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 <u>NAPHSIS STEVE</u> 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

Support mailbox

Project Director

CMSPCORQuestions@mathematica-mpr.com

Ali.Fokar@cms.hhs.gov

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 For US Territories: MP NORTHERN MARIANAS AS AMERICAN SAMOA GU GUAM VI VIRGIN ISLANDS PR PUERTO RICO For Canadian Provinces: AB ALBERTA BC BRITISH COLUMBIA MB MANITOBA NB NEW BRUNSWICK NL NEWFOUNDLAND AND LABRADOR NS NOVA SCOTIA NT NORTHWEST TERRITORIES NU NUNAVUT ON ONTARIO PE PRINCE EDWARD ISLAND QC QUEBEC SK SASKATCHEWAN YT YUKON
3	ISEX	Sex	M = Male F = Female N = Not Yet Determined
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

Natality

Field #	Name	Contents	Code Structure Description
7	BPLACE	Place Where Birth Occurred (type of place or institution)	1 = Hospital 2 = Freestanding Birth Center 3 = Home (Intended) 4 = Home (Not Intended) 5 = Home (Unknown if Intended) 6 = Clinic/Doctor's Office 7 = Other 9 = Unknown
8	FNPI	Facility ID (NPI) - if available	
9	MDOB_YR	Date of Birth (Mother)Year	4 digit year (< year of birth of child); 9999 = unknown
10	MDOB_MO	Date of Birth (Mother)Month	01-12, 99
11	MDOB_DY	Date of Birth (Mother)Day	01-31 (based on month), 99
12	MAGE_BYPASS	Date of Birth (Mother)Edit Flag	0 = Edit Passed 1 = Data Queried
13	CITYC	Residence of MotherCity	NCHS Instruction Manual: Part 8
14	COUNTYC	Residence of MotherCounty	NCHS Instruction Manual: Part 8

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

Field #	Name	Contents	Code Structure Description
19	MEDUC	Mother's Education	1 = 8th grade or less 2 = 9th through 12th grade; no diploma 3 = High School Graduate or GED Completed 4 = Some college credit, but no degree 5 = Associate Degree 6 = Bachelor's Degree 7 = Master's Degree 8 = Doctorate Degree or Professional Degree 9 = Unknown
20	MEDUC_BYPASS	Mother's EducationEdit Flag	0 = Edit Passed 1 = Edit Failed, Data Queried and Verified 2 = Edit Failed, Data Queried, but not Verified
21	METHNIC1	Mother of Hispanic Origin?Mexican	N = No, Not Mexican H = Yes, Mexican U = Unknown
22	METHNIC2	Mother of Hispanic Origin?Puerto Rican	N = No, Not Puerto Rican H = Yes, Puerto Rican U = Unknown
23	METHNIC3	Mother of Hispanic Origin?Cuban	N = No, Not Cuban H = Yes, Cuban U = Unknown
24	METHNIC4	Mother of Hispanic Origin?Other	N = No, Not other Hispanic H = Yes, other Hispanic U = Unknown
25	METHNIC5	Mother of Hispanic Origin?Other Literal	literal; blank
26	MRACE1	Mother's RaceWhite	Y = Yes, box for race checked N = No, box for race not checked
27	MRACE2	Mother's RaceBlack or African American	Y, N
28	MRACE3	Mother's RaceAmerican Indian or Alaska Native	Y, N
29	MRACE4	Mother's RaceAsian Indian	Y, N
30	MRACE5	Mother's RaceChinese	Y, N
31	MRACE6	Mother's RaceFilipino	Y, N
32	MRACE7	Mother's RaceJapanese	Y, N

Field #	Name	Contents	Code Structure Description
33	MRACE8	Mother's RaceKorean	Y, N
34	MRACE9	Mother's RaceVietnamese	Y, N
35	MRACE10	Mother's RaceOther Asian	Y, N
36	MRACE11	Mother's RaceNative Hawaiian	Y, N
37	MRACE12	Mother's RaceGuamanian or Chamorro	Y, N
38	MRACE13	Mother's RaceSamoan	Y, N
39	MRACE14	Mother's RaceOther Pacific Islander	Y, N
40	MRACE15	Mother's RaceOther	Y, N
41	MRACE16	Mother's RaceFirst American Indian or Alaska Native Literal	Literal; blank
42	MRACE17	Mother's RaceSecond American Indian or Alaska Native Literal	Literal; blank
43	MRACE18	Mother's RaceFirst Other Asian Literal	Literal; blank
44	MRACE19	Mother's RaceSecond Other Asian Literal	Literal; blank
45	MRACE20	Mother's RaceFirst Other Pacific Islander Literal	Literal; blank
46	MRACE21	Mother's RaceSecond Other Pacific Islander Literal	Literal; blank
47	MRACE22	Mother's RaceFirst Other Literal	Literal; blank
48	MRACE23	Mother's RaceSecond Other Literal	Literal; blank
49	MRACE1E	Mother's Race Tabulation Variable 1E	NCHS Appendix E (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 2 = 9th through 12th grade; no diploma 3 = High School Graduate or GED Completed 4 = Some college credit, but no degree 5 = Associate Degree 6 = Bachelor's Degree 7 = Master's Degree 8 = Doctorate Degree or Professional Degree 9 = Unknown
66	FEDUC_BYPASS	Father's EducationEdit Flag	 0 = Edit Passed 1 = Edit Failed, Data Queried and Verified 2 = Edit Failed, Data Queried, but not Verified
67	FETHNIC1	Father of Hispanic Origin?Mexican	N = No, Not Mexican H = Yes, Mexican U = Unknown
68	FETHNIC2	Father of Hispanic Origin?Puerto Rican	N = No, Not Puerto Rican H = Yes, Puerto Rican U = Unknown
69	FETHNIC3	Father of Hispanic Origin?Cuban	N = No, Not Cuban H = Yes, Cuban U = Unknown
70	FETHNIC4	Father of Hispanic Origin?Other	N = No, Not other Hispanic H = Yes, other Hispanic U = Unknown
71	FETHNIC5	Father of Hispanic Origin?Other Literal	Literal; blank
72	FRACE1	Father's RaceWhite	Y = Yes, box for race checked N = No, box for race not checked

Field #	Name	Contents	Code Structure Description
73	FRACE2	Father's RaceBlack or African American	Y, N
74	FRACE3	Father's RaceAmerican Indian or Alaska Native	Y, N
75	FRACE4	Father's RaceAsian Indian	Y, N
76	FRACE5	Father's RaceChinese	Y, N
77	FRACE6	Father's RaceFilipino	Y, N
78	FRACE7	Father's RaceJapanese	Y, N
79	FRACE8	Father's RaceKorean	Y, N
80	FRACE9	Father's RaceVietnamese	Y, N
81	FRACE10	Father's RaceOther Asian	Y, N
82	FRACE11	Father's RaceNative Hawaiian	Y, N
83	FRACE12	Father's RaceGuamanian or Chamorro	Y, N
84	FRACE13	Father's RaceSamoan	Y, N
85	FRACE14	Father's RaceOther Pacific Islander	Y, N
86	FRACE15	Father's RaceOther	Y, N
87	FRACE16	Father's RaceFirst American Indian or Alaska Native Literal	Literal; blank
88	FRACE17	Father's RaceSecond American Indian or Alaska Native Literal	Literal; blank
89	FRACE18	Father's RaceFirst Other Asian Literal	Literal; blank
90	FRACE19	Father's RaceSecond Other Asian Literal	Literal; blank
91	FRACE20	Father's RaceFirst Other Pacific Islander Literal	Literal; blank
92	FRACE21	Father's RaceSecond Other Pacific Islander Literal	Literal; blank
93	FRACE22	Father's RaceFirst Other Literal	Literal; blank
94	FRACE23	Father's RaceSecond Other Literal	Literal; blank
95	FRACE1E	Father's Race Tabulation Variable 1E	NCHS Appendix E (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	1 = MD 2 = DO 3 = CNM/CM 4 = Other midwife 5 = Other (specify) 9 = Unknown
112	TRAN	Mother Transferred?	Y = Yes N = No U = Unknown
113	DOFP_MO	Date of First Prenatal Care VisitMonth	01-12, 88=no care, 99=unknown
114	DOFP_DY	Date of First Prenatal Care VisitDay	01-31 (based on month), 88=no care, 99=unknown
115	DOFP_YR	Date of First Prenatal Care VisitYear	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 VisitsEdit Flag	0 = Edit Passed 1 = Edit Failed, Number Verified 2 = Edit Failed, Number not Verified
118	WIC	Did Mother get WIC Food for Herself?	Y = Yes N = No U = Unknown

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	РОРО	Previous Other Pregnancy Outcomes	00-30, 99
122	MLLB	Date of Last Live BirthMonth	01-12, 88, 99
123	YLLB	Date of Last Live BirthYear	4 digit year;(year of mother's birth + 10) through year of child's birth, 8888, 9999
124	моро	Date of Last Other Pregnancy OutcomeMonth	01-12, 88, 99
125	УОРО	Date of Last Other Pregnancy OutcomeYear	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	1 = Medicaid 2 = Private Insurance 3 = Self-pay 4 = Indian Health Service 5 = CHAMPUS/TRICARE 6 = Other Government (Fed, State, Local) 8 = Other 9 = Unknown
131	DLMP_YR	Date Last Normal Menses BeganYear	4 digit year; year of child's birth or (year of child's birth - 1) or (year of child's birth - 2), 9999
132	DLMP_MO	Date Last Normal Menses BeganMonth	01-12, 99
133	DLMP_DY	Date Last Normal Menses BeganDay	01-31 (based on month), 99
134	PDIAB	Risk FactorsPrepregnancy Diabetes	Y = Yes N = No U = Unknown
135	GDIAB	Risk FactorsGestational Diabetes	Y, N, U
136	PHYPE	Risk FactorsPrepregnancy Hypertension	Y, N, U

Field #	Name	Contents	Code Structure Description
137	GHYPE	Risk FactorsGestational Hypertension (SEE ADDITIONAL HYPERTENSION CATEGORY IN LOCATION 924)	Y, N, U
138	PPB	Risk FactorsPrevious Preterm Births	Y, N, U
139	INFT	Risk FactorsInfertility Treatment (SEE ADDITIONAL SUBCATEGORIES IN LOCATIONS 925-926)	Y, N, U
140	PCES	Risk FactorsPrevious Cesarean	Y, N, U
141	NPCES	Risk FactorsNumber Previous Cesareans	00-30, 99
142	NPCES_BYPASS	Risk FactorsNumber Previous CesareansEdit Flag	0 = Edit Passed 1 = Edit Failed, Verified
143	GON	Infections PresentGonorrhea	Y = Yes N = No U = Unknown
144	SYPH	Infections PresentSyphilis	Y, N, U
145	СНАМ	Infections PresentChlamydia	Y, N, U
146	НЕРВ	Infections PresentHepatitis B	Y, N, U
147	HEPC	Infections PresentHepatitis C	Y, N, U
148	CERV	Obstetric ProceduresCervical Cerclage	Y = Yes N = No U = Unknown
149	тос	Obstetric ProceduresTocolysis	Y, N, U
150	ECVS	Obstetric ProceduresSuccessful External Cephalic Version	Y, N, U
151	ECVF	Obstetric ProceduresFailed External Cephalic Version	Y, N, U
152	PROM	Onset of LaborPremature Rupture of Membranes	Y = Yes N = No U = Unknown
153	PRIC	Onset of LaborPrecipitous Labor	Y, N, U
154	PROL	Onset of LaborProlonged Labor	Y, N, U
155	INDL	Characteristics of Labor & DeliveryInduction of Labor	Y = Yes N = No U = Unknown

Field #	Name	Contents	Code Structure Description
156	NVPR	Characteristics of Labor & DeliveryNon-vertex Presentation	Y = Yes N = No U = Unknown
157	AUGL	Characteristics of Labor & DeliveryAugmentation of Labor	Y, N, U
158	STER	Characteristics of Labor & DeliverySteroids	Y, N, U
159	ANTB	Characteristics of Labor & DeliveryAntibiotics	Y, N, U
160	CHOR	Characteristics of Labor & DeliveryChorioamnionitis	Y, N, U
161	MECS	Characteristics of Labor & DeliveryMeconium Staining	Y, N, U
162	FINT	Characteristics of Labor & DeliveryFetal Intolerance	Y, N, U
163	ESAN	Characteristics of Labor & DeliveryAnesthesia	Y, N, U
164	ATTF	Method of DeliveryAttempted Forceps	Y, N, U
165	ATTV	Method of DeliveryAttempted Vacuum	Y, N, U
166	PRES	Method of DeliveryFetal Presentation	1 = Cephalic 2 = Breech 3 = Other 9 = Unknown
167	ROUT	Method of DeliveryRoute and Method of Delivery	1 = Spontaneous 2 = Forceps 3 = Vacuum 4 = Cesarean 9 = Unknown
168	TLAB	Method of DeliveryTrial of Labor Attempted	Y = Yes N = No U = Unknown X = Not Applicable
169	MTR	Maternal MorbidityMaternal Transfusion	Y = Yes N = No U = Unknown
170	PLAC	Maternal MorbidityPerineal Laceration	Y, N, U
171	RUT	Maternal MorbidityRuptured Uterus	Y, N, U
172	UHYS	Maternal MorbidityUnplanned Hysterectomy	Y, N, U
173	AINT	Maternal MorbidityAdmit to Intensive Care	Y, N, U

Field #	Name	Contents	Code Structure Description
174	UOPR	Maternal MorbidityUnplanned Operation	Y, N, U
175	BWG	Birthweight in grams	0000-9998; 9999=unknown
176	BW_BYPASS	BirthweightEdit Flag	0 = Off 1 = Queried data correct, out of range 2 = Queried, failed birthweight/gestation edit
177	OWGEST	Obstetric Estimation of Gestation	00-98, 99
178	OWGEST_BYPASS	Obstetric Estimation of GestationEdit Flag	0 = Off 1 = Queried data correct, out of range
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	PluralityEdit Flag	0 = OFF 1 = Queried, and Correct 2 = Plurality/Set Order Queried, Inconsistent
186	AVEN1	Abnormal Conditions of the NewbornAssisted Ventilation	Y = Yes N = No U = Unknown
187	AVEN6	Abnormal Conditions of the NewbornAssisted Ventilation > 6 hours	Y, N, U
188	NICU	Abnormal Conditions of the NewbornAdmission to NICU	Y, N, U
189	SURF	Abnormal Conditions of the NewbornSurfactant Replacement	Y, N, U
190	ANTI	Abnormal Conditions of the NewbornAntibiotics	Y, N, U
191	SEIZ	Abnormal Conditions of the NewbornSeizures	Y, N, U
192	BINJ	Abnormal Conditions of the NewbornBirth Injury	Y, N, U
193	ANEN	Congenital Anomalies of the NewbornAnencephaly	Y = Yes N = No U = Unknown

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 NewbornCyanotic congenital heart disease	Y, N, U
196	CDH	Congenital Anomalies of the NewbornCongenital diaphragmatic hernia	Y, N, U
197	ОМРН	Congenital Anomalies of the NewbornOmphalocele	Y, N, U
198	GAST	Congenital Anomalies of the NewbornGastroschisis	Y, N, U
199	LIMB	Congenital Anomalies of the NewbornLimb Reduction Defect	Y, N, U
200	CL	Congenital Anomalies of the NewbornCleft Lip with or without Cleft Palate	Y, N, U
201	СР	Congenital Anomalies of the NewbornCleft Palate Alone	Y, N, U
202	DOWT	Congenital Anomalies of the NewbornDown Syndrome	C = Confirmed P = Pending N = No U = Unknown
203	CDIT	Congenital Anomalies of the NewbornSuspected Chromosomal disorder	C = Confirmed P = Pending N = No U = Unknown
204	НҮРО	Congenital Anomalies of the NewbornHypospadias	Y = Yes N = No U = Unknown
205	ITRAN	Was Infant Transferred Within 24 Hours of Delivery?	Y = Yes N = No U = Unknown
206	ILIV	Is Infant Living at Time of Report?	Y = Yes N = No U = Infant transferred, Status Unknown
207	BFED	Is Infant Being Breastfed at the Time of Discharge?	Y = Yes N = No U = Unknown

Field #	Name	Contents	Code Structure Description
208	MAGER	Mother's Reported Age	00-98, 99
209	ЕНҮРЕ	Risk FactorsHypertension Eclampsia (RECOMMENDED ADDITION EFFECTIVE 2004)	Y, N, U (BLANK IF NOT ADDED)
210	INFT_DRG	Risk FactorsInfertility: Fertility Enhancing Drugs (RECOMMENDED ADDITION EFFECTIVE 2004)	Y = Yes N = No X = Not Applicable U = Unknown (BLANK IF NOT ADDED)
211	INFT_ART	Risk FactorsInfertility: Asst. Rep. Technology (RECOMMENDED ADDITION EFFECTIVE 2004)	Y, N, X, U (BLANK IF NOT ADDED)
212	МСРН	Abnormal Conditions of the NewbornMicrocephaly	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	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 Asian & Pacific Islander
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	НОЅРТО	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	Y = Yes N = No X = Not Applicable U = Unknown (BLANK IF NOT ADDED)

Field #	Name	Contents	Code Structure Description
271	PNC2	Source of Prenatal Care - Public Health Clinic	Y = Yes N = No X = Not Applicable U = Unknown (BLANK IF NOT ADDED)
272	PNC3	Source of Prenatal Care - Private Physician	Y = Yes N = No X = Not Applicable U = Unknown (BLANK IF NOT ADDED)
273	PNC4	Source of Prenatal Care - Midwife	Y = Yes N = No X = Not Applicable U = Unknown (BLANK IF NOT ADDED)
274	PNC5	Source of Prenatal Care - None	Y = Yes N = No X = Not Applicable U = Unknown (BLANK IF NOT ADDED)
275	PNC6	Source of Prenatal Care - Unknown	Y = Yes N = No X = Not Applicable U = Unknown (BLANK IF NOT ADDED)
276	PNC7	Source of Prenatal Care - Other	Y = Yes N = No X = Not Applicable U = Unknown (BLANK IF NOT ADDED)
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 DeathYear	4 digit year
2	DSTATE	State, U.S. Territory or Canadian Province of Death - code	NCHS Instruction Manual: Part 8 For U.S. Territories: MP NORTHERN MARIANAS AS AMERICAN SAMOA GU GUAM VI VIRGIN ISLANDS PR PUERTO RICO For Canadian Provinces: AB ALBERTA BC BRITISH COLUMBIA MB MANITOBA NB NEW BRUNSWICK NL NEWFOUNDLAND AND LABRADOR NS NOVA SCOTIA NT NORTHWEST TERRITORIES NU NUNAVUT ON ONTARIO PE PRINCE EDWARD ISLAND QC QUEBEC SK SASKATCHEWAN YT YUKON
3	GNAME	Decedent's Legal NameGiven	
4	MNAME	Decedent's Legal NameMiddle	
5	LNAME	Decedent's Legal NameLast	Last name is required
6	SUFF	Decedent's Legal NameSuffix	
7	ALIAS	Decedent's Legal NameAlias	0 = Original Record 1 = Alias Record
8	SEX	Sex	M = Male F = Female U = Unknown

Mortality

Field #	Name	Contents	Code Structure Description
9	SEX_BYPASS	SexEdit 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 AgeType	1 = Years 2 = Months 4 = Days 5 = Hours 6 = Minutes 9 = Unknown (not classifiable)
12	AGE	Decedent's AgeUnits	001 - 135, 999 Codes: If AGETYPE = 1 then 001-135, 999 2 then 001-011, 999 4 then 001-027, 999 5 then 001-023, 999 6 then 001-059, 999 9 then 999
13	AGE_BYPASS	Decedent's AgeEdit Flag	0 = Edit Passed 1 = Edit Failed, Data Queried, and Verified
14	DOB_YR	Date of BirthYear	4 digit year; <=year of death, 9999
15	DOB_MO	Date of BirthMonth	01-12, 99
16	DOB_DY	Date of BirthDay	01-31 (based on month), 99
17	CITYC	Decedent's ResidenceCity	NCHS Instruction Manual: Part 8
18	COUNTYC	Decedent's ResidenceCounty	NCHS Instruction Manual: Part 8

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

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

Field #	Name	Contents	Code Structure Description
30	DEDUC_BYPASS	Decedent's EducationEdit Flag	 0 = Edit Passed 1 = Edit Failed, Data Queried, and Verified 2 = Edit Failed, Data Queried, but not Verified 3 = Edit Failed, Review Needed 4 = Edit Failed, Query Needed
31	DETHNIC1	Decedent of Hispanic Origin?Mexican	N = No, Not Mexican H = Yes, Mexican U = Unknown
32	DETHNIC2	Decedent of Hispanic Origin?Puerto Rican	N = No, Not Puerto Rican H = Yes, Puerto Rican U = Unknown
33	DETHNIC3	Decedent of Hispanic Origin?Cuban	N = No, Not Cuban H = Yes, Cuban U = Unknown
34	DETHNIC4	Decedent of Hispanic Origin?Other	N = No, Not other Hispanic H = Yes, other Hispanic U = Unknown
35	DETHNIC5	Decedent of Hispanic Origin?Other, Literal	Literal; Blank
36	RACE1	Decedent's RaceWhite	Y = Yes, box for race checked N = No, box for race not checked
37	RACE2	Decedent's RaceBlack or African American	Y, N
38	RACE3	Decedent's RaceAmerican Indian or Alaska Native	Y, N
39	RACE4	Decedent's RaceAsian Indian	Y, N
40	RACE5	Decedent's RaceChinese	Y, N
41	RACE6	Decedent's RaceFilipino	Y, N
42	RACE7	Decedent's RaceJapanese	Y, N
43	RACE8	Decedent's RaceKorean	Y, N
44	RACE9	Decedent's RaceVietnamese	Y, N
45	RACE10	Decedent's RaceOther Asian	Y, N
46	RACE11	Decedent's RaceNative Hawaiian	Y, N
47	RACE12	Decedent's RaceGuamanian or Chamorro	Y, N
48	RACE13	Decedent's RaceSamoan	Y, N

Field #	Name	Contents	Code Structure Description
49	RACE14	Decedent's RaceOther Pacific Islander	Y, N
50	RACE15	Decedent's RaceOther	Y, N
51	RACE16	Decedent's RaceFirst American Indian or Alaska Native Literal	Literal; Blank
52	RACE17	Decedent's RaceSecond American Indian or Alaska Native Literal	Literal; Blank
53	RACE18	Decedent's RaceFirst Other Asian Literal	Literal; Blank
54	RACE19	Decedent's RaceSecond Other Asian Literal	Literal; Blank
55	RACE20	Decedent's RaceFirst Other Pacific Islander Literal	Literal; Blank
56	RACE21	Decedent's RaceSecond Other Pacific Islander Literal	Literal; Blank
57	RACE22	Decedent's RaceFirst Other Literal	Literal; Blank
58	RACE23	Decedent's RaceSecond Other Literal	Literal; Blank
59	RACE1E	Race tabulation variables	Appendix I (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

Mortality

Field #	Name	Contents	Code Structure Description
75	RACE_MVR	Decedent's RaceMissing	R = Refused S = Sought, but Unknown C = Not Obtainable
76	OCCUP	Occupation Literal (REQUIRED)	
77	OCCUPC	Occupation Code (OPTIONAL)	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.
78	INDUST	Industry Literal (REQUIRED)	
79	INDUSTC	Industry Code (OPTIONAL)	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.
80	BCNO	Infant Death/Birth Linking - birth certificate number	Left 0 filled; 000001-999999, BLANK
81	IDOB_YR	Infant Death/Birth Linking - year of birth	4 digit year = year of death or (year of death - 1) 9999 = unknown Blank

Mortality

Field #	Name	Contents	Code Structure Description
Field # 82	BSTATE	Infant Death/Birth Linking - State, U.S. Territory or Canadian Province of Birth - code	NCHS Instruction Manual: Part 8 ZZ = UNKNOWN OR BLANK U.S. STATE OR TERRITORY OR UNKNOWN/ UNCLASSIFIABLE COUNTRY XX = COUNTRY IS CANADA BUT UNKNOWN CANADIAN PROVINCE OR ANY COUNTRY THAT IS KNOWN, BUT NOT U.S. OR CANADA YC = NEW YORK CITY For U.S. Territories: MP NORTHERN MARIANAS AS AMERICAN SAMOA GU GUAM VI VIRGIN ISLANDS PR PUERTO RICO For Canadian Provinces: AB ALBERTA BC BRITISH COLUMBIA MB MANITOBA NB NEW BRUNSWICK NL NEWFOUNDLAND AND LABRADOR NS NOVA SCOTIA NT NORTHWEST TERRITORIES NU NUNAVUT ON ONTARIO PE PRINCE EDWARD ISLAND
			QC QUEBEC SK SASKATCHEWAN 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
86	INJPL	Place of Injury (computer generated)	layouts for SuperMicar and Transax output formats. These files are
87	MAN_UC	Manual Underlying Cause	available on the NCHS website at the following address: http://www.cdc.gov/nchs/nvss/vital certificate revisions.htm. Please
88	ACME_UC	ACME Underlying Cause	note that the "Time of Injury Unit" field in position #1075 needs to
89	EAC	Entity-axis codes	be completed in conjuction with "Time of injury" in position #989.
90	TRX_FLG	Transax conversion flag: Computer Generated	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
91	RAC	Record-axis codes	the field is generated from SuperMicar.
92	AUTOP	Was Autopsy performed	
93	AUTOPF	Were Autopsy Findings Available to Complete the Cause of Death?	
94	ТОВАС	Did Tobacco Use Contribute to Death?	
95	PREG	Pregnancy 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 FemaleEdit Flag: From EDR only	1
97	DOI_MO	Date of injurymonth	7
98	DOI_DY	Date of injuryday	
99	DOI_YR	Date of injuryyear	
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 Datemonth	01-12, 99 or Blank
106	SUR_DY	Surgery Dateday	01-31 (based on month), 99 or Blank

Field #	Name	Contents	Code Structure Description
107	SUR_YR	Surgery Dateyear	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?	Y=yes; N=no; 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	

Mortality

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	
130	CITYTEXT_R	Decedent's Residence - City or Town name	Valid city/town/location literal
131	ZIP9_R	Decedent's Residence - ZIP code	Valid 5+4 digit zip code; 3 space 3 for Canada; unknown portion left blank; do not include the "-"
132	COUNTYTEXT_R	Decedent's Residence - County	Valid county literal
133	STATETEXT_R	Decedent's Residence - State name	Valid text for U.S. State or Territory or Canadian Province
134	COUNTRYTEXT_R	Decedent's Residence - COUNTRY name	Valid text for country of residence
135	ADDRESS_R	Long string address for decedent's place of residence same as above but allows states to choose the way they capture information.	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 Decedent's Residence address that's used in their system versus reprogramming.
136	DETHNICE	Hispanic - 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	100 = NonHispanic 200-299 = Hispanic 996-999 = Unknown

Field #	Name	Contents	Code Structure Description
137	NCHSBRIDGE	Race - 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 1 = Mexican 2 = Puerto Rican 3 = Cuban 4 = Central of South American 5 = Other or unknown Hispanic 9 = Not classifiable
139	RACEOLDC	Race - old NCHS single race codes	1 = White; 2 = Black 3 = American Indian; 4 = Chinese 5 = Japanese; 6 = Hawaiian 7 = Filipino; 8 = Other Asian/ Pac Islander 9 = Not reported; A = Asian Indian B = Korean; C = Samoan D = Vietnamese; E = Guamian F = Multi-racial

Mortality

Field #	Name	Contents	Code Structure Description
140	HISPSTSP	Hispanic Origin - Specify	Comma delimit multiple entries Some states keep a version of multiple race/Hispanic origin that is in an irregular format. Those states can provide what they send to either NCHS in new or old format and receiving state can decide how to convert.
141	RACESTSP	Race - Specify	Comma delimit multiple entries 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 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 PA=Passenger PE=Pedestrian 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; 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
Field # 151	Name STATECODE_I	State, U.S. Territory or Canadian Province of Injury - code	Code Structure Description NCHS Instruction Manual: Part 8 ZZ = UNKNOWN OR BLANK U.S. STATE OR TERRITORY OR UNKNOWN/ UNCLASSIFIABLE COUNTRY XX = COUNTRY IS CANADA BUT UNKNOWN CANADIAN PROVINCE OR ANY COUNTRY THAT IS KNOWN, BUT NOT U.S. OR CANADA For U.S. Territories: MP NORTHERN MARIANAS AS AMERICAN SAMOA GU GUAM VI VIRGIN ISLANDS PR PUERTO RICO For Canadian Provinces: AB ALBERTA BC BRITISH COLUMBIA MB MANITOBA NB NEW BRUNSWICK NL NEWFOUNDLAND AND LABRADOR NS NOVA SCOTIA NT NORTHWEST TERRITORIES
			NU NUNAVUT ON ONTARIO PE PRINCE EDWARD ISLAND QC QUEBEC SK SASKATCHEWAN 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 will recode as they prefer	00 = None 01-12 = Elementary and Secondary 13 = 1 Year of College 14 = 2 Years of College 15 = 3 Years of College 16 = 4 Years of College 17 = 5 or More Years of College 99 = unknown
155	REPLACE	Replacement Record suggested codes	0=original record; 1=updated record; 2=updated, do not send to NCHS
156	COD1A	Cause of Death Part I Line a	Literal information reported on Line a
157	INTERVAL1A	Cause of Death Part I Interval, Line a	Duration reported on Line a
158	COD1B	Cause of Death Part I Line b	Literal information reported on Line b
159	INTERVAL1B	Cause of Death Part I Interval, Line b	Duration reported on Line b
160	COD1C	Cause of Death Part I Line c	Literal information reported on Line c
161	INTERVAL1C	Cause of Death Part I Interval, Line c	Duration reported on Line c
162	COD1D	Cause of Death Part I Line d	Literal information reported on Line d
163	INTERVAL1D	Cause of Death Part I Interval, Line d	Duration reported on Line d
164	OTHERCONDITION	Cause of Death Part II	Literal information reported in Part II
165	DMAIDEN	Decedent's Maiden Name	
166	STINJURY	State, U.S. Territory or Canadian Province of Injury - literal	Valid state, U.S. territory or Canadian province literal, otherwise blank (blank if natural death)
167	STATEBTH	State, U.S. Territory or Canadian Province of Birth - literal	Valid state, U.S. territory or Canadian province literal, otherwise blank
168	DTHCOUNTRYCD	Country of Death - Code	NCHS Instruction Manual: Part 8
169	DTHCOUNTRY	Country of Death - Literal	Valid text for country of death
170	MARITAL_DESCRIP	Marital Descriptor	Free text for use of jurisdictions with domestic partnerships, other types of relationships.
171	DETHNIC5C	Hispanic Code for Literal	
172	CMS_CONTROL	CMS Control Number	CMS control number used for linking