Maryland Department of Health and Mental Hygiene, Center for Cancer Prevention and Control
Guidance for Client Database (CDB) Form Completion: Core

PG #	SECTION	FIELD	GUIDANCE	REQUIRED FIELD	UPDATE WITH NEW CYCLE*
1	Program Use Only	Jurisdiction	Local Program/County name. This field is automatically filled ("auto fill") in the CDB for you based on your access privileges. You can only enter or see data for your own program/county.	Yes	No
		Interviewer	Person who conducted the most recent core demographic interview or collected/reviewed information provided by the client.	No	Yes
		Interview Date	Date intake form was completed or updated if this is a repeat cycle for the client. (Core data should only be updated on clients who are still eligible for the program so the core always reflects only information for eligible clients).	Yes	Yes
		Enrollment Date	- Date client **with a signed consent/contract** was found eligible to accept screening in the program in cycle 1. - **This date should not change when a new cycle begins.** - Date validations in the CDB will not allow the enrollment date to post date the cycle start date or date of first screening procedure. - If a program wants to retrospectively count a procedure performed prior to the enrollment date because the county is paying for it, change the enrollment and cycle start dates to the earliest procedure date.	Yes	No
		CDB ID	System Generated field by the CDB. Write this number on the hard copy CDB form for the client.	System Generated	No
		Local ID	Local Program identification number. If your client has a local ID, it can be recorded here.	No	No
		Date of Data Entry into CDB	This variable is on the hard copy CDB form and does not appear as a data entry field in the CDB. This is intended to indicate the date of initial entry of the core information into the CDB.	No	Yes
		Initials	This variable is on the hard copy CDB form and does not appear as a data entry field in the CDB. Indicates initials of person who entered the data into the CDB.	No	Yes
	Patient Information	Last Name	Legal last name of client. Use the local program policy regarding use of name, e.g., when a client has a hyphenated last name, use two names as last name, etc.	Yes	Yes
		Suffix	If client uses a suffix in their name such as Jr., Sr., II, etc., you should note it here.	No	Yes
		First Name	Legal first name of client.	Yes	Yes
		Middle	If the client has a middle name or initial, record it here.	No	Yes
		Date of Birth	This is text field to allow a full or partial date of birth (e.g., mm/dd/yyyy or mm/yyyy). If you only have the year (yyyy) or the month and year (mm/yyyy), you can enter it here rather than leaving the field blank. If the date of birth is entered with the format as mm/dd/yyyy, the age will automatically be calculated in the next field. Verify if missing data at each cycle.	Yes	No
		Age at Enrollment	- The CDB will compute Age at Enrollment for you based on the Date of Birth (when entered as mm/dd/yyyy) and the Enrollment date. - Click on the space in the CDB, and if the Date of Birth and Enrollment Date have been entered correctly, the age will appear. - The CDB will not accept anyone who is younger than 18 years of age. - If you mistakenly enter a wrong Date of Birth, such as today's date, the system will give you message that the age cannot be less than 18. Thereafter, the validation will not allow you to come out of the field. One way to come out of the field is to change the Age at Enrollment to a value greater than 18; go back to Date of Birth and correct the field as prompted by the system.	System Generated	No
		SSN	Last 4 digits of SSN. **If you do not have this information, please enter as NONE.** Do not enter 0000 or 9999. Verify if missing data at each cycle.	Yes	No

*Update with New Cycle means client should be reinterviewed at the beginning of a new cycle and these fields should be updated as appropriate.

Page 1 of 6

01/14/2013

Maryland Department of Health and Mental Hygiene, Center for Cancer Prevention and Control
Guidance for Client Database (CDB) Form Completion: Core

PG #	SECTION	FIELD	GUIDANCE	REQUIRED FIELD	UPDATE WITH NEW CYCLE*
1	Patient Information	*Residential Address fields*	This section refers to where the person resides; it is not the Post Office (PO) address. The components of address are broken down so that the address can be pinpointed on a map (that is, "geocodable").	Yes	Yes
		Street Number	This is the number of the building or house number, e.g., 707.	Yes	Yes
		Pre Dir	This refers to a directional prior to the street name (e.g., *South, West*). If there is one, pick from drop down list; otherwise, leave blank.	No	Yes
		Street Name	Text box; type in what ever the street name is, e.g., Pratt. Enter only the name here; street type is in the next field.	Yes	Yes
		Street Type	Choose from pick list; most frequently used are at the top of the list--e.g., Street, Avenue, Road, see remainder of list for additional choices. Please be aware if you press the backspace button while in the drop down option list you the CDB will return you to the main page and any data you have entered that has not been saved will be lost. This does not happen in text fields, only in fields that have drop down lists like this field.	Yes	Yes
		Post Dir	This refers to a directional after the street type (e.g., *Northeast, as in 17th St., NE*). If there is one, pick from drop down list.	No	Yes
		Apt/Room/Unit#	If the address is not a single family dwelling, there may be an apartment, room, or unit number; enter if applicable. The CDB does not accept the symbol # so do not preface the number with this symbol.	No	Yes
		County	Select from drop down list. If the residential address is not in Maryland select "Out of State" for the county.	Yes	Yes
		State	Choose from drop down/pick list; alternatively, type M twice ("M" "M") to pull up Maryland from the pick list.	Yes	Yes
		Zipcode	Type the numbers of the zipcode. It will take a 5 or 9 digit zipcode, that is, the 5 number zip or the zip 'plus 4'; if you add the 'plus 4' numbers, the system will not accept a dash.	Yes	Yes
		Telephone	There are places to record home, work, and cell phone numbers. Enter the 7 digit phone number; you do not need to enter the dashes, the system will do that for you.	No	Yes
		Is mailing address **different from** residential address?	If the mailing address is **different from** the residential address, mark "Yes" and the system will enable you to enter the mailing address in the mailing address field. If the mailing address is the **same as** the residential address, then mark as "no" and the residential address will auto fill the mailing address field.	Yes	Yes
		Mailing Address fields	The mailing address fields are the same as residential address fields above. Enter PO box and number in the Street Name field. If you only enter a PO Box in Street Name and no other mailing address fields, you will get an Required Fields Validation notification at the end of your data entry letting you know that you are missing the street number and street type. Disregard the validation of these specific fields.	Yes	Yes
	Contact Information	Last Name	Last name of person whom the client would want contacted in the event of an emergency or to help find the client if you are unable to reach the client to notify of results.	No	Yes
		First Name	First name of contact person; does not have to be the legal name, can be a nickname.	No	Yes
		Relationship	Relationship of this person to the client, e.g., husband, daughter, friend.	No	Yes
		Address fields	The address fields for contact information are the Street Address, City, State, and Zipcode. This is not a geocodable address so does not have to be broken down to all the components as in the client address.	No	Yes
		Telephone	Enter a home and/or cell phone number of the contact. If the contact does not have a home or cell phone, you can enter the best way to reach the contact.	No	Yes

*Update with New Cycle means client should be reinterviewed at the beginning
of a new cycle and these fields should be updated as appropriate.

Page 2 of 6

01/14/2013

PG #	SECTION	FIELD	GUIDANCE	REQUIRED FIELD	UPDATE WITH NEW CYCLE*
1	Learn of Program	How did you learn of this screening program?	The intent of this field is to learn how the client **originally** heard of your program. If they are coming in for a repeat screening, do not overwrite the original information; if it is a converted record and it is blank or unknown and you now know how they originally heard of your program, you can update/enter it. This field can be used to assess the efficacy of your various outreach efforts of entry into the program. Check all that apply.	No	No
2	Demographic Information	Gender	- All clients that undergo screening should have a gender entered. This should only be "unknown" if you are missing this information from your intake form. - This is one of the factors that determines which of the screening modules a client may be enrolled. If you select "female," you will not have the option to enroll the client in a prostate module and if you select "male," the system will not allow you to answer the question regarding enrollment in the breast and cervical program.	Yes	No
		Ethnicity	- This is a "self report" question meaning it is based on the client's response to this item. Please do not assume that the person is Hispanic/Latino ethnicity based on the client's appearance, the language the client speaks, or the surname. - This is one of the data points used to determine a person's "minority status"; minority status is used on several of the reports and can be used to indicate how well the program is doing in reaching minorities in their communities.	Yes	No
		Race	- Please note that this field will accept more than one race if the client does not choose any of the offered race options. (check all that apply). - This is a "self report" question so it should be answered by the respondent. Please do not assume the client's race(s) based on appearance. Clients of Hispanic/Latino ethnicity can be of any race(s); however, many Hispanic/Latino only identify their ethnicity, do not identify with the race choices, and prefer to leave Race blank; you can enter these clients as "unknown" race. - This is one of the fields used to identify the "minority status" of clients served in the program. If the client has identified himself as Hispanic or Latino they will still be counted as a minority, regardless of their race choice.	Yes	No
		Education	Highest level of education client has achieved. Note: This information helps assess the success of the program in reaching people of all education levels and to describe your program participants.	Yes	Yes
		Marital Status	Current marital status of the client. This is not a required field but may be helpful when trying to identify potential support sources for getting people screened.	No	Yes
		Primary Language	Primary language spoken by client. This information will help you identify people who may need additional assistance to get through the screening procedures.	No	Yes
		Is an interpreter needed?	Check "Yes" if an interpreter will be needed to help the client have a full understanding of what is required to complete the screening successfully and a full understanding of the results.	No	Yes
		Do you have any needs or disabilities of which we should be aware?	Check "Yes" if the client may need additional support or assistance to complete the screening due to a disability or logistic concerns such as childcare or elder care obligations. This field will default to "No" if no data are entered for this field.	No	Yes

*Update with New Cycle means client should be reinterviewed at the beginning of a new cycle and these fields should be updated as appropriate.

Page 3 of 6

01/14/2013

Maryland Department of Health and Mental Hygiene, Center for Cancer Prevention and Control
Guidance for Client Database (CDB) Form Completion: Core

PG #	SECTION	FIELD	GUIDANCE	REQUIRED FIELD	UPDATE WITH NEW CYCLE*
2	Demographic Information	Household Info: Annual income	Enter Annual **Gross** Household Income; use integers (whole numbers) when entering household income; **commas and decimals are not allowed**. This information is needed for eligibility determination; however, it is not a required field because this may be documented in other program records.	No	Yes
		Household Info: Income documentation	- You can note if you have written verification, e.g., an income tax statement, W2 form, or pay stub, or just a verbal account of the income. - While the CRFP **does require** written verification of income to determine eligibility **for treatment services**, it **does not require** written documentation of household income or family size to determine eligibility for **screening or diagnostic work-up.** The client may verbally report household income and family size information for screening and/or diagnostic work-up so that the CPEST program can compare the annual gross household income and family size to the Federal Poverty Guideline chart to determine eligibility. - Refer to your program's grant application to determine if written verification is required for eligibility for your program as it is a program decision as to whether or not to require written verification for screening.	No	Yes
		Household Info: Number of persons in household, including self	Enter number of persons in household, **including self.** This is the total number of people who are living off the income specified as the annual income including self and spouse and financially dependent child(ren) and relative(s) as claimed on the client's most recent Income Tax Return. There may be more than one family/household living under the same roof but you are trying to determine how many people are supported by the stated income so that you can determine eligibility as required for expensive screening or diagnostic/treatment services.	No	Yes
	Previous Enrollment	Have you ever been screened or treated for colon, oral, skin or prostate cancer by any Maryland Public Health Program?	- Indicates if the client has been screened in the CRF Program; that is, **outside of or within** your program. In cycle 2 and subsequent cycles, this should be updated to "Yes." - If the client has been screened in other programs, you should request records from those programs to make sure you have the most up to date and accurate information on his/her screening needs. - If the client is returning for screening in your program, you should make sure you are not creating a duplicate record for him/her but are entering the latest information in the already established CDB record. - It is very important, if you update this field on subsequent cycles, that you specify the county where the screening has been done so you can distinguish clients returning for screening in your program from those that have been screened outside of your program.	Yes	Yes
		Have you ever been screened for breast or cervical cancer by BCCP?	Check "Yes" if the woman has ever been screened in a Breast and Cervical Cancer Program (BCCP) Program in any jurisdiction in Maryland. Women who say "No" and are eligible for your program may be eligible for that program as well. Field is enabled only for women.	No	Yes
	Health Care Provider and Insurance	Do you have a primary care provider?	Enter the primary care provider (PCP) information if the client has one. Clients with a PCP may want the program to communicate with the PCP about past and future screening results.	Yes	Yes
		If yes, identify provider	If the provider is already in your database, you can select the provider from the drop down list and the contact information entered for that provider will auto fill. If the provider is not on the list, you can select the "Add Provider" option and a screen will open that will allow you to enter the name of an individual provider or a practice and specialty or contact information for that provider. Please note that if you choose to enter a provider as a practice, rather than as an individual, only the name of the practice will appear in the drop down list, not the doctor's name. It is therefore important to enter the doctor as an individual, rather than as a practice if you want to be able to choose that doctor from the drop down list in the future or get provider-specific reports from the CDB.	No	Yes

*Update with New Cycle means client should be reinterviewed at the beginning of a new cycle and these fields should be updated as appropriate.

Page 4 of 6

01/14/2013

PG #	SECTION	FIELD	GUIDANCE	REQUIRED FIELD	UPDATE WITH NEW CYCLE*
2	Health Care Provider and Insurance Information	Are you covered by health insurance?	Mark "Yes" if client has ANY health insurance, even if it will not cover the screening. There may be a deductible or co-pay that you can help a financially eligible client meet by making sure the insurance provider is billed for the service even if the insurance provider does not actually pay anything towards the cost. Remember that CRF should always be the payer of last resort.	Yes	No
		If yes, type of *primary* health insurance	Note client's primary health care coverage.	Yes	Yes
		Name and policy number of *primary* health insurer	Note the name of the insurance company and the policy number if you want to record the information here for billing purposes.	No	Yes
		Type of *secondary* health insurance, if any	Note any secondary health insurance the client may have.	Yes	Yes
		Name and policy number of *secondary* health insurer, if any	Note the name of the secondary insurance company and the policy number if you want to record the information here for billing purposes.	No	Yes
3	Health History	Do you have a history of any kind of cancer?	If client reports history of any kind of cancer, record "Yes." It is important to indicate the type of cancer as there are certain cancers that increase the risk for developing other cancers, e.g., men and women with CRC and women with a history of endometrial (uterine) or ovarian cancer diagnosed before the age of 50 are at higher risk for CRC; this needs to be taken into account when identifying their risk assessment on page 1 of the CRC form.	Yes	Yes
		Type of Cancer	Choose from the drop down list. If the type of cancer is not on the list, choose "Other" and specify type in the treatment details.	No	Yes
		Date of Diagnosis	This text field will accept any information you have, e.g., year, month/year; if age of diagnosis is known rather than date, convert age to year of diagnosis for data entry purposes.	No	Yes
		Treatment Details	This does not have to be in-depth but it is helpful to know if the client has a history of surgery or radiation or chemotherapy treatments for cancer, especially if the treatment is recent or ongoing as it may pose a risk for certain screening procedures, e.g., prior bowel surgery and colonoscopy. Clients with a history of pelvic radiation are at increased risk for CRC regardless of the age of treatment or the cancer type.	No	Yes
		Have your ever had any of the following illnesses/conditions?	Choose from the drop down list. If an illness/condition mentioned is not on the list you can select "Other" and specify in the details field. Details you might want to note are age of onset of the condition or type of allergy or heart disease for example. These health conditions may have an impact on the kind of precautions that should be considered when planning certain screening procedures and associated anesthesia or medications.	No	Yes
		List any medications you are currently taking	Record medications in the open text box. You can record any information you think might be helpful here. It is especially important to note medications that may affect the client's clotting time such as coumadin or medications that may affect the client's ability to comply with the bowel prep instructions, e.g., an insulin dependent diabetic.	No	Yes

*Update with New Cycle means client should be reinterviewed at the beginning of a new cycle and these fields should be updated as appropriate.

Page 5 of 6

01/14/2013

PG #	SECTION	FIELD	GUIDANCE	REQUIRED FIELD	UPDATE WITH NEW CYCLE*
3	Health History	Have you ever used tobacco in any form?	Check "Yes" if client has current or past use of any form of tobacco.	Yes	Yes
		Do you currently use tobacco?	Check "Yes" if client currently uses tobacco, regardless of the type or frequency.	Yes	Yes
		If yes, check all products used	This field can only be completed for tobacco users.	No	Yes
		Have you smoked 100 or more cigarettes over your lifetime?	This question refers to past and current tobacco users.	No	Yes
		If yes, at what age did you first smoke?	Enter age the client began smoking cigarettes.	No	Yes
		If you quit smoking, at what age did you quit?	Enter age the client quit smoking cigarettes for former smokers.	No	Yes
		Average number of packs of cigarettes you smoke(d) each day	Enter average number of **packs** of cigarettes per day. You may enter whole numbers or decimals (e.g., 1.5, 0.5). If current smoker, use the number they are currently smoking. If past smoker, try to get an average of packs smoked per day over the years they smoked. Please be sure you are entering pack number NOT number of cigarettes, e.g., 10 cigarettes/day should be entered as 0.5 packs/day.	No	Yes
	Program Use Only	Provided literature/info. to client on dangers of tobacco use	Note "Yes" if you provided any education, written, oral, or referral to a smoking cessation program.	No	Yes
		Is client eligible for any cancer screening, diagnosis or treatment in the Program?	- Check "Yes" if the client is eligible for your program. - If "No," the client should **NOT** be entered in the CDB. - If you have started entering the Core client information, you can delete the client record from the database yourself as long as you have not yet enrolled the client in any of the modules. If you "Save and Exit" at this point, you will see the option to "Delete Client" button on the Client Information Page; you can click on this icon and the record will be deleted from the database. - If a client is entered in the CDB and enrolled in a module but later determined to be ineligible for screening, put in a request to DHMH to have the client deleted from the database. - Discharging the client from a module or from the program will NOT delete the client from the database but will make the client inactive. Deletion and discharging should not be confused. - If the client is eligible for screening in your program, click "Yes" and then choose the module(s) into which you would like to enroll the client. You can enroll the client in any module from this screen. Also, you may enroll a client in modules from the Client Information Page where you will see a place to initiate enrollment next to each module for which the client may be eligible but is not yet enrolled.	Yes	No
		Module Buttons	- Check all modules in which you are enrolling the client; this is done during initial data entry. - After the initial data entry, you may **not** go back to the core form to enroll in a module; you must enroll in new modules from the Client Information page as instructed above.	Yes	No
	Comments	Comments	Enter any comments that you may have regarding Core information.	No	Yes

*Update with New Cycle means client should be reinterviewed at the beginning of a new cycle and these fields should be updated as appropriate.

Page 6 of 6

01/14/2013