

**WORKSHEET FOR TRANSMITTING APRIL 2004 DATA FILES
WIC PARTICIPANT AND PROGRAM CHARACTERISTICS 2004**

April submissions should be sent to Abt Associates as soon after April 2004 as possible and no later than August 31, 2004. Please include this completed worksheet with your April data submission.

1. State _____

2. Name, title, phone number, and fax number of person able to answer questions regarding State data submission. Please provide e-mail address if available.

NAME	

TITLE	

TELEPHONE	FAX

E-MAIL	

3. April data file:

a. Number of participant records. _____

b. Maximum record length. _____

4. Is Racial/ethnic data reported using the 5 categories used in prior PCs or using the revised OMB categories? CIRCLE ONE ANSWER BELOW

_____ PRIOR PC CATEGORIES

_____ NEW OMB CATEGORIES

5. Breastfeeding data collection procedures:

a. When is breastfeeding data collected? CHECK ALL THAT APPLY.

_____ AT ISSUANCE

_____ AT CERTIFICATION/RECERTIFICATION

_____ DURING HEALTH CARE APPOINTMENTS

_____ AT NUTRITION EDUCATION SESSIONS

_____ SEPARATE TELEPHONE OR MAIL INQUIRY

_____ OTHER DESCRIBE _____

b. Does your State collect breastfeeding data: CHECK ONE ANSWER.

- ONLY ON INFANTS AGED SIX TO THIRTEEN MONTHS IN APRIL 2004
 ON INFANTS AGED SIX TO THIRTEEN MONTHS WHEN DATA ARE COLLECTED
 ALL INFANTS
 OTHER DESCRIBE _____

c. Is breastfeeding data collected routinely or only for the biennial PC reporting?
CIRCLE ONE ANSWER BELOW.

ROUTINELY ONLY FOR PC REPORTING

d. Does your State's automated data system maintain the most recent breastfeeding information? CIRCLE ONE ANSWER BELOW.

YES NO MANUAL SUBMISSION

6. Please send food package code translations for types and amounts of WIC foods prescribed. Food package translations are... CIRCLE ONE ANSWER BELOW.

ENCLOSED HAVE BEEN SENT EARLIER WILL BE SENT UNDER SEPARATE COVER

7. Did the format for submitting food package code data work for your State?

YES NO

IF NO, PLEASE TELEPHONE, FAX, OR E-MAIL ABT TO DISCUSS.

8. Please check the Supplemental Data Set items submitted for PC2004.

- DATE OF FIRST WIC CERTIFICATION
 EDUCATION LEVEL
 NUMBER IN HOUSEHOLD ON WIC
 DATE PREVIOUS PREGNANCY ENDED
 TOTAL NUMBER OF PREGNANCIES
 TOTAL NUMBER OF LIVE BIRTHS
 PREPREGNANCY WEIGHT
 WEIGHT GAIN DURING PREGNANCY
 BABY'S BIRTH WEIGHT
 BABY'S LENGTH AT BIRTH
 EP VALUES
 PARTICIPATION IN FOOD DISTRIBUTION ON INDIAN RESERVATION PROGRAM
 DATE OF BLOOD TEST (FOR BLOOD TESTS NOT TAKEN WITHIN 90 DAYS OF WIC CERTIFICATION)

9. Has your State adopted OMB's new 3-digit coding scheme for Race/Ethnic classification as required for PC2006 (Optional for PC2004)?

Yes (**Please notify Nicole Gill at 617-3492552 or Nicole_gill@abtassoc.com**)
 No

10. Other special information.

Please send files and documentation to:

Nicole Gill
Abt Associates Inc.
55 Wheeler Street
Cambridge, Massachusetts 02138

or

Email file to
PC2004@abtassoc.com

If you have any questions, please call Nicole Gill at 617-349-2552. The address for e-mail is: PC2004@abtassoc.com. If you prefer to send a fax, you may reach Nicole Gill at 617-349-2605.