
**Ryan White Services Report (RSR)
Data Dictionary
and
XML Schema Implementation Guide
for the
Client-Level Data Report**

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Version 1.0**

In support of

Health Resources and Services Administration
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Submitted to:



**U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
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INTRODUCTION

Purpose

The purpose of the *RSR Client-Level Data Dictionary* is to provide structural information to grantees, providers and software vendors regarding the HAB Ryan White HIV/AIDS Services Reporting (RSR) System variables (i.e., data elements). The client-level data set is a de-identified collection of client-level information that does not contain any personally identifying information (PII).

How the Data Dictionary is Organized

Under major headings, each variable is assigned to a row with several structural components.

Major Heading: Denotes the broad category under which the variable is collected (e.g., Client Demographics).

ID: The value that identifies the variable in the *RSR Client-Level Data Report*. Each variable has been assigned a value for convenient referencing between this document and the *RSR Client-Level Data Fields* and *RSR Instructions* documents.

Variable Name: The descriptive name of the variable used to provide more information about what is being collected. This corresponds to the label for the variable in the *RSR Client-Level XML Schema Definitions*.

Definition: A brief description of the variable and, if applicable, the possible *value* options associated with the variable. Each *value* has an associated code, value description, and value definition. A snippet is included indicating the use of the element within the context of the Client-Level Data XML file.

Updates to the Data Dictionary

This document will be revised as variables and value options are updated or when other global changes are made. The most up-to-date version of this document will be made available at <http://hab.hrsa.gov/manage/cld.htm>.

Other Resources

- *RSR Client Level Data Elements:* This document should be used in conjunction with the *RSR Client-Level Data Elements* document, which describes the rationale for collecting the client-level data elements. The *RSR Client-Level Data Elements* document is available at <http://hab.hrsa.gov/manage/cld.htm>.
- *RSR Instructions:* The *RSR Instructions* document contains detailed information needed for completing the RSR reports. This document may be cross-referenced with the section, Client-Level Data Fields, in the *RSR Instructions* document. The *RSR Instructions* document is available at <http://hab.hrsa.gov/manage/cld.htm>.

RSR CLD Dictionary and XML Schema Implementation Guide

- *RSR XML Schema Definitions*: The RSR XML Schema Definition documents specify the content and structure for the XML client-level data XML file that shall be uploaded. These documents are available at <http://hab.hrsa.gov/manage/cld.htm>.

➤ Additional Notes

- The ID column may be used to cross-reference the items in the data dictionary with the *Client Level Data Fields* and *RSR Instructions (Client-Level Data Fields section)* documents. These documents are available for download at <http://hab.hrsa.gov/manage/cld.htm>.
- The CLD_ID is an internal reference that defines the relationship between client records within the client-level data XML file. Each record for the same client must have the same CLD_ID.

Technical Note: The process that imports the client records into the database, inserts the ClientReport records returning a unique identity (ClientReportId). This unique identity is then associated with CLD_ID attributes from the ClientReport.ClientUci and ClientReport* sub-elements (ClientReportAmbulatoryService, etc.). The CLD_ID must be a positive integer value, enclosed in quotes.

RSR CLD Dictionary and XML Schema Implementation Guide

Client Level Data

ID	Variable Name	Definition	Required	Occurrence	Allowed Values	Schema	Notes
System Variables							
SV1	ReportPeriodID	The reporting period identifier.	Yes	1 per file	ReportPeriodID: 1 = 01/01/2009 – 06/30/2009 Semi-Annual Report 2 = 01/01/2009 – 12/30/2009 Annual Report	<ClientReport CLD_ID="1"/> <ReportPeriodID> 1-2 </ReportPeriodID> </ClientReport>	
SV2	ProviderID	The unique provider organization identifier assigned through the RDR or RSR Web Application.	No unless it is a batch submittal	0-1 per file	ProviderID: A system-assigned numeric string. This variable is not required when uploading the client-level data XML file through the RSR Web Application since the file is uploaded into the Provider Report and the provider ID is already known.	<ClientReport CLD_ID="1"/> <ProviderID>Numeric</ProviderID> </ClientReport>	
SV3	ClientUci	The encrypted, unique client identifier generated by the HAB UCI generation utilities.	Yes	1 per client	ClientUci: 40-character upper-case, hexadecimal string plus a single character in the range A-Z.	<ClientReport CLD_ID="1"/> <ClientUci> (0-9 A-F)*40 + (A-Z)*1, length 41 </ClientUci > </ClientReport>	
Client Demographics							
1	FirstServiceDate	Date of client's first service visit at this provider's agency organization.	Yes	1 per client	FirstServiceDate: mm,dd,yyyy Enter "01" for unknown day or month values. Must be less than or equal to the current date.	<ClientReport CLD_ID="1"/> <FirstServiceDate> mm,dd,yyyy </FirstServiceDate> </ClientReport>	
2	EnrollmentStatusID	The client's vital enrollment status at the end of the reporting period.	Yes	1-6 per client	EnrollmentStatusID: 1 = Active, continuing in program 2 = Referred to another program or services, or self-sufficient 3 = Removed from treatment due to violation of rules 4 = Incarcerated 5 = Relocated 6 = Deceased 7 = Unknown	<ClientReport CLD_ID="1"/> <EnrollmentStatusID> 1-7 </EnrollmentStatusID> </ClientReport>	
3	DeathDate	Date of client's death; should be completed if	No	0-1 per client	DeathDate: mm,dd,yyyy	<ClientReport CLD_ID="1"/> <DeathDate>mm,dd,yyyy</DeathDate>	

Client Level Data

ID	Variable Name	Definition	Required	Occurrence	Allowed Values	Schema	Notes
		response is "Deceased" in Q2.			Enter "01" for unknown day values. Must be less than or equal to the current date.	</ClientReport>	
4	BirthYear	Client's year of birth.	Yes	1 per client	BirthYear: yyyy Must be less than the current date.	<ClientReport CLD_ID="1"/> <BirthYear>yyyy</BirthYear> </ClientReport>	
5	EthnicityID	Client's ethnicity.	Yes	1-2 per client	EthnicityID: 1 = Hispanic/Latino 2 = Non-Hispanic/Latino 3 = Unknown	<ClientReport CLD_ID="1"/> <EthnicityID>1-3</EthnicityID> </ClientReport>	
6	RaceID	Client's race.	Yes	1-5 per client	RaceID: 1 = White 2 = Black or African American 3 = Asian 4 = Native Hawaiian/Pacific Islander 5 = American Indian or Alaska Native 6 = Unknown	Within the following schema section, multiple RaceIDs may be reported <ClientReportRace CLD_ID="1"> <RaceID>1-6</RaceID> ... <RaceID>1-6</RaceID> </ClientReportRace>	
7	GenderID	Client's current gender.	Yes	1 per client	GenderID: 1 = Male 2 = Female 3 = Transgender 4 = Unknown	<ClientReport CLD_ID="1"/> <GenderID>1-4</GenderID> </ClientReport>	
8	TransgenderID	Client's current transgender. To be completed only if the response is "Transgender" in Q7.	Yes if GenderID is "Transgender"	0-1 per client	TransgenderID: 1 = Male to Female 2 = Female to Male 3 = Unknown	<ClientReport CLD_ID="1"/> <TransgenderID>1-3</TransgenderID> </ClientReport>	
9	PovertyLevelID	Client's percent of the Federal poverty level at the end of the reporting period.	Yes	1 per client	PovertyLevelID: 1 = Equal to or below the Federal poverty level 2 = 101-200% of the Federal poverty level 3 = 201-300% of the Federal poverty level 4 = More than 300% of the Federal poverty level 5 = Unknown	<ClientReport CLD_ID="1"/> <PovertyLevelID>1-5</PovertyLevelID> </ClientReport>	

Client Level Data

ID	Variable Name	Definition	Required	Occurrence	Allowed Values	Schema	Notes
10	HousingStatusID	Client's housing <u>status at the end of the reporting period</u> .	Yes	1 per client	HousingStatusID: 1 = Stable/permanent 2 = Temporary 3 = Unstable 4 = Unknown	<ClientReport CLD_ID="1"/> <HousingStatusID> 1-4 </HousingStatusID> </ClientReport>	
11	GeographicUnitCode	Client's geographic unit code <u>at the end of the reporting period</u> . Provide the first three digits of the client's ZIP code. If the client's ZIP code begins with the following three digits: 022, 036, 059, 102, 203, 555, 556, 692, 821, 823, 830, 831, 878, 879, 884, 893, 987, or 994; then report "000".	Yes	1 per client	GeographicUnitCode: 3 numeric characters – must be a valid geographic unit code or "000". The import process will replace any low-density geographic unit codes with "000".	<ClientReport CLD_ID="1"/> <GeographicUnitCode> ### or 000 </GeographicUnitCode> </ClientReport> Where ### is a valid geographic unit code as listed in GeographicUnitCodeLkup definition found in the RsrGenericSchemaLookup.xsd XML schema definition file.	
12	HivAidsStatusID	Client's HIV/AIDS status <u>at the end of the reporting period</u> .	Yes	1 per client	HivAidsStatusID: 1 = HIV negative 2 = HIV +, not AIDS 3 = HIV-positive, AIDS status unknown 4 = CDC-defined AIDS 5 = HIV indeterminate (infants only) 6 = Unknown	<ClientReport CLD_ID="1"/> <HivAidsStatusID>1-6</HivAidsStatusID> </ClientReport>	
13	AidsDiagnosisYear	Year of clients AIDS diagnosis, if known. To be completed when the response is "CDC-defined AIDS" in 12.	Yes if the response is "CDC-defined AIDS" in Q12	0-1 per client	AidsDiagnosisYear: yyyy Must be less than or equal to the reporting period year.	<ClientReport CLD_ID="1"/> <AidDiagnosisYear> yyyy </AidsDiagnosisYear> </ClientReport>	
14	HivRiskFactorID	Client's HIV/AIDS risk factor. <i>Report all that apply.</i>	Yes	1-7 per client	HivRiskFactorID: 1 = Male who has sex with male(s) (MSM) 2 = Injecting drug use (IDU) 3 = Hemophilia/coagulation disorder 4 = Heterosexual contact 5 = Receipt of blood transfusion, blood components, or tissue 6 = Mother w/at risk for HIV infection (perinatal transmission) 7 = Other	Within the following schema section, multiple HivRiskFactorIDs may be reported <ClientReportHivRiskFactor CLD_ID="1"> <HivRiskFactorID>1-8</HivRiskFactorID> ... <HivRiskFactorID>1-8</HivRiskFactorID> </ClientReportHivRiskFactor>	

Client Level Data

ID	Variable Name	Definition	Required	Occurrence	Allowed Values	Schema	Notes
					8 = Unknown		
15	MedicalInsuranceID	Client's medical insurance. <i>Report all that apply.</i>	Yes	1-6 per client	MedicalInsuranceID: 1 = Private 2 = Medicare 3 = Medicaid 4 = Other Public 5 = No Insurance 6 = Other 7 = Unknown	Within the following schema section, multiple MedicalInsuranceIDs may be reported. Where multiple MedicalInsuranceIDs are reported, multiple sets of corresponding tags should appear (one for each ID) <ClientReportMedicalInsurance CLD_ID="1"> <MedicalInsuranceID> 1-7 </MedicalInsuranceID> ... <MedicalInsuranceID> 1-7 </MedicalInsuranceID> </ClientReportMedicalInsurance CLD_ID="1">	

Core Medical Service Visits

16-25	ClientReportServiceVisits QuarterID ServiceID Visits	The quarter and number of visits received in the quarter for each core medical service.	At least one core or support entry per client	1-number of days in quarter per service per client	QuarterID: 1 = Quarter 1 2 = Quarter 2 3 = Quarter 3 4 = Quarter 4 Item ID: ServiceID: Core Medical Services: ID 16: 1 = Outpatient ambulatory health services ID 17: 3 = Oral health care ID 18: 4 = Early intervention services (Parts A and B) ID 19: 6 = Home health care ID 20: 7 = Home and community-based health services ID 21: 8 = Hospice services ID 22: 9 = Mental health services ID 23: 10 = Medical nutrition therapy ID 24: 11 = Medical case Mmanagement (including treatment)	When reporting multiple services or quarters, repeat the entire ClientReportService element. In other words, only one QuarterID, ServiceID, and Visits element may appear within a single occurrence of the ClientReportService element. <ClientReportServiceVisits CLD_ID="1"> <QuarterID>1-4</QuarterID> <ServiceID>1,3,4,6-11</ServiceID> <Visits> 0-number of days in quarter </Visits> </ClientReportServiceVisits> ... <ClientReportServiceVisits CLD_ID="1"> <QuarterID>1-4</QuarterID> <ServiceID>1,3,4,6-11</ServiceID> <Visits> 0-number of days in quarter </Visits> </ClientReportServiceVisits>	
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Client Level Data

ID	Variable Name	Definition	Required	Occurrence	Allowed Values	Schema	Notes
					adherence) ID 25: 12 = Substance abuse services-outpatient Visits: 0-99		
Core Medical and Support Services Delivered							
26-45	ClientReportService-Delivered QuarterID ServiceID DeliveredID	The service, quarter, and service delivered indicator (yes/no/unknown) for each core medical or support service received by the client during each quarter of the reporting period.	At least one core or support entry per client	0-1 per service per client	QuarterID: 1 = Quarter 1 2 = Quarter 2 3 = Quarter 3 4 = Quarter 4 Core Medical Services: Item ID: ServiceID: ID 26: 2 = Local AIDS Pharmaceutical Assistance (APA, not ADAP) ID 27: 5 = Health Insurance Program(HIP) Support Services: Item ID: ServiceID: ID 28: 13 = Case management (non-medical) services ID 29: 14 = Child care services ID 30: 15 = Developmental assessment/early intervention services ID 31: 16 = Emergency financial assistance ID 32: 17 = Food bank/home-delivered meals ID 33: 18 = Health education/risk reduction ID 34: 19 = Housing services ID 35: 20 = Legal services ID 36: 21 = Linguistic services ID 37: 22 = Transportation services ID 38: 23 = Outreach services ID 39: 24 = Permanency planning	When reporting multiple services or quarters, repeat the entire ClientReportService element. In other words, only one QuarterID, ServiceID, and YesNoLkup element may appear within a single occurrence of the ClientReportService element. <ClientReportServiceDelivered CLD_ID="1"> <QuarterID>1-4</QuarterID> <ServiceID>2,5,13-30</ServiceID> <DeliveredID>1-3</DeliveredID> </ClientReportServiceDelivered> ... <ClientReportServiceDelivered CLD_ID="1"> <QuarterID>1-4</QuarterID> <ServiceID>2,5,13-30</ServiceID> <DeliveredID>1-3</DeliveredID> </ClientReportServiceDelivered>	

Client Level Data

ID	Variable Name	Definition	Required	Occurrence	Allowed Values	Schema	Notes
					ID 40: 25 = Psychosocial support services ID 41: 26 = Referral for health care/supportive services ID 42: 27 = Rehabilitation services ID 43: 28 = Respite care ID 44: 29 = Substance abuse services-residential ID 45: 30 = Treatment adherence counseling DeliveredID: 1 = No 2 = Yes 3 = Unknown		
Clinical Information							
46	RiskScreeningProvidedID	Value indicating whether the client received risk reduction screening/counseling during this reporting period.	Yes	1 per client	RiskScreeningProvidedID: 0=No 1=Yes	<ClientReport CLD_ID="1"/> <RiskScreeningProvidedID> 0-1 </RiskScreeningProvidedID> </ClientReport>	
47	FirstAmbulatoryCareDate	Date of client's first ambulatory care date at this provider agency.	No	0-1 per client	FirstAmbulatoryCareDate: mm,dd,yyyy Must be within the reporting period start and end dates.	<ClientReport CLD_ID="1"/> <FirstAmbulatoryCareDate> mm,dd,yyyy </FirstAmbulatoryCareDate> </ClientReport>	
48	ClientReportAmbulatory-Service ServiceDate	All the dates of the client's outpatient ambulatory care visits in this provider's HIV care setting with a clinical care provider during this reporting period.	No	0-number of days in reporting period per client	ServiceDate: mm,dd,yyyy Must be within the reporting period start and end dates.	Within the schema section below, multiple subsections for Service Date may appear [one for each date] <ClientReportAmbulatoryService CLD_ID="1"> <ServiceDate>mm,dd,yyyy</ServiceDate> <ServiceDate>mm,dd,yyyy</ServiceDate> </ClientReportAmbulatoryService>	
49	ClientReportCd4Test Count	Values indicating all CD4 counts and their dates for	No	0-number of days in	Count: numeric (base 10)	When reporting multiple CD4 tests, repeat the entire ClientReportCd4Test element. In other	

Client Level Data

ID	Variable Name	Definition	Required	Occurrence	Allowed Values	Schema	Notes
	ServiceDate	this client <u>during this report period.</u>		reporting period per client	ServiceDate: mm,dd,yyyy Must be within the reporting period start and end dates.	words, only one Count and ServiceDate element may appear within a single occurrence of the ClientReportCd4Test element. . <ClientReportCd4Test CLD_ID="1"> <Count>Numeric</Count> <ServiceDate> mm,dd,yyyy </ServiceDate> </ClientReportCd4Test> ... <ClientReportCd4Test CLD_ID="1"> <Count>Numeric</Count> <ServiceDate> mm,dd,yyyy </ServiceDate> </ClientReportCd4Test>	
50	ClientReportViralLoadTest Count ServiceDate	All Viral Load counts and their dates for this client <u>during this report period</u>	No	1-number of days in reporting period	Count: numeric (base 10) ServiceDate: mm,dd,yyyy Must be within the reporting period start and end dates.	When reporting multiple viral load tests, repeat the entire ClientReportViralLoadTest element. In other words, only one Count and ServiceDate element may appear within a single occurrence of the ClientReportViralLoadTest element. <ClientReportViralLoadTest CLD_ID="1"> <Count>Numeric</Count> <ServiceDate> mm,dd,yyyy </ServiceDate> </ClientReportViralLoadTest>	
51	PrescribedPcp-ProphylaxisID	Value indicating whether the client was prescribed PCP Prophylaxis anytime <u>during this reporting period.</u>	Yes	1 per client	PrescribedPcpProphylaxisID: 1 = No 2 = Yes 3 = Not medically indicated 4 = No, client refused 5 = Unknown	<ClientReport CLD_ID="1"/> <PrescribedPcpProphylaxisID> 1-5 </ PrescribedPcpProphylaxisID > </ClientReport>	
52	PrescribedHaartID	Value indicating whether the client prescribed HAART at any time	Yes	1 per client	PrescribedHaartID: 1 = Yes 2 = No, not medically indicated	<ClientReport CLD_ID="1"/> <PrescribedHaartID> 1-8</ PrescribedHaartID >	

Client Level Data

ID	Variable Name	Definition	Required	Occurrence	Allowed Values	Schema	Notes
		during this reporting period.			3 = No, not ready (as determined by clinician) 4 = No, client refused 5 = No, intolerance, side-effect, toxicity 6 = No, HAART payment assistance unavailable 7 = No, other reason 8 = Unknown	</ClientReport>	
53	ScreenedTBID	Value indicating whether the client screened for TB during this reporting period.	Yes	1 per client	ScreenedTBID: 1 = No 2 = Yes 3 = Not medically indicated 4 = Unknown	<ClientReport CLD_ID="1"/> <ScreenedTBID>1-4</ScreenedTBID> </ClientReport>	
54	ScreenedTBSinceAids-DiagnosisID	Value indicating whether the client has been screened for TB since his/her HIV diagnosis. This is to be completed only if response is "no" or "not medically indicated" in Q53.	Yes if response is "no" or "not medically indicated" in Q53	0-1 per client	ScreenedTBSinceAidsDiagnosisID: 1 = No 2 = Yes 3 = Not medically indicated 4 = Unknown	<ClientReport CLD_ID="1"/> <ScreenedTBSinceAidsDiagnosisID> 1-4 </ScreenedTBSinceAidsDiagnosisID> </ClientReport>	
55	ScreenedSyphilisID	Value indicating whether the client was screened for syphilis during this reporting period (exclude all clients under the age of 18 who are not sexually active)	Yes if client is 18 years of age, or older	0-1 per client	ScreenedSyphilisID: 1 = No 2 = Yes 3 = Not medically indicated 4 = Unknown	<ClientReport CLD_ID="1"/> <ScreenedSyphilisID> 1-4 </ScreenedSyphilisID> </ClientReport>	
56	ScreenedHepatitisBID	Value indicating whether the client was screened for Hepatitis B during this reporting period.	Yes	1 per client	ScreenedHepatitisBID: 1 = No 2 = Yes 3 = Not medically indicated 4 = Unknown	<ClientReport CLD_ID="1"/> <ScreenedHepatitisBID> 1-4 </ScreenedHepatitisBID> </ClientReport>	
57	ScreenedHepatitisBSince-AidsDiagnosisID	Value indicating whether the client has been screened for Hepatitis B since his/her HIV	Yes if the response is "no" or "not	0-1 per client	ScreenedHepatitisBSinceAids-DiagnosisID: 1 = No 2 = Yes	<ClientReport CLD_ID="1"/> <ScreenedHepatitisBSinceAidsDiagnosisID> 1-4 </ScreenedHepatitisBSinceAidsDiagnosisID>	

Client Level Data

ID	Variable Name	Definition	Required	Occurrence	Allowed Values	Schema	Notes
		diagnosis. To be completed only if the response is “no” or “not medically indicated” in Q56.	medically indicated” in Q56		3 = Not medically indicated 4 = Unknown	</ClientReport>	
58	VaccinatedHepatitisBID	Value indicating whether the client has completed the vaccine series for Hepatitis B.	Yes	1 per client	VaccinatedHepatitisBID: 1 = No 2 = Yes 3 = Not medically indicated 4 = Unknown	<ClientReport CLD_ID="1"/> <VaccinatedHepatitisBID> 1-4 </VaccinatedHepatitisBID> </ClientReport>	
59	ScreenedHepatitisCID	Value indicating whether the client screened for Hepatitis C <u>during this reporting period.</u>	Yes	1 per client	ScreenedHepatitisCID: 1 = No 2 = Yes 3 = Not medically indicated 4 = Unknown	<ClientReport CLD_ID="1"/> <ScreenedHepatitisCID> 1-4 </ScreenedHepatitisCID> </ClientReport>	
60	ScreenedHepatitisCSinceAidsDiagnosisID	Value indicating whether the client has been screened for Hepatitis C since his/her HIV diagnosis. To be completed only if the response is “no” or “not medically indicated” in Q59.	Yes if the response is “no” or “not medically indicated” in Q59	0-1 per client	ScreenedHepatitisCSinceAids-DiagnosisID: 1 = No 2 = Yes 3 = Not medically indicated 4 = Unknown	<ClientReport CLD_ID="1"/> <ScreenedHepatitisCSinceAidsDiagnosisID> 1-4 </ScreenedHepatitisCSinceAidsDiagnosisID> </ClientReport>	
61	ScreenedSubstance-AbuseID	Value indicating whether the client was screened for substance use (alcohol and drugs) <u>during this reporting period.</u>	Yes	1 per client	ScreenedSubstanceAbuseID: 1 = No 2 = Yes 3 = Not medically indicated 4 = Unknown	<ClientReport CLD_ID="1"/> <ScreenedSubstanceAbuseID> 1-4 </ScreenedSubstanceAbuseID> </ClientReport>	
62	ScreenedMentalHealthID	Value indicating whether the client was screened for mental health <u>during this reporting period.</u>	Yes	1 per client	ScreenedMentalHealthID: 1 = No 2 = Yes 3 = Not medically indicated 4 = Unknown	<ClientReport CLD_ID="1"/> <ScreenedMentalHealthID> 1-4 </ScreenedMentalHealthID> </ClientReport>	
63	ReceivedCervical-PapSmearID	Value indicating whether the client received a Pap	Yes if the client is an	0-1 per client	ReceivedCervicalPapSmearID: 1 = No	<ClientReport CLD_ID="1"/> <ReceivedCervicalPapSmearID>	

Client Level Data

ID	Variable Name	Definition	Required	Occurrence	Allowed Values	Schema	Notes
		smear <u>during the reporting period. This should be completed for HIV+ women only.</u>	HIV+ woman		2 = Yes 3 = Not medically indicated 4 = Not applicable 5 = Unknown	1-5 </ReceivedCervicalPapSmearID> </ClientReport>	
64	PregnantID	Value indicating whether the client was pregnant <u>during this reporting period. This should be completed for HIV+ women only.</u>	Yes if the client is an HIV+ woman	0-1 per client	PregnantID: 1 = No 2 = Yes 3 = Not applicable 4 = Unknown	<ClientReport CLD_ID="1"/> <PregnantID>1-4</PregnantID> </ClientReport>	
65	PrenatalCareID	Value indicating when the client entered prenatal care. This is to be completed for HIV + women only, and only when the response is "yes" in Q64,	Yes if the client is an HIV+ woman and the response is "yes" in Q64	0-1 per client	PrenatalCareID: 1 = First trimester 2 = Second trimester 3 = Second trimester 4 = At time of delivery 5 = Not applicable 6 = Unknown	<ClientReport CLD_ID="1"/> <PrenatalCareID>1-6</PrenatalCareID> </ClientReport>	
66	PrescribedArvMedicationID	Value indicating whether the client was prescribed antiretroviral therapy to prevent maternal to child (vertical) transmission of HIV. To be completed for HIV+ women only, and only when the response is "yes" to Q64.	Yes if the client is an HIV+ woman and the response is "yes" in Q64	0-1 per client	PrescribedArvMedicationID: 1 = No 2 = Yes 3 = Not applicable 4 = Unknown	<ClientReport CLD_ID="1"/> <PrescribedArvMedicationID> 1-4 </ PrescribedArvMedicationID > </ClientReport>	