This collection seeks to compile data that may be useful in the continued improvement of the Black Lung Clinics Program. HRSA may also provide collected data to Congress in order to satisfy requirements imposed by the Government Performance and Results Act of 1993 (Pub. L. 103-62). An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. The OMB control number for this information collection is 0915-0292 and it is valid until 12/31/2027.
This information collection is required to obtain, or retain, benefits under section 417C of the Public Health Service Act (42 U.S.C. 285a–9). Public reporting burden for this collection of information is estimated to average 7 hours per response, including the time for reviewing instructions, searching existing data sources, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to HRSA Reports Clearance Officer, 5600 Fishers Lane, Room 14N136B, Rockville, Maryland, 20857 or paperwork@hrsa.gov.

CSV	#	CELL	CSV HEADER	REQUIRED?	SECTION/MEASURE	FORMAT	NOTES TO DEVELOPER	SOURCES & DEFINITIONS
					DEMOGRAPHICS			
Patient	1	A	ClientID	Yes	Client ID	Auto-generate from EMR/REDCap	HRSA will not see	
Patient	2	B	ClinicSite	Yes	Clinic Site ID	Numeric entry from clinic sites associated with the grantee	Response should be a numeric value	REI has assigned
Patient	3	C	LastName	Yes	Last Name	Text field	HRSA will not see	
Patient	4	D	FirstName	Yes	First Name	Text field	HRSA will not see	
Patient	5	E	DOB	Yes	Date of Birth	MM/DD/YYYY or MM-DD-YYY	HRSA will not see	
Patient	6	F	Last4SSN	Yes	Last 4 SSN	Numeric text field	HRSA will not see; Response should be a numeric value with no more than 4 digits; Preserve leading zero	
Patient	7	G	Sex	Yes	Sex	0=Unreported 1= Male; 2=Female;	HRSA will not see	
Patient	8	H	Age	Yes	Miner's age, in years, at the end of project period (June 30)	numeric text field	Response should be a numeric value	
Patient	9	I	State	Yes	State of miner's residence at the end of project period (June 30)	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;		If miner moves, use state at the end of project period (06/30); Based on FIPS codes for the states and the District of Columbia (www.census.gov/geo/reference/ansi_statetables.html)
Patient	10	J	Insurance	Yes	Miner's insurance Status at the end of project period (June 30)	1=Insured; 2=Uninsured; 3=Unknown		If status changes, use status at the end of project period (06/30); Where "1=Insured" is anything other than uninsured (ex: employer-provided, state exchange, Medicare, Medicaid, etc)
					VISIT INFORMATION			
Encounter	11	A	ClientID	Yes	Client ID	Auto-generate from EMR/REDCap	HRSA will not see	
Encounter	12	B	ClinicSite	Yes	Clinic Site ID	Numeric entry from clinic sites associated with the grantee	Response should be a numeric value	REI has assigned
Encounter	13	C	DateMedEnc	Yes	Date of encounter	MM/DD/YYYY or MM-DD-YYY	(remove validation)	Date must be between July 1, 2021 and June 30, 2022

Encounter	14	D	DOLexam	Yes	Is this a federal DOL medical examination?	1=Yes; 2=No		
Encounter	15	E	CWHSP	Yes	Is this a Coal Workers' Health Surveillance Program (CWHSP) screening?	1=Yes; 2=No		
Encounter	16	F	Height	No	Miner's height (inches), without shoes	Numeric text field	Response should be numeric value; Allow decimal; Recommend unit conversion within software, if possible	
Encounter	17	G	HgtByStandWgsp	No	Was miner's height taken standing or wingspan?	1=Standing; 2=Wingspan		
Encounter	18	H	Weight	No	Miner's weight (pounds), without shoes	Numeric text field	Response should be numeric value; Allow decimal; Recommend unit conversion within software, if possible	
Encounter	19	I	BMI	No	Miner's BMI	Numeric text field	Recommend automatically generated by EMR/REDCap using the following formula: [weight (lb)/(height (in)^2)]x703	Source: https://www.cdc.gov/healthyweight/assessing/bmi/adult_bmi/index.html#Interpreted
Encounter	20	J	SystBP	No	Systolic blood pressure	Numeric text field	Response should be a numeric value	
Encounter	21	K	DiastBP	No	Diastolic blood pressure	Numeric text field	Response should be a numeric value	
Encounter	22	L	HomeOxy	Yes	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; 4=Unknown		
					PULMONARY DIAGNOSES			
Encounter	23	M	PrimPulmDiag	Yes	Which of the following pulmonary diagnoses, if any, has the miner ever been diagnosed with as determined by a physician or provider? Select all that apply.	0=No lung disease; 1=Simple Coal Workers' Pneumoconiosis (CWP); 2=Complicated Coal Workers' Pneumoconiosis/Progressive Massive Fibrosis (PMF); 3= Dust-Related Diffuse Fibrosis (DDF); 4=Chronic Obstructive Pulmonary Disease (COPD); 5=Mixed Dust Pneumoconiosis; 20=Silicosis; 31=Lung cancer; 32= Lung infection; 99=Other lung disease	Allow multiple selections. If select "99=Other Lung Disease," prompt question 24	See diagnoses definitions and ICD-10 Codes J60, J43.9, J44.0, J44.1, J44.9, J45.5, J45.9, J61, J62.8, J84.112, C34.00, C34.01, C34.02, C34.10, C34.11, C34.12, C34.30, C34.31, C34.32, C34.80, C34.81, C34.82, C34.90, C34.91, C34.92
Encounter	24	N	OtherDiag	Yes, if select "99=Other Lung Disease" in Question 23	If selected "Other Lung Disease," please list the disease	Text field		
					OTHER SELECTED DIAGNOSES			
Encounter	25	O	Hypertension	Yes	Has a physician or provider ever diagnosed the miner with hypertension?	1=Yes; 2=No; 3=Unknown		ICD-10 Codes I10- through I15-
Encounter	26	P	DM	Yes	Has a physician or provider ever diagnosed the miner with diabetes mellitus?	1=Yes; 2=No; 3=Unknown		ICD-10 Codes E08- through E13-, O24- (exclude O24.41)
Encounter	27	Q	Malignancy	Yes	Has a physician or provider ever diagnosed the miner with any of the following types of malignancies? Select all that apply.	1=Malignant disease of lung or bronchus; 2=Other Malignancy; 3=No Diagnosed Malignancies; 4=Unknown	Allow multiple selections; If select "2=Other Malignancy," prompt question 28	Where "1=Malignant ~~Respiratory~~ disease of lung or bronchus" includes ICD-10 codes C34 and "2=Other Malignancies" includes malignancies anywhere except the bronchus or lungs; note that malignant disease of lung or bronchus does not include cancers that have metastasized to the lung
Encounter	28	R	OtherMalig	Yes, if select "2=Other Malignancy" in question 27	If selected "Other Malignancy," enter malignancy here	Text field		

Encounter	29	S	Cardio	Yes	Has a physician or provider ever diagnosed the miner with cardiovascular disease?	1=Yes; 2=No; 3=Unknown		
					SMOKING HISTORY			
Encounter	30	T	SmokeAssess	Yes	Did you conduct a smoking history assessment during this encounter this project year?	1=Yes; 2=No	If select "1=Yes" prompt question 31 and 37	
Encounter	31	U	CigStatus	Yes, if select "1=Yes" in Question 30	What is the miner's current cigarette smoking status?	1=Never Smoked Cigarettes; 2=Former Cigarette Smoker; 3=Current Cigarette Smoker; 4=Unknown	If select "2=Former Cigarette Smoker" prompt Questions 32-35; If select "3=Current Cigarette Smoker" prompt Questions 32-33, 42	Question adapted from question 3a on DOL form cm-988, "Medical History and Examination for Coal Mine Workers' Pneumoconiosis": https://www.dol.gov/owcp/regs/compliance/cm-988.pdf
Encounter	32	V	CigsPerDay	Yes, if select "2=Former Cigarette Smoker" or "3=Current Cigarette Smoker" in Question 31	On average, for the entire time the miner smoked cigarettes, about how many packs did/does the miner smoke per day? (1 pack = 20 cigarettes)	Numeric text field	Response should be a numeric value (number of packs per day); Allow for decimal	Question adapted from NIOSH Respiratory Assessment Form (OMB No. 0920-0020) question 8a: https://www.cdc.gov/niosh/topics/surveillance/pdfs/cwhsp-respiratoryassessment-2-13.pdf
Encounter	33	W	AgeStartCig	Yes, if select "2=Former Cigarette Smoker" or "3=Currently Cigarette Smoker" in Question 31	About how old was the miner when they first started smoking cigarettes regularly?	Numeric text field	Response should be a numeric value (age); response should be one or two digits	Question adapted from NIOSH Respiratory Assessment Form (OMB No. 0920-0020) question 8b: https://www.cdc.gov/niosh/topics/surveillance/pdfs/cwhsp-respiratoryassessment-2-13.pdf
Encounter	34	X	AgeStopCig	Yes, if "2=Former Cigarette Smoker" in Question 31	About how old was the miner when they completely stopped smoking cigarettes?	Numeric text field	Response should be a numeric value (age); response should be equal to or more than the response to Question 33	Question adapted from NIOSH Respiratory Assessment Form (OMB No. 0920-0020) question 8c: https://www.cdc.gov/niosh/topics/surveillance/pdfs/cwhsp-respiratoryassessment-2-13.pdf
Encounter	35	Y	TempNoCig	Yes, if select "2=Former Cigarette" in question 31	During the time the miner was a smoker, did they ever stop smoking cigarettes for 6 months or more?	1=Yes; 2=No; 3=Unknown/Miner Cannot Recall	If select "1=Yes" prompt question 36	Question adapted from NIOSH Respiratory Assessment Form (OMB No. 0920-0020) question 8d: https://www.cdc.gov/niosh/topics/surveillance/pdfs/cwhsp-respiratoryassessment-2-13.pdf
Encounter	36	Z	TotalTimeNoCig	Yes, if select "1=Yes" in question 35	How long did the miner stop smoking cigarettes altogether? (years)	Numeric text field	Response should be a numeric value (number of years); response should be up to two digits; allow decimal	Question adapted from NIOSH Respiratory Assessment Form (OMB No. 0920-0020) question 8d: https://www.cdc.gov/niosh/topics/surveillance/pdfs/cwhsp-respiratoryassessment-2-13.pdf
Encounter	37	AA	InhaleStatus	Yes, if select "1=Yes" in Question 31	What is the miner's current inhaled tobacco products use status?	1=Never Used Inhaled Tobacco Products; 2=Formerly Used Inhaled Tobacco Products; 3=Currently Uses Inhaled Tobacco Products; 4=Unknown	If select "2=Formerly Used Inhaled Tobacco Products" prompt Questions 38, 40-41; If select "3=Currently Uses Inhaled Tobacco Products" prompt Questions 38, 40-42.	Where Inhaled Tobacco Products include ENDS (any Electronic Nicotine Delivery System such as vapes, vaporizers, vape pens, electronic cigarettes [e-cigarettes or e-cigs], and e-pipes), Cigars, Little Cigars, Cigarillos, Pipe, Hookah, Clove cigarettes, or other products that are NOT cigarettes
Encounter	38	AB	InhaleProducts	Yes, if select "2=Formerly Used Inhaled Tobacco Products" or "3=Currently Uses Inhaled Tobacco Products" in Question 38	What type of inhaled tobacco products does/did the miner use? Select all that apply.	1=ENDS; 2=Cigars; 3=Little Cigars; 4=Cigarillos; 5=Pipe; 6=Hookah; 7=Clove cigarettes; 8=Other	Allow multiple selections; If select "8=Other" prompt Question 39	Where "1=ENDS" includes any Electronic Nicotine Delivery System such as vapes, vaporizers, vape pens, electronic cigarettes (e-cigarettes or e-cigs), and e-pipes

Encounter	39	AC	InhaleType	Yes if select "8=Other" in Question 39	If selected "Other" please list the inhaled tobacco product	Text field		
Encounter	40	AD	InhaleFreq	Yes, if select "2=Formerly Used Inhaled Tobacco Products" or "3=Currently Uses Inhaled Tobacco Products" in Question 38	How often did/does the miner use these other tobacco or nicotine products?	1=Daily; 2=Most Days; 3=Some Days; 4=Rarely		Where "2=Most Days" is approx 4-6 days/week and "3=Some Days" is approx 1-3 days/week
Encounter	41	AE	InhaleDuration	Yes, if select "2=Formerly Used Inhaled Tobacco Products" or "3=Currently Uses Inhaled Tobacco Products" in Question 38	For approximately how many total years did the miner use other inhaled tobacco products?	Numeric text field	Response should be a numeric value including zero and allow for decimal	
Encounter	42	AF	SmokeCess	Yes, if "3=Current Cigarette Smoker" in Question 32 or "3=Currently Uses Inhaled Tobacco Products" in Question 38	If miner is a current cigarette or inhaled tobacco user, was smoking and tobacco cessation counseling provided during this encounter this project year?	1=Yes; 2=No		As defined by CPT-4: 99406, 99407 OR HCPCS: S9075 OR CPT-II: 4000F, 4001F (definition derived from HRSA 2016 UDS Data Manual, Table 6A)
					WORK HISTORY			
Encounter	43	AG	WorkAssess	Yes	Did you conduct a work history assessment during this encounter this project year?	1=Yes; 2=No	If select "1=Yes" prompt question 44 & 45	
Encounter	44	AH	CMEmployStatus	Yes if select "1=Yes" in Question 43	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	If select "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" prompt question 45	
Encounter	45	AI	TypeOfMine	Yes if select "1=Yes" in Question 43	In 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)	If select "1=Under" prompt Questions 46, 49, 52; If select "2=Surface" prompt Questions 47, 50, 52; If select "3=Other" prompt question 51	
Encounter	46	AJ	FirstYrUnder	Yes if select "1=Underground" in Question 45	First year worked in underground coal mining	Numeric text field	Response should be four-digit numeric value (YYYY); year cannot be in the future (i.e., it must be past or current year)	
Encounter	47	AK	FirstYrSurface	Yes if select "2=Surface" in Question 45	First year worked in surface coal mining	Numeric text field	Response should be four-digit numeric value (YYYY); year cannot be in the future (i.e., it must be past or current year)	
Encounter	48	AL	LastYrMine	Yes if "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" in Question 44	Last year worked in coal mining	Numeric text field	Response should be four-digit numeric value (YYYY); year cannot be in the future (i.e., it must be past or current year)	

Encounter	49	AM	YrsUnder	Yes if select "1=Underground" in Question 45	How many cumulative years did/has the miner worked in underground coal mining, to date?	Numeric text field	Response should be a numeric value including zero and allow for decimal	
Encounter	50	AN	YrsSurface	Yes if select "2=Surface" in Question 45	How many cumulative years did/has the miner worked in surface coal mining, to date?	Numeric text field	Response should be a numeric value including zero and allow for decimal	
Encounter	51	AO	YrsOtherMine	Yes if select "3=Other" in Question 45	How many cumulative years did/has the miner worked in other mine types (metal and non-metal), to date?	Numeric text field	Response should be a numeric value including zero and allow for decimal	
Encounter	52	AP	StateCareer	Yes if select "1=Under" or "2=Surface" in Question 45	In what state did the miner spend the majority of their coal mining career, regardless of type (surface or underground)?	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; 99=Unknown/Miner Cannot Recall		Based on FIPS codes for the states and the District of Columbia (www.census.gov/geo/reference/ansi_statetables.html)
					PULMONARY FUNCTION TEST			
Encounter	53	AQ	Walk	Yes	Did you conduct a 6 Minute Walk Test during this encounter this project year?	1=Yes; 2=No		
Encounter	54	AR	PFT	Yes	Did you conduct pulmonary function testing (PFT) during this encounter this project year?	1=Yes;2=No	If select "1=Yes" prompt questions 55-56	
Encounter	55	AS	PFTPreFVC	Yes if select "1=Yes" in Question 54	Pre-bronchodilator FVC (liters)	Numeric text field	Response should be a numeric value and allow for decimal	
Encounter	56	AT	PFTPreFEV1	Yes if select "1=Yes" in Question 54	Pre-bronchodilator FEV1 (liters)	Numeric text field	Response should be a numeric value and allow for decimal	
Encounter	57	AU	PFTPostFVC	No	Post-bronchodilator FVC (liters)	Numeric text field	Response should be a numeric value and allow for decimal	
Encounter	58	AV	PFTPostFEV1	No	Post-bronchodilator FEV1 (liters)	Numeric text field	Response should be a numeric value and allow for decimal	
Encounter	59	AW	DLCO	Yes	Did you conduct diffusing capacity of the lungs for carbon monoxide (DLCO) testing during this encounter this project year?	1=Yes; 2=No	If select "1=Yes" prompt questions 60	
Encounter	60	AX	DLCOMeas	Yes if select "1=Yes" in Question 59	What was the DLCO (ml/min/mmHg)?	Numeric text field	Response should be a numeric value and allow for decimal	
Encounter	61	AY	DLCOcorrectTHB	No	Was the DLCO measurement corrected for total hemoglobin (THB)?	1=Yes; 2=No		
Encounter	62	AZ	LungVol	Yes	Were lung volumes measured during this encounter this project year?	1=Yes; 2=No	If select "1=Yes" prompt questions 63-66	
Encounter	63	BA	TLC	Yes if select "1=Yes" in Question 62	What was the total lung capacity (TLC) in litres (L)?	Numeric text field	Response should be a numeric value and allow for decimal	

Encounter	64	BB	RV	Yes if select "1=Yes" in Question 62	What was the residual volume (RV) in litres (L)?	Numeric text field	Response should be a numeric value and allow for decimal	
Encounter	65	BC	FRC	Yes if select "1=Yes" in Question 62	What was the functional residual capacity (FRC) in litres (L)?	Numeric text field	Response should be a numeric value and allow for decimal	
Encounter	66	BD	LVType	Yes if select "1=Yes" in Question 62	What method was used to measure lung volumes?	1=Helium; 2=Nitrogen; 3=Body plethysmography; 4=Unknown		
					CHEST IMAGING			
Encounter	67	BE	CXR	Yes	Did the miner have a chest x-ray (CXR) during this encounter this project year?	1=Yes;2=No	If select "1=Yes" prompt Questions 68	
Encounter	68	BF	BRXR	Yes if select "1=Yes" in Question 67	Was a B-Read done on an x-ray during this encounter this project year?	1=Yes;2=No	If select "1=Yes" prompt questions 69-72, 77	
Encounter	69	BG	DateBR	Yes if select "1=Yes" in Question 68	Date B-read performed?	MM/DD/YYYY or MM-DD-YYYY	(remove validation)	Date must be between July 1, 2021 and June 30, 2022
Encounter	70	BH	ImgQlty	Yes if select "1=Yes" in Question 68	Image Quality	0=No Entry; 1=1; 2=2; 3=3; 4=UR		
Encounter	71	BI	ClassParAbn	Yes if select "1=Yes" in Question 68	Classifiable parenchymal abnormalities consistent with pneumoconiosis?	1=Yes;2=No	If select "1=Yes" prompt questions 72-76	Question adapted from question 2A on B-read form
Encounter	72	BJ	PriSmallOpa	Yes if select "1=Yes" in Question 71	Primary small opacity shape/size	0=No Entry; 1=p; 2=q; 3=r; 4=s; 5=t; 6=u		Question adapted from question 2B on B-read form
Encounter	73	BK	SecSmallOpa	Yes if select "1=Yes" in Question 71	Secondary small opacity shape/size	0=No Entry; 1=p; 2=q; 3=r; 4=s; 5=t; 6=u		Question adapted from question 2B on B-read form
Encounter	74	BL	LunZoneOpa	Yes if select "1=Yes" in Question 71	Lung zones with small opacities. Select all that apply.	0=No Entry; 1=Upper Right; 2=Upper Left; 3=Middle Right; 4=Middle Left; 5=Lower Right; 6=Lower Left, 7=All Right Lung Zones, 8=All Left Lung Zones, 9=All Lung Zones	Allow multiple selections EXCEPT "0=No Entry" which is mutually exclusive of all other options ("0=No Entry" CANNOT be selected in combination with other possible responses, only 1-6 may be selected in combination)	Question adapted from question 2B on B-read form
Encounter	75	BM	ProSmallOpa	Yes if select "1=Yes" in Question 71	Profusion of small opacities	0=No Entry; 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/+		Question adapted from question 2B on B-read form
Encounter	76	BN	LargeOpa	Yes if select "1=Yes" in Question 71	Large opacity size	0=No Entry; 1=O; 2=A; 3=B; 4=C		Question adapted from question 2C on B-read form
Encounter	77	BO	PleuralAbn	Yes if select "1=Yes" in Question 68	Classifiable pleural abnormalities?	0=No entry; 1=Yes;2=No;		Question adapted from question 3A on B-read form
					ARTERIAL BLOOD GAS			
Encounter	78	BP	RestABG	Yes	Did you conduct resting Arterial Blood Gas (ABG) testing during this encounter this project year?	1=Yes;2=No	If select "1=Yes" prompt questions 79, 81-83	
Encounter	79	BQ	RestABGRoomOxy	Yes if select "1=Yes" in Question 78	Was the resting Arterial Blood Gas (ABG) test conducted during this encounter this project year on room air or oxygen?	1=Room Air;2=Oxygen	If select "2=Oxygen" prompt question 80	
Encounter	80	BR	RestOxyFlwRate	Yes if select "2=Oxygen" in Question 79	What was the miner's oxygen flow rate (in liters per minute) during the resting Arterial Blood Gas (ABG) test conducted during this encounter this project year?	Numeric text field	Response should be a numeric value and allow for decimal	
Encounter	81	BS	RAPH	Yes if select "1=Yes" in Question 78	Resting arterial pH	Numeric text field	Response should be a numeric value and allow for decimal	
Encounter	82	BT	RAPCO2	Yes if select "1=Yes" in Question 78	Resting arterial PCO2 (mmHg)	Numeric text field	Response should be a numeric value and allow for decimal	
Encounter	83	BU	RAPO2	Yes if select "1=Yes" in Question 78	Resting arterial PO2 (mmHg)	Numeric text field	Response should be a numeric value and allow for decimal	
Encounter	84	BV	ExerABG	Yes	Did you conduct exercise Arterial Blood Gas (ABG) testing during this encounter this project year?	1=Yes;2=No	If select "1=Yes" prompt Questions 85, 87-89	

Encounter	85	BW	ExerABGRoomOxy	Yes if select "1=Yes" in Question 84	Was the exercise Arterial Blood Gas (ABG) test conducted during this encounter this project year on room air or oxygen?	1=Room Air;2=Oxygen	If select "2=Oxygen" prompt Question 86	
Encounter	86	BX	ExerOxyFlwRate	Yes if select "2=Oxygen" in Question 85	What was the miner's oxygen flow rate (in liters per minute) during the exercise Arterial Blood Gas (ABG) test conducted during this encounter this project year?	Numeric text field	Response should be a numeric value and allow for decimal	
Encounter	87	BY	EAPH	Yes if select "1=Yes" in Question 84	Exercise arterial pH	Numeric text field	Response should be a numeric value and allow for decimal	
Encounter	88	BZ	EAPCO2	Yes if select "1=Yes" in Question 84	Exercise arterial PCO2 (mmHg)	Numeric text field	Response should be a numeric value and allow for decimal	
Encounter	89	CA	EAPO2	Yes if select "1=Yes" in Question 84	Exercise arterial PO2 (mmHg)	Numeric text field	Response should be a numeric value and allow for decimal	
Encounter	90	CB	BaroPres	No	What was the barometric pressure (in mmHg) during the Arterial Blood Gas (ABG) testing during this encounter this project year, if known?	Numeric text field	Response should be a numeric value and allow for decimal	NIOSH
					OTHER CLINICAL SERVICES			
Encounter	91	CC	Referral	Yes	Did you refer the miner to any of the following providers or services during this encounter this project year? Select all that apply	1=Pulmonologist; 2=Primary Care Provider; 3=Mental/Behavioral Health Care Provider; 4=Nutritionist; 5=Audiologist; 6=Computerized Tomography (CT) scan; 7=Cardiologist; 8=Lung Biopsy; 9=Other; 10=No referral made during this encounter	Allow multiple selections; If select "9=Other" prompt Question 92	
Encounter	92	CD	ReferralOther	Yes if select "9=Other" in Question 91	If selected "Other" please list those here	Text field		
Encounter	93	CELL	InfluVacc	Yes	Was an influenza vaccine administered during this encounter this project year? Select only one.	1=Not indicated/not influenza season; 2=Vaccination administered; 3=Previously vaccinated this season; 4=Vaccination indicated, patient declined; 5=Vaccination indicated, not offered to patient; 6=Unknown/miner cannot recall		
Encounter	94	CF	PneumoVacc	Yes	Was a pneumococcal vaccine administered during this encounter this project year? 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; 6=Unknown/miner cannot recall		
Encounter	95	CG	PulmRehab	Yes	Was pulmonary rehabilitation provided to the miner onsite or through contract or referral during this encounter this project year? 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			

Encounter	96	CH	BenefitCounsel	Yes	Did you conduct benefits counseling services during this encounter this project year? Select all that apply.	1=Yes, State Workers' Compensation; 2= Yes, Department of Labor; 3=No	Allow multiple selections; If select "1=State" prompt question 97; if select "2=DOL" prompt question 98	
Encounter	97	CI	CompState	Yes if "1=State" in Question 96	In what state was the miner's workers' compensation claim filed during this encounter this project year?	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;		Based on FIPS codes for the states and the District of Columbia (www.census.gov/geo/reference/ansi_statetables.html)
Encounter	98	CJ	DOLStatus	Yes if "2=DOL" in question 96	What is the status of the DOL black lung benefits claim as of this encounter this project year?	1=Claim pending; 2=Interim award; 3=Appeal; 4=Final award; 5=Denial; 6=Claim withdrawn; 7=Status unknown; 8=Federal claim filed; 9=Reapplication; 10=SSAE issued; 11=Referred to attorney	If select 8, prompt question 99; if select 4, prompt question 100	Where "1=Claim pending" is a new claim or reapplication after withdrawal and a proposed decision or order has not yet been issued; "2=Interim award" is at any level and the claim may continue to other courts; "3=Appeal" includes remands to a lower appellate body and appeals from DOL or the operator; and "4=Final award" the case is closed to further appeals
Encounter	99	CK	DOLStatus	Yes if "8=Federal claim filed" in question 98	What is the date that the federal claim was filed?	MM/DD/YYYY or MM-DD-YYYY		
Encounter	100	CL	DOLStatus	Yes if "4=Final award" in question 98	Who was the final award payer?	1=Trust fund; 2=Responsible operator		
					NIOSH SCREENING			
Encounter	101	CM	NIOSH	Yes	Has the miner ever participated in the National Institute for Occupational Safety and Health's (NIOSH) Coal Workers' Health Surveillance Program (CWHSP)?	1=Yes; 2=No; 3=Unknown		NIOSH