#	SECTION/MEASURE	FORMAT
	DEMOGRAPHICS	
1	Client ID	Auto-generate
2	Site ID	numeric text field
3	Last Name	Text field
4	First Name	Text field
5	Date of Birth	MM/DD/YYYY or MM-DD-YYY
6	Last 4 SSN	Text field
7	Sex	1= Male 2=Female 0=Other, Unreported, Chose not to disclose
8	Miner's age, in years, at the end of project period (June 30)	numeric text field
9	Race	1=American Indian/Alaska Native 2=Asian; Black/African American 3=Native Hawaiian 4=Other Pacific Islander 5=White 6=More than one race 0=Unreported/Refused to report race
10	Ethnicity	1=Hispanic/Latino 2=Non-Hispanic/Latino 0=Unreported/Refused to report ethnicity
11	State of miner's residence at the end of project period	01=Alabama 02=Alaska 04=Arizona 05=Arkansas 06=California 08=Colorado 09=Connecticut 10=Delaware 11=District of Columbia 12=Florida 13=Georgia 15=Hawaii 16=Idaho 17=Illinois 18=Indiana 19=Iowa

		20=Kansas
		21=Kentucky
		22=Louisiana
		23=Maine
		24=Maryland
		25=Massachusetts
		26=Michigan
		27=Minnesota
		28=Mississippi
		29=Missouri
		30=Montana
		31=Nebraska
		32=Nevada
		33=New Hampshire
		34=New Jersey
		35=New Mexico
		36=New York
		37=North Carolina
		38=North Dakota
		39=Ohio
		40=Oklahoma
		41=Oregon
		42=Pennsylvania
		44=Rhode Island
		45=South Carolina
		46=South Dakota
		47=Tennessee
		48=Texas
		49=Utah
		50=Vermont
		51=Virginia
		53=Washington (state)
		54=West Virginia
		55=Wisconsin
		56=Wyoming
12	Insurance Status at the end of project period	1=Insured 2=Uninsured
	VISIT INFORMATION	
13	Date of encounter	MM/DD/YYYY or MM-DD-YYY

14	Clinic Name	Numeric entry from clinic sites associated with the grantee
15	Is the miner currently prescribed home oxygen, or is home oxygen recommended as a result of the clinic evaluation?	1=Currently prescribed home oxygen 2=Not currently prescribed home oxygen and not recommended as a result of clinic evaluation 3=Not currently prescribed home oxygen, but recommended as a result of clinic evaluation
16	Is this a federal DOL medical examination?	1=Yes 2=No
	PULMONARY DIAGNOSES	
17	Which of the following diagnoses, if any, is the miner's most recent primary pulmonary diagnosis, as determined by a physician or provider?	0=No lung disease 1=Simple coal workers' pneumoconiosis 2=Complicated coal workers' pneumoconiosis/Progressive Massive Fibrosis 3=Chronic obstructive pulmonary disease (COPD) 99=Other lung disease
18	If selected "Other Lung Disease," please list the disease	Text field
19	Apart from the primary pulmonary diagnosis, which of the following pulmonary diagnoses, if any, has the miner ever been diagnosed with, as determined by a physician or provider? Check all that apply.	Check all that apply: 0=No other diagnoses 1=Simple coal workers' pneumoconiosis 2=Complicated coal workers' pneumoconiosis/Progressive Massive Fibrosis 4=Chronic obstructive pulmonary disease (COPD) 5=Mixed dust pneumoconiosis 20=Silicosis 31=Lung cancer 32=Lung infection 99=Other lung disease
20	If selected "Other Lung Disease," please list the disease	Text field
	OTHER SELECTED DIAGNOSES	
21	Miner's height (inches), without shoes	Numeric text field
22	Miner's weight (pounds)	Numeric text field
23	Miner's BMI	Numeric text field
24	Systolic blood pressure	Numeric text field
25	Diastolic blood pressure	Numeric text field
26	Has a physician or provider ever diagnosed the miner with hypertension?	1=Yes 2=No
27	Has a physician or provider ever diagnosed the miner with diabetes mellitus?	1=Yes 2=No

28	Has a physician or provider ever diagnosed the miner with any of the following types of malignancies?	1=Malignant Respiratory disease 2=Malignant Gastrointestinal Disease 3=Other Malignancy 4=No Diagnosed Malignancies
29	If selected "Other malignancy," enter malignancy here	Text field
	SMOKING HISTORY	
30	Did you conduct a smoking history assessment during this project year?	1=Yes 2=No
31	What was the date of the smoking history assessment?	MM/DD/YYYY or MM-DD-YYYY
32	What is the miner's current smoking status?	1=Never Smoked 2=Former Smoker 3=Currently Smoking 4=Unknown
33	On average, for the entire time the miner smoked, about how many packs did/does the miner smoke per day? (1 pack = 20 cigarettes)	Numeric text field
34	About how old was the miner when they first started smoking cigarettes regularly?	Numeric text field
35	About how old was the miner when they completely stopped smoking? (if applicable)	Numeric text field
36	During the time the miner was a smoker, did they ever stop smoking for 6 months or more?	1=Yes 2=No
37	How long did the miner stop smoking altogether? (years)	Numeric text field
38	If miner is a current smoker, was smoke and tobacco cessation counseling provided?	1=Yes 2=No
	WORK HISTORY	
39	Did you conduct a work history assessment during this encounter?	1=Yes 2=No
40	What was the date of the work history assessment?	MM/DD/YYYY or MM-DD-YYYY
41	Coal mining employment status	1=Active Coal Miner 2=Retired Coal Miner 3=Disabled Coal Miner 4=Retired and Disabled Coal Miner 5=Inactive Coal Miner--Currently Unemployed 6=Inactive Coal Miner--Currently Employed

42	What type of mining employment has the miner ever worked? (select all that apply)	1=Underground coal 2=Surface Coal 3=Other mining types (metal or non-metal)
43	First year worked in underground coal mining	Numeric text field
44	First year worked in surface coal mining	Numeric text field
45	Last year worked in coal mining, if not active	Numeric text field
46	How many cumulative years did/has the miner worked in underground coal mining, to date?	Numeric text field
47	How many cumulative years did/has the miner worked in surface coal mining, to date?	Numeric text field
48	How many cumulative years did/has the miner worked in other mine types (metal and non-metal), to date?	Numeric text field
PULMONARY FUNCTION TEST		
49	Did you conduct pulmonary function testing during this encounter?	1=Yes 2=No
50	If you conducted a Pulmonary Function Test during this project period, what was the date?	MM/DD/YYYY or MM-DD-YYYY
51	Pre-bronchodilator FVC (liters)	Numeric text field
52	Pre-bronchodilator FEV1 (liters)	Numeric text field
53	Post-bronchodilator FVC (liters)	Numeric text field
54	Post-bronchodilator FEV1 (liters)	Numeric text field
CHEST IMAGING		
55	Did you conduct a Chest x-ray during this encounter?	1=Yes 2=No
56	If you conducted a Chest x-ray during this project period, what was the date?	MM/DD/YYYY or MM-DD-YYYY
57	Was a B-Reading done on this x-ray?	1=Yes 2=No
58	Date B-read performed?	MM/DD/YYYY or MM-DD-YYYY
59	Image Quality	1=1 2=2 3=3

		4=UR
60	Classifiable parenchymal abnormalities consistent with pneumoconiosis?	1=Yes 2=No
61	Primary small opacity shape/size	1=p 2=q 3=r 4=s 5=t 6=u
62	Secondary small opacity shape/size	1=p 2=q 3=r 4=s 5=t 6=u
63	Lung zones with small opacities	1=Upper Right 2=Upper Left 3=Middle Right 4=Middle Left 5=Lower Right 6=Lower Left
64	Profusion of small opacities	1=0/- 2=0/0 3=0/1 4=1/0 5=1/1 6=1/2 7=2/1 8=2/2 9=2/3 10=3/2 11=3/3 12=3/+
65	Large opacity size	1=O 2=A 3=B 4=C

66	Classifiable pleural abnormalities?	1=Yes 2=No
	ARTERIAL BLOOD GAS	
67	Did you conduct Arterial Blood Gas testing during this encounter?	1=Yes 2=No
68	If you conducted an Arterial Blood Gas Test during this project period, what was the date?	MM/DD/YYYY or MM-DD-YYYY
69	Resting arterial pH	Text field
70	Resting arterial PCO2 (mmHg)	Text field
71	Resting arterial PO2 (mmHg)	Text field
72	Was exercise arterial testing also performed?	1=Yes 2=No
73	Exercise arterial pH	Text field
74	Exercise arterial PCO2 (mmHg)	Text field
75	Exercise arterial PO2 (mmHg)	Text field
76	Barometric pressure on date of test, if known	Text field
	OTHER CLINICAL SERVICES	
77	Did you refer the miner to any of the following providers during this encounter? Select all that apply	1=Pulmonologist 2=Primary Care Provider 3=Mental/Behavioral Health Care Provider 4=Nutritionist 5=Audiologist 6=Other 7=No referral made during this encounter
78	If selected "Other" please list those here	Text field
79	Was an influenza vaccine administered during this clinic visit? Select only one.	1=Not indicated/not influenza season 2=Vaccination administered 3=Previously vaccinated this season 4=Vaccination indicated, patient decline 5=Vaccination indicated, not offered to patient

80	Was a pneumococcal vaccine administered during this clinic visit? Select only one.	1=Not indicated, previously vaccinated 2=Vaccination administered 3=Vaccination indicated, patient declined 4=Vaccination indicated, not offered to patient 5=Not indicated, not previously vaccinated
81	Was pulmonary rehabilitation provided onsite or through contract or referral during this visit? Select only one.	1=Accredited phase II-onsite 2=accredited phase III-onsite 3=Accredited phase II-contract or referral 4=Accredited phase III-contract or referral 5=Basic information/education provided 6=Pulmonary rehabilitation not indicated 7=Pulmonary rehabilitation indicated, declined by patient 8=Pulmonary rehabilitation indicated, not offered
	BENEFITS COUNSELING	
82	Did you conduct benefits counseling services during this encounter?	1=State Workers' Compensation 2= Department of Labor 3=No
83	What was the date you assisted the miner in the filing of a state workers' compensation claim during this project period?	MM/DD/YYYY or MM-DD-YYYY
84	If you assisted the miner in the filing of a workers' compensation claim during this project period, in what state was it filed?	01=Alabama 02=Alaska 04=Arizona 05=Arkansas 06=California 08=Colorado 09=Connecticut 10=Delaware 11=District of Columbia 12=Florida 13=Georgia 15=Hawaii 16=Idaho 17=Illinois 18=Indiana 19=Iowa 20=Kansas

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		31=Nebraska
		32=Nevada
		33=New Hampshire
		34=New Jersey
		35=New Mexico
		36=New York
		37=North Carolina
		38=North Dakota
		39=Ohio
		40=Oklahoma
		41=Oregon
		42=Pennsylvania
		44=Rhode Island
		45=South Carolina
		46=South Dakota
		47=Tennessee
		48=Texas
		49=Utah
		50=Vermont
		51=Virginia
		53=Washington (state)
		54=West Virginia
		55=Wisconsin
		56=Wyoming
85	What was the date you assisted the miner in the filing of a DOL Black Lung Benefits claim during this project period?	MM/DD/YYYY or MM-DD-YYYY

86	What is the status of the DOL black lung benefits claim?	1=Interim award 2=ALJ award 3=DOL denial 4=DOL appeal 5=Claim withdrawn 6=Claim pending 7=Status unknown
87	Date that you last checked the status of the miner's DOL black lung benefits claim during this project period?	MM/DD/YYYY or MM-DD-YYYY
	NIOSH SCREENING	
88	Has the miner ever participated in the National Institute for Occupational Safety and Health's Coal Workers' Health Surveillance Program?	1=Yes 2=No 3=Unsure