Data Element	Transmit to CDC (Yes/No)
Demographics	
Date of birth	No
Day of date of birth (1-31)	No
Month of date of birth (1-12)	No
Year of date of birth. 4-digit year	No
Sex	Yes
Language	Yes
Marital status	Yes
Employment status	Yes
Educational level attained	Yes
Special educational services received	Yes
Ethnicity (Hispanic, Non-Hispanic, Unavailable, Unknown)	Yes
Race White or Caucasian	Yes
Race Black or African American	Yes
Race Asian	Yes
Race American Indian or Alaska Native	Yes
Race Native Hawaiian or Other Pacific Islander	Yes
Multiracial	Yes
Death Information	
Cause of death type	Yes
Cause of death	Yes
Coding system of death certificate	Yes
Age at death (in days)	Yes
Day of death (1-31)	No
Month of death (1-12)	No
Year of death; 4-digit year	Yes
Date of death	No
County of death	No
State of death	No
Birth Certificate/Registry Information	
Date of birth from birth certificate	No
Year of birth from birth certificate; 4-digit year	Yes
Marital status	Yes
Maternal Street1	No
Maternal Street2	No
Maternal City	No
Maternal Zip Code	No
Maternal County	No
Maternal State (2-digit state code)	Yes
Maternal Census Tract	No
Fertility treatment	Yes
Fertility treatment description	Yes
Method of delivery	Yes

APGAR score at 1 minute	Yes
APGAR score at 5 minutes	Yes
APGAR score at 10 minutes	Yes
Assisted ventilation	Yes
Assist ventilation 6Hrs	Yes
Gestational age (in weeks)	Yes
Parity if given on the birth certificate	Yes
Plurality of index pregnancy	Yes
Maternal age at delivery (in years)	Yes
Maternal height (in inches)	Yes
Maternal weight at delivery (in pounds)	Yes
Maternal weight prior to delivery (in pounds)	Yes
Maternal Education	Yes
Maternal Ethnicity	Yes
Maternal Race - American Indian or Alaska Native	Yes
Maternal Race - Asian	Yes
Maternal Race - Black or African American	Yes
Maternal Race - Native Hawaiian or Pacific Islander	Yes
Maternal Race - White	Yes
Maternal Race - Multiracial	Yes
Maternal Race - Unavailable	Yes
Race Unknown, Null & Refused	Yes
Maternal WIC	Yes
Paternal age at delivery (in years)	Yes
Paternal Education	Yes
Paternal Ethnicity	Yes
Paternal Race - American Indian or Alaska Native	Yes
Paternal Race - Asian	Yes
Paternal Race - Black or African American	Yes
Paternal Race - Native Hawaiian or Pacific Islander	Yes
Paternal Race - White	Yes
Paternal Race - Multiracial	Yes
Paternal Race - Unavailable	Yes
Race Unknown, Null & Refused	Yes
Prenatal Care	Yes
Prenatal Care Type	Yes
Number of previous births	Yes
Number previous livebirths still alive at time of this birth	Yes
Number previous livebirths dead at time of this birth	Yes
Number previous pregnancy terminations at time of this birth	Yes
Procedure Amniocentesis	Yes
Procedure Ripening	Yes
Procedure Tocolysis	Yes
Insurance	Yes

Insurance Other, Specify	Yes
Newborn Surfactant Replacement Therapy	Yes
Newborn NICU Admission	Yes
Diagnosis Code(s) from the birth defects registry	Yes
Description of the code(s)	Yes
Coding system used in the birth defects registry	Yes
Provider Type for code(s) used in birth defects registry	Yes
Code recorded is from an active or passive birth defects registry	Yes
Critical Congenital Heart Defects Screening Data	
Age in days from DOB to CCHD Screening	Yes
O_2 SAT right foot (final) (in percentage)	Yes
O_2 SAT right hand (final) (in percentage)	Yes
Final pulse oximetry CCHD screening result	Yes
Screening algorithm used	Yes
Screening algorithm used, other description	Yes
Infant referred to a cardiologist or hospital	Yes
Date of CCHD Screening	No
Healthcare Encounter Data Elements	
Encounter type (inpatient, outpatient, ER, other)	Yes
Month/Day/Quarter of encounter	No
Year of encounter	Yes
All ICD-10 diagnosis codes (CHD and Non-CHD)	Yes
Length of stay (inpatient encounters only, calculated by site)	Yes
Provider type associated with encounter diagnoses (pediatric cardiologist, ACHD cardiologist, cardiothoracic surgeon, general cardiologist, non-cardiac provider)	Yes
All procedure codes at healthcare encounters: ICD9CM procedure codes, ICD10 procedure codes, CPT codes and CDT dental procedure codes	Yes
Insurance type at encounter (public, private, self-pay/uninsured, other government insurance)	Yes
Vital status at encounter (Alive or Died)	Yes
Source of the data for this entry (site-specific data source names)	Yes
Service location of all encounters (type (hospital, clinic, ambulatory surgery center, other) address, city, state, zip code	Yes
Age in Days at the encounter	Yes
Length of Stay calculated for INPATIENT stays (in days)	Yes
Day of the start date of encounter (1-31)	No

Month of the start date of encounter (1-12)	No
Year of the start date of encounter; 4-digit year	Yes
Day of the end date of encounter (1-31)	No
Month of the end date of encounter (1-12)	No
Year of the end date of encounter; 4-digit year	Yes
Full and actual end date of the encounter	No
Full and actual start date of the encounter	No
Height in inches	Yes
Weight in pounds	Yes
Body Mass Index	Yes
Address Geocoding	
Timepoint of address geocoding (e.g., birth, death)	Yes
Date address collected	No
Year of address capture	Yes
Address match	Yes
Method of address match (automatic match, manual match)	Yes
Geocoded address type (point address, parcel, etc.)	No
Match score of geocoding (0-100 numeric)	Yes
Select data elements of census tract applicable to a Neighborhood Deprivation Index as determined by collaborative group (e.g., percent households with a high school degree or higher)	Yes