERTO RICO <br> For Canadian Provinces: <br> AB ALBERTA <br> BC BRITISH COLUMBIA <br> MB MANITOBA <br> NB NEW BRUNSWICK <br> NL NEWFOUNDLAND AND LABRADOR <br> NS NOVA SCOTIA <br> NT NORTHWEST TERRITORIES <br> NU NUNAVUT <br> ON ONTARIO <br> PE PRINCE EDWARD ISLAND <br> QC QUEBEC <br> SK SASKATCHEWAN <br> YT YUKON |
| 83 | OCCUPC4 | Occupation -- 4 digit Code (OPTIONAL) | 4 digit code |
| 84 | INDUSTC4 | Industry -- 4 digit Code (OPTIONAL) | 4 digit code |


| Field \# | Name | Contents | Code Structure Description |
| :---: | :---: | :---: | :---: |
| 85 | MANNER | Manner of Death | Refer to the NCHS Code Structure Descriptions contained in the file layouts for SuperMicar and Transax output formats. These files are available on the NCHS website at the following address: <br> http://www.cdc.gov/nchs/nvss/vital_certificate_revisions.htm. Please note that the "Time of Injury Unit" field in position \#1075 needs to be completed in conjuction with "Time of injury" in position \#989. For Place of Injury (computer generated), record position 704, it will be a numeric code if it is from the Transax file and an alpha code if the field is generated from SuperMicar. |
| 86 | INJPL | Place of Injury (computer generated) |  |
| 87 | MAN_UC | Manual Underlying Cause |  |
| 88 | ACME_UC | ACME Underlying Cause |  |
| 89 | EAC | Entity-axis codes |  |
| 90 | TRX_FLG | Transax conversion flag: Computer Generated |  |
| 91 | RAC | Record-axis codes |  |
| 92 | AUTOP | Was Autopsy performed |  |
| 93 | AUTOPF | Were Autopsy Findings Available to Complete the Cause of Death? |  |
| 94 | TOBAC | Did Tobacco Use Contribute to Death? |  |
| 95 | PREG | Pregnancy <br> Note: sending state will use format they send to NCHS. Receiving state may wish to call "near" neighboring states where they receive the greatest volume of their resident transcripts to double check on time items a particular state uses to collect this information. It appears to be highly variable. |  |
| 96 | PREG_BYPASS | If Female--Edit Flag: From EDR only |  |
| 97 | DOI_MO | Date of injury--month |  |
| 98 | DOI_DY | Date of injury--day |  |
| 99 | DOI_YR | Date of injury--year |  |
| 100 | TOI_HR | Time of injury |  |
| 101 | WORKINJ | Injury at work |  |
| 102 | CERTL | Title of Certifier |  |
| 103 | INACT | Activity at time of death (computer generated) |  |
| 104 | STATESP | State Specific Data | Possible use for future filler unless two neighboring states wish to use for some specific information that they both collect. This would be a non-standard field |
| 105 | SUR_MO | Surgery Date--month | 01-12, 99 or Blank |
| 106 | SUR_DY | Surgery Date--day | 01-31 (based on month), 99 or Blank |


| Field \# | Name | Contents | Code Structure Description |
| :---: | :---: | :---: | :---: |
| 107 | SUR_YR | Surgery Date--year | 4 digit year; < =year of death, 9999 or Blank |
| 108 | TOI_UNIT | Time of Injury Unit | A, P, M or Blank (AM, PM or Military) |
| 109 | BLANK1 | For possible future change in transax | Blank |
| 110 | ARMEDF | Decedent ever served in Armed Forces? | $\mathrm{Y}=$ yes; $\mathrm{N}=$ no; $\mathrm{U}=$ unknown |
| 111 | DINSTI | Death Institution name | Facility name literal; if Place of Death (DPLACE)=4 (decedent's home), enter "Home" |
| 112 | ADDRESS_D | Long String address for place of death | The item is made up of one long string that includes Street number, Pre Directional, Street name, Street designator, Post Directional, and Unit or Apartment Number. Jurisdiction should use version of Place of Death address that's used in their system versus reprogramming. |
| 113 | STNUM_D | Place of death. Street number |  |
| 114 | PREDIR_D | Place of death. Pre Directional |  |
| 115 | STNAME_D | Place of death. Street name |  |
| 116 | STDESIG_D | Place of death. Street designator |  |
| 117 | POSTDIR_D | Place of death. Post Directional |  |
| 118 | CITYTEXT_D | Place of death. City or Town name | Valid city/town/location literal |
| 119 | STATETEXT_D | Place of death. State name literal | Valid text for U.S. State or Territory or Canadian Province |
| 120 | ZIP9_D | Place of death. Zip code | Valid 5+4 digit zip code; 3 space 3 for Canada; unknown portion left blank; do not include the "-" |
| 121 | COUNTYTEXT_D | Place of death. County of Death | Valid county literal |
| 122 | CITYCODE_D | Place of death. City FIPS code | NCHS Instruction Manual: Part 8. Other part of the 12 digit fips code is contained in earlier part of the record with state and county of death. This is the place or city code |
| 123 | LONG_D | Place of death. Longitude | As coded by state of occurrence. Commonly coded with space for a negative sign followed by 3 bytes, a decimal divider, and 6 decimal places. |
| 124 | LAT_D | Place of Death. Latitude | As coded by state of occurrence. Commonly coded with space for a negative sign followed by 2 bytes, a decimal divider, and 6 decimal places. |
| 125 | STNUM_R | Decedent's Residence - Street number |  |


| Field \# | Name | Contents | Code Structure Description |
| :--- | :--- | :--- | :--- |
| 126 | PREDIR_R | Decedent's Residence - Pre Directional |  |
| 127 | STNAME_R | Decedent's Residence - Street name |  |
| 128 | POSTDIR_R | Decedent's Residence - Post Directional |  |
| 129 | UNITNUM_R | Decedent's Residence - Unit or apt number | Valid city/town/location literal |
| 130 | CITYTEXT_R | Decedent's Residence - City or Town name | Valid 5+4 digit zip code; 3 space 3 for Canada; unknown portion <br> left blank; do not include the "-" |
| 131 | ZIP9_R | Decedent's Residence - ZIP code | Valid county literal |
| 132 | COUNTYTEXT_R | Decedent's Residence - County | Valid text for U.S. State or Territory or Canadian Province |
| 133 | STATETEXT_R | Decedent's Residence - State name | Valid text for country of residence |
| 134 | COUNTRYTEXT_R | Decedent's Residence - COUNTRY name | The item is made up of one long string that includes Street number, <br> Pre Directional, Street name, Street designator, Post Directional, <br> and Unit or Apartment Number. Jurisdiction should use version of <br> Decedent's Residence address that's used in their system versus <br> reprogramming. |
| 136 | DETHNICE | Long string address for decedent's place of residence <br> same as above but allows states to choose the way they <br> capture information. |  |


| Field \# | Name | Contents | Code Structure Description |
| :---: | :---: | :---: | :---: |
| 137 | NCHSBRIDGE | Race - <br> This item will be returned to occurrence state by NCHS. Sending state will send if available at the time files transmitted. Do not wait to send files if item not yet available from NCHS. Source: David Johnson, NCHS | ```\(01=\) White 02 = Black \(03=\) American Indian 04 = Asian Indian \(05=\) Chinese \(06=\) Filipino 07 = Japanese 08 = Korean \(09=\) Vietnamese \(10=\) Other Asian \(11=\) Native Hawaiian \(12=\) Guamanian 13 = Samoan 14 = Other Pacific Islander 15 = Other 21 = Bridged White 22 = Bridged Black 23 = Bridged American Indian/Alaskan Native 24 = Asian \& Pacific Islander``` |
| 138 | HISPOLDC | Hispanic - old NCHS single ethnicity codes | $0=$ Non-Hispanic <br> 1 = Mexican <br> 2 = Puerto Rican <br> 3 = Cuban <br> 4 = Central of South American <br> 5 = Other or unknown Hispanic <br> 9 = Not classifiable |
| 139 | RACEOLDC | Race - old NCHS single race codes | 1 = White; 2 = Black <br> 3 = American Indian; 4 = Chinese <br> 5 = Japanese; 6 = Hawaiian <br> 7 = Filipino; 8 = Other Asian/ Pac Islander <br> 9 = Not reported; A = Asian Indian <br> B = Korean; C = Samoan <br> D = Vietnamese; $\mathrm{E}=$ Guamian <br> F = Multi-racial |


| Field \# | Name | Contents | Code Structure Description |
| :--- | :--- | :--- | :--- |
| 140 | HISPSTSP | Hispanic Origin - Specify | Comma delimit multiple entries <br> Some states keep a version of multiple race/Hispanic origin that is in <br> an irregular format. Those states can provide what they send to <br> either NCHS in new or old format and receiving state can decide how <br> to convert. |
| 141 | RACESTSP | Race - Specify | Comma delimit multiple entries <br> Same note as above Hispanic item |
| 142 | DMIDDLE | Middle Name of Decedent | NCHS only asks for middle initial in start col 77. Free form alpha <br> literal; left justified |
| 143 | REFERRED | Was case Referred to Medical Examiner/Coroner? | Y=Yes; N=No; U=Unknown |
| 144 | POILITRL | Place of Injury- literal | Literal description; Blank for natural death |
| 145 | HOWINJ | Describe How Injury Occurred | Literal description; Blank for natural death |
| 146 | TRANSPRT | If Transportation Accident, Specify | DR=Driver/Operator <br> PA=Passenger <br> PE=Pedestrian <br> Enter full text if it does not fit above (blank for natural death) |
| 147 | COUNTYTEXT_I | County of Injury - literal | Valid county literal; blank for natural death |
| 148 | COUNTYCODE_I | County of Injury code | NCHS Instruction Manual: Part 8; 999=unknown; <br> Blank for natural death. |
| 149 | CITYTEXT_I | Town/city of Injury - literal | Valid town/city literal; blank for natural death. |
| 150 | CITYCODE_I | Town/city of Injury code | NCHS Instruction Manual: Part 8; blank for natural death. |


| Field \# | Name | Contents | Code Structure Description |
| :---: | :---: | :---: | :---: |
| 151 | STATECODE_I | State, U.S. Territory or Canadian Province of Injury code | NCHS Instruction Manual: Part 8 <br> ZZ = UNKNOWN OR BLANK U.S. STATE OR TERRITORY OR <br> UNKNOWN/ UNCLASSIFIABLE COUNTRY <br> XX = COUNTRY IS CANADA BUT UNKNOWN CANADIAN <br> PROVINCE OR ANY COUNTRY THAT IS KNOWN, BUT NOT U.S. <br> OR CANADA <br> For U.S. Territories: <br> MP NORTHERN MARIANAS <br> AS AMERICAN SAMOA <br> GU GUAM <br> VI VIRGIN ISLANDS <br> PR PUERTO RICO <br> For Canadian Provinces: <br> AB ALBERTA <br> BC BRITISH COLUMBIA <br> MB MANITOBA <br> NB NEW BRUNSWICK <br> NL NEWFOUNDLAND AND LABRADOR <br> NS NOVA SCOTIA <br> NT NORTHWEST TERRITORIES <br> NU NUNAVUT <br> ON ONTARIO <br> PE PRINCE EDWARD ISLAND <br> QC QUEBEC <br> SK SASKATCHEWAN <br> YT YUKON |
| 152 | LONG_I | Place of injury. Longitude | As coded by state of occurrence. Commonly coded with space for a negative sign followed by 3 bytes, a decimal divider, and 6 decimal places (blank if natural death). |
| 153 | LAT_I | Place of injury. Latitude | As coded by state of occurrence. Commonly coded with space for a negative sign followed by 2 bytes, a decimal divider, and 6 decimal places (blank if natural death). |


| Field \# | Name | Contents | Code Structure Description |
| :--- | :--- | :--- | :--- |
| 154 | OLDEDUC | Old NCHS education code if collected - receiving state <br> will recode as they prefer | $00=$ None <br> $01-12=$ Elementary and Secondary <br> $13=1$ Year of College <br> 14 <br> 2 |
|  |  |  | $15=3$ Years of College <br> $16=4$ <br> Years of College |
|  |  |  | $17=5$ or More Years of College <br> 99 <br> $=$ |
| 155 | REPLACE | Replacement Record -- suggested codes |  |

