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# Maryland Immigrant and Refugee Information System (MIRIS) Data Dictionary

Updated August 2, 2018

**\*\*New Variables added in past year are in Appendix at end of document\*\***

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1. Completed By Enter name of the individual who completed the MIRIS form  
(**COMPLETEDBY**, Text, Length: 40)
- This field is automatically populated based on the user's log-in ID**
1. Initial Screening Enter date of initial screening  
(**INITIALDATE**, Date/Time)
- Format: MM/DD/YYYY**
2. Final Screening Enter date of final screening  
(**FINALDATE**, Date)
- Format: MM/DD/YYYY**
3. Comments Enter comments regarding the client's health screening  
(**COMMENTS**, Text, Length: 180)

## Demographics

4. Alien # Enter client's Alien Number  
(**ALIENNUMBER**, Text, Length: 9)
- Format: ###-###-###**
5. File # *This field has been recently added and is not yet in  
MIRIS\_SQL\_Link*

## Name

6. Last Enter client's last name  
(**LASTNAME**, Text, Length: 23)
7. First Enter client's first name  
(**FIRSTNAME**, Text, Length: 12)

8. Middle Enter client's middle name  
(**MIDDLENAME**, Text, Length: 9)
9. Gender Select client's gender  
(**GENDER**, Number, Length: Long Integer)
- Drop-down List:**
- 1=Female
  - 2=Male
  - 3=Unknown
10. Birth Date Enter client's birth date  
(**DOB**, Date/Time)
- Format:** MM/DD/YYYY
11. Age Client's age, automatically calculated based on DOB and either Arrival in U.S.A. or Asylum Granted variable, if immigrant is an asylee  
(**AGE**, Number, Length: Long Integer)
12. Country of Birth Select the country where client was born  
(**COUNTRYORIGIN**, Text, Length: 2)
- Drop-down List:**
- Countries based on Electronic Disease Notification (EDN) codes
13. Refugee Camp Select the refugee camp where client lived prior to arriving in the U.S.  
(**CAMPID**, Text, Length: Long Integer)
- Drop-down List:**
- 1=Ethiopia – Shimelba
  - 2=Kenya – Kakuma
  - 3=Kenya – Dadaab
  - 4=Nepal – Beldangi I
  - 5=Nepal – Beldangi II
  - 6=Nepal – Beldangi II Ext.
  - 7=Nepal – Sanishcare
  - 8=Nepal – Goldhap
  - 9=Nepal – Timai
  - 10=Nepal – Khudunabari
  - 11=Tanzania – Lukole

- 12 Tanzania – Kanembwe
- 13=Tanzania – Ndotu
- 14=Tanzania – Mtabila
- 15=Tanzania – Nyarugusu
- 16=Tanzania – Lugufu
- 17=Thailand – Wat Tham Krabok
- 18=Thailand – Mae Hong Son
- 19=Thailand – Ban Mae Surin
- 20=Thailand – Mae La Oon
- 21=Thailand – Mae La
- 22=Thailand – Umpium
- 23=Thailand – Nu Po
- 24=Thailand – Ban Don Yang
- 25=Thailand – Tham Hin
- 26=Zambia – Mlwange
- 27=Zambia – Kala
- 28=Zambia – Nangweshi
- 29=Malaysia
- 30=Turkey
- 31=Jordan
- 32=Kenya – Nairobi
- 33=Ethiopia – Other
- 34=Iraq
- 99=Other

14. Quarantine Station

Select the quarantine station where client entered the U.S.  
(QSTATION, Number, Length: Long Integer)

**Drop-down List:**

- 1=Atlanta
- 2=Boston
- 3=Chicago
- 4=El Paso
- 5=Honolulu
- 6=Houston
- 7=Los Angeles
- 8=Miami
- 9=Minneapolis
- 10=New York
- 11=Newark
- 12=SanDiego
- 13=San Francisco
- 14=Seattle
- 15=Washington DC

- 16=Detroit
- 17=Philadelphia
- 18=Dallas

15. Resident County

Select the client's county of residence  
(**COUNTYRESIDENCEID**, Number, Length: Long Integer)

**Drop-down List:**

- 0: DHMH (HD)
- 1: Allegany (AL)
- 2: Anne Arundel (AA)
- 3: Baltimore Co. (BA)
- 4: Calvert (CV)
- 5: Carolina (CN)
- 6: Carroll (CA)
- 7: Cecil (CC)
- 8: Charles (CH)
- 9: Dorchester (DO)
- 10: Frederick (FR)
- 11: Garrett (GA)
- 12: Harford (HA)
- 13: Howard (HO)
- 14: Kent (KE)
- 15: Montgomery (MO)
- 16: Prince George's (PG)
- 17: Queen Anne's (QA)
- 18: Saint Mary's (SM)
- 19: Somerset (SO)
- 20: Talbot (TA)
- 21: Washington (WA)
- 22: Wicomico (WI)
- 23: Worcester (WO)
- 30: Baltimore City (BC)
- 40: BMS (BM)
- 50: TB Control (TB)
- 60: CCI (CI)
- 61: CCISS (CS)

16. Ethnicity (Hispanic or Latino)

Does client identify as Hispanic or Latino?  
(**HISorLAT**, Number, Length: Long Integer)

**Drop-down List:**

- 1=Yes
- 2=No

- 3=Unknown

**Race**

**Check all that apply.**

17. American Indian or Alaska Native

Check if client is American Indian or Alaska Native  
(**AMERICANNATIVE**, Text, Length: 1)

**Checkbox:**

- Checked box=TRUE
- Unchecked box=FALSE

18. Asian

Check if client is Asian  
(**ASIAN**, Text, Length: 1)

**Checkbox:**

- Checked box=TRUE
- Unchecked box=FALSE

19. Black or African American

Check if client is Black or African American  
(**BLACK**, Text, Length: 1)

**Checkbox:**

- Checked box=TRUE
- Unchecked box=FALSE

20. Native Hawaiian or Other Pacific Islander

Check if client is Native Hawaiian or Other Pacific Islander  
(**PACIFICISLANDER**, Text, Length: 1)

**Checkbox:**

- Checked box=TRUE
- Unchecked box=FALSE

21. White

Check if client is White  
(**WHITE**, Text, Length: 1)

**Checkbox:**

- Checked box=TRUE
- Unchecked box=FALSE

22. Other

Check if client is other race  
(**OTHERRACE**, Text, Length: 1)

**Checkbox:**

- Checked box=TRUE
- Unchecked box=FALSE

23. Unknown

Check if client is unknown race  
(**UNKNOWN**, Text, Length: 1)

**Checkbox:**

- Checked box=TRUE
- Unchecked box=FALSE

24. Volunteer Agency

Select the client's resettlement/volunteer agency  
(**VOLUNTEERAGENCYID**, Number, Length: Long Integer)

**Drop-down List:**

- 1=Catholic Charities (CC)
- 2=Church World Service (CWS)
- 3=Eithiopian Community Development Council (ECDC)
- 4=Hebrew Immigrant Aid Society (HIAS)
- 5=International Rescue Committee (IRC)
- 6=Jewish Family Services (JFS)
- 7=Jewish Social Services Agency (JSSA)
- 8=Lutheran Immigration & Refugee Service (LIRS)
- 9=U.S. Conference of Catholic Bishops (USCC)
- 10=Virginia Council of Churches (VCC)
- 11=Jewish Community Services (JCS)
- 12=Kurdish Human Rights Watch (KHRW)
- 13=World Relief (WR)
- 99=Other

25. Health Screen Agency

Select the agency performing the health screening  
(**LHDPROVIDER**, Number, Length: Long Integer)

**Drop-down List:**

- 0=Maryland DHMH (DH)
- 1=Allegany County Health Department (AL)
- 2=Anne Arundel County Health Department (AA);
- 3=Baltimore County Health Department (BA)
- 4=Calvert County Health Department (CV)
- 5=Caroline County Health Department (CN)
- 6=Carroll County Health Department (CA)
- 7=Cecil County Health Department (CC)
- 8=Charles County Health Department (CH)
- 9=Dorchester County Health Department (DO)
- 10=Frederick County Health Department (FR)

- 11=Garrett County Health Department (GA)
- 12=Harford County Health Department (HA)
- 13=Howard County Health Department (HO)
- 14=Kent County Health Department (KE)
- 15=Montgomery County Health Department (MO)
- 16=Prince George's County Health Department (PG)
- 17=Queen Anne's County Health Department (QA)
- 18=Saint Mary's County Health Department (SM)
- 19=Somerset County Health Department (SO)
- 20=Talbot County Health Department (TA)
- 21=Washington County Health Department (WA)
- 22=Wicomico County Health Department (WI)
- 23=Worcester County Health Department (WO)
- 30=Baltimore City Health Department (BC)
- 40=Baltimore Medical System (BM)
- 50=Sinai Hospital
- 60=Community Clinic Inc - FP (CI)
- 61=Community Clinic - SS (CS)
- 99=Other

26. Primary Language

Select the client's primary language  
(PRIMLANG, Text, Length: 3)

**Drop-down List:**

- Drop-down list answer choices from Ethnologue:  
<http://www.ethnologue.com/codes#downloading>

**Immigration Status**

27. Immigrant Type

Select the client's arrival/visa status  
(IMMSTATUS, Number, Length: Long Integer)

**Drop-down List:**

- 2=Immigrant
- 3=Parolee
- 4=Refugee
- 5=Asylee
- 6=Amerasian
- 7=Cuban
- 8=ODP IM
- 9=Haitian
- 10=Trafficking Victim
- 11=Special Immigrant Visa

- 99=Other

28. Migration Status Select the client's migration status  
(**MIGRATIONSTAT**, Number, Length: Long Integer)

**Drop-down List:**

- 1=Primary
- 2=Secondary

29. Arrival in U.S.A. Enter the date of client's arrival in the U.S.  
(**USADATE**, Date/Time)

**Format:** MM/DD/YYYY

30. Asylum Granted If client is an asylee, enter date client granted asylum in the U.S.  
(**ASYLEEDATE**, Date/Time)

**Format:** MM/DD/YYYY

**Field only available if client is an asylee.**

**Screening Information –  
Admin Info**

31. Received From CDC Enter the date information received about the client from CDC  
(**CDCDATE**, Date/Time)

**Format:** MM/DD/YYYY

**Arrival**

32. Quarter Enter the quarter of client's arrival to the U.S.  
(**ARRIVALQTR**, Text, Length: 1)

**Drop-down List:**

- 1
- 2
- 3
- 4

**Field auto-populates based on Arrival In U.S.A. date.**

33. Year Enter the year of client's arrival to the U.S.

(RECORDYEAR, Number, Length: Long Integer)

**Field auto-populates based on Arrival In U.S.A. date.**

## Reimbursement

34. Quarter

Enter the quarter of reimbursement for client's health screening in the U.S.

(REIMBURSEQTR, Text, Length: 1)

### Drop-down List:

- 1
- 2
- 3
- 4

**Field auto-populates based on Reimbursement Date.  
Skipped if client not approved for reimbursement.**

35. Year

Enter the year of reimbursement for client's health screening in the U.S.

(REIMBURSEYEAR, Number, Length: Long Integer)

**Field auto-populates based on Reimbursement Date.  
Skipped if client not approved for reimbursement.**

36. Screening Status

Select the client's screening status

(SCREENSTAT, Number, Length: Long Integer)

### Drop-down List:

- 0=Not Screen
- 1=Screen
- 2=Refused Service
- 3=Unable To Locate
- 4=Migrated Prior Screening
- 5=Screened by private provider
- 6=Referred
- 7=Appointment Not Kept
- 8=Never arrived to Maryland
- 9=Located - fail to schedule
- 10=Died before screening
- 11=Moved out of state
- 12=Moved to another county
- 13=Moved to an Unknown Destination
- 14=Screened elsewhere/unable to obtain results

- 15=Incomplete
- 99=Unknown

37. Refugee Medical Assistance Card present? Was the client's Refugee Medical Assistance Card present at the health screening?  
(**RMACARD**, Number, Length: Long Integer)

**Drop-down List:**

- 1=Yes
- 2=No

**Skipped if client hasn't been screened.**

38. Interpreter used? Was an interpreter used during the client's health screening?  
(**INTERPRETERUSED**, Number, Length: Long Integer)

**Drop-down List:**

- 1=Yes
- 2=No

39. If yes, what kind? If an interpreter was used during the client's health screening, select the type of interpreter used.  
(**INTERPRETERTYPE**, Number, Length: Long Integer)

**Drop-down List:**

- 1=Telephonic Service
- 2=Bilingual LHD Staff
- 4=Contracted
- 9=Other

**Skipped if interpreter not used (or interpreter information missing).**

40. Approved For Reimbursement Check if the client's health screening was approved for reimbursement  
(**APPROVEREIMBURSE**, Text, Length: 1)

**Checkbox:**

- Checked box=TRUE
- Unchecked box=FALSE

41. Reimbursement Date If the client's health screening was approved for reimbursement, enter the date of reimbursement  
(**REIMBURESDATE**, Date/Time)

**Format: MM/DD/YYYY**

42. Administrative Comments Enter any administrative comments regarding the client's health screening  
(ADMINCOMMENTS, Text, Length: 180)

**Screening Information –  
General Health**

43. Waiver Type Select the client's waiver type, if client received a waiver  
(WAIVERTYPE, Text, Length: 2)

**Drop-down List:**

- A=Class A
- B=Class B
- B1=Class B1 (**evidence of pulmonary or extrapulmonary tuberculosis [TB]**)
- B2=Class B2 (**latent TB infection evaluation**)
- B3=Class B3 (**TB contact evaluation**)

44. Class Conditions Which of the following Class A conditions was the client diagnosed with before arriving to the U.S., if any?  
(CLASSACONDITION, Number, Length: Long Integer)

**Drop-down List:**

- 1=TB, active, infectious
- 2=Syphilis, untreated
- 3=Chancroid, untreated
- 4=Gonorrhea, untreated
- 5=Granuloma inguinale, untreated
- 6=Lymphogranuloma venereum, untreated
- 7=HIV
- 8=Hansen's disease, lepromatous or multibacillary
- 9=Addition/abuse of specific\* substance
- 10=Any physical or mental disorder

**Skipped if client didn't receive a Class A waiver.**

45. (B) 1 Which of the following Class B conditions was the client diagnosed with before arriving to the U.S., if any?  
(CLASSBCONDITION, Number, Length: Long Integer)

**Drop-down List:**

- 1=TB, active, noninfectious (B1)

- 2=TB, inactive (B2)
- 3=Syphilis treated within last year
- 4=Other STDs treated within last year
- 5=Current Pregnancy
- 6=Hansen's Disease, prior treatment
- 7=Hansen's Disease, tuberculoid, borderline or paucibacillary
- 8=Sustained, full remission of addition/abuse of specific\* substances
- 9=Any physical or mental disorder without harmful behavior
- 10=Heart Murmur
- 11=Hypertension
- 12=Hypotension
- 13=Diabetes
- 14=Renal Disease
- 15=Visual Impairment
- 16=Hearing Impairment
- 17=Dental Caries
- 18=High Blood Pressure
- 19=Seizure Disorder
- 20=COPD
- 21=Cataract
- 22=Vertigo
- 23=Asthma
- 24=Hernia
- 25=Angina Pectoris
- 26=Cardiac Arrhythmia
- 27=Congenital Heart Disease
- 28=History of stroke, with current impairment
- 29=Major Mental Disorder
- 30=Thyroid Disease
- 31=Malignancy
- 32=Cancer
- 33=History of Malaria
- 34=Liver Disease
- 35=Arthritis-joint pain
- 36=Skin disorder
- 37=Back pain
- 38=Cardiomegaly
- 39=Under-weight/malnutrition
- 40=Obesity
- 41=Heart condition
- 42=Gastritis

- 43=Paralysis
- 44=History of fractures
- 45=HIV
- 99=Other

**Skipped if client didn't receive a Class B, B1, B2, or B3 waiver.**

46. (B) 2

Which of the following Class B conditions was the client diagnosed with before arriving to the U.S., if any?  
(CLASSB2CONDITION, Number, Length: Long Integer)

**Drop-down List:**

- Same answer choices as (B) 1

**Skipped if client didn't receive a Class B, B1, B2, or B3 waiver.**

47. (B) 3

Which of the following Class B conditions was the client diagnosed with before arriving to the U.S., if any?  
(CLASSB3CONDITION, Number, Length: Long Integer)

**Drop-down List:**

- Same answer choices as (B) 1

**Skipped if client didn't receive a Class B, B1, B2, or B3 waiver.**

48. Medical history reviewed?

Was the client's medical history reviewed during the health screening?  
(REVIEWMEDHX, Number, Length: Long Integer)

**Drop-down List:**

- 1=Yes
- 2=No

49. Currently pregnant?

Is the client currently pregnant?  
(PREGNANT, Number, Length: Long Integer)

**Drop-down List:**

- 1=Yes
- 2=No
- 3=Not Applicable
- 4=Unknown

**Field no longer in use (i.e., no new data can be entered, but**

previously entered data still viewable). Skipped if client is not female.

50. Pregnancy Test What were the results of the pregnancy test taken by the client? (PREGTEST, Number, Length: Long Integer)

**Drop-down List:**

- 1=Positive
- 2=Negative
- 3=Not Done
- 4=Not Applicable

Skipped if client is not female.

51. Physical exam conducted? Did the client receive a physical exam during the health screening? (PHYSICALEXAM, Number, Length: Long Integer)

**Drop-down List:**

- 1=Yes
- 2=No
- 3=Referred

52. Date of CBC with differential Enter the date of the client's Complete Blood Count (CBC) with differential (CBCDate, Date/Time)

**Format:** MM/DD/YYYY

53. Hemoglobin Enter client's hemoglobin level, as measured by the CBC (HEMOGLOBIN, Number, Length: Double)

**Units:** g/dl

54. Hematocrit Enter the client's hematocrit proportion, as measured by the CBC (HEMATOCRIT, Number, Length: Long Integer)

**Units:** %

55. Eosinophil count Enter client's eosinophil count, as measured by the CBC (EOSINOPHIL, Number, Length: Long Integer)

**Units:** cells/ $\mu$ L

## Physical Examination

**Please provide a current assessment (please do not fill in information as abstracted from the overseas record).**

### Height

56. Feet Enter the client's height (**feet portion of measurement**)  
(**HEIGHTFT**, Number, Length: Long Integer)  
**Units:** feet
57. Inches Enter the client's height (**inches portion of measurement**)  
(**HEIGHTIN**, Number, Length: Long Integer)  
**Units:** inches
58. Weight Enter the client's weight  
(**WEIGHT**, Number, Length: Long Integer)  
**Units:** pounds
59. Multivitamins Provided? Did the client receive multivitamins at the screening visit?  
(**MULTIVITAMINSPROV**, Number, Length: Long Integer)  
**Drop-down List:**
- 1=Yes
  - 2=No
  - 3=Declined
60. Blood Pressure Enter the result of the client's blood pressure examination  
(**BPRESULT**, Number, Length: Long Integer)  
**Drop-down List:**
- 1=Normal
  - 2=Abnormal
61. Vision Was the client's vision evaluated?  
(**VISIONRESULT**, Number, Length: Long Integer)  
**Drop-down List:**
- 1=Evaluated
  - 2=Not Evaluated
  - 3=Referred
62. Hearing Was the client's hearing evaluated?

(ENTRESULT, Number, Length: Long Integer)

**Drop-down List:**

- 1=Evaluated
- 2=Not Evaluated
- 3=Referred

63. Oral Health

Was the client's oral health evaluated?

(DENTALRESULT, Number, Length: Long Integer)

**Drop-down List:**

- 1=Evaluated
- 2=Not Evaluated
- 3=Referred

64. Total Cholesterol

Enter client's total cholesterol level, as measured by the CBC  
(TOTALCHOLESTEROL, Number, Length: Long Integer)

**Units:** mg/dL

**Field only available for clients 18 years of age and older.**

65. HDL Cholesterol

Enter the client's HDL cholesterol level, as measured by the CBC  
(HDLCHOLESTEROL, Number, Length: Long Integer)

**Units:** mg/dL

**Field only available for clients 18 years of age and older.**

66. Iron

Enter client's iron level, as measured by the CBC  
(IRONCNT, Number, Length: Long Integer)

**Units:** µg/dL

**Field only available for clients 6 years of age and younger.**

67. Interpretation

Select interpretation of client's iron level, as measured by CBC  
(IRONRESULT, Number, Length: Long Integer)

**Drop-down List:**

- 1=Normal
- 2=Abnormal
- 3=Not Applicable
- 4=Not Evaluated

**Field only available for clients 6 years of age and younger.**

68. Urinalysis Select interpretation of client's urinalysis result  
(**URINALYSISSTATUS**, Number, Length: Long Integer)
- Drop-down List:**
- 1=Normal
  - 2=Abnormal
  - 3=Not Evaluated
69. Comprehensive Metabolic Panel Was client's comprehensive metabolic panel (CMP) evaluated?  
(**METASTATUS**, Number, Length: Long Integer)
- Drop-down List:**
- 1=Evaluated
  - 2=Not Evaluated
70. Albumin – Result Was client's albumin level normal or abnormal?  
(**ALBUMINRESULT**, Number, Length: Long Integer)
- Drop-down List:**
- 1=Normal
  - 2=Abnormal
71. Albumin – Count Enter the albumin level  
(**ALBUMINCNT**, Number, Length: Double)
- Units:** g/dL
- Value only needed for abnormal test result.**
72. Alkaline phosphatase (ALP) – Result Was the client's alkaline phosphatase (ALP) level normal or abnormal?  
(**ALKALINERESULT**, Number, Length: Long Integer)
- Drop-down List:**
- 1=Normal
  - 2=Abnormal
73. Alkaline phosphatase (ALP) – Count Enter the alkaline phosphatase (ALP) level  
(**ALKALINECNT**, Number, Length: Long Integer)
- Units:** IU/L
- Value only needed for abnormal test result.**

74. Alanine Aminotransferase (ALT) – Result Was the client’s alanine aminotransferase (ALT) level normal or abnormal?  
(**ALTRESULT**, Number, Length: Long Integer)
- Drop-down List:**
- 1=Normal
  - 2=Abnormal
75. Alanine Aminotransferase (ALT) – Count Enter the alanine aminotransferase (ALT) level  
(**ALTCNT**, Number, Length: Long Integer)
- Units:** IU/L
- Value only needed for abnormal test result.**
76. Aspartate Aminotransferase (AST) – Result Was the client’s aspartate aminotransferase (AST) level normal or abnormal?  
(**ASTRESULT**, Number, Length: Long Integer)
- Drop-down List:**
- 1=Normal
  - 2=Abnormal
77. Aspartate Aminotransferase (AST) – Count Enter the aspartate aminotransferase (AST) level  
(**ASTCNT**, Number, Length: Long Integer)
- Units:** IU/L
- Value only needed for abnormal test result.**
78. Blood Urea Nitrogen (BUN) – Result Was the client’s blood urea nitrogen (BUN) level normal or abnormal?  
(**BUNRESULT**, Number, Length: Long Integer)
- Drop-down List:**
- 1=Normal
  - 2=Abnormal
79. Blood Urea Nitrogen (BUN) – Count Enter the blood urea nitrogen (BUN) level  
(**BUNCNT**, Number, Length: Long Integer)
- Units:** mg/dL
- Value only needed for abnormal test result.**
80. Calcium – Result Was the client’s calcium level normal or abnormal?

(CALCIUMRESULT, Number, Length: Long Integer)

**Drop-down List:**

- 1=Normal
- 2=Abnormal

81. Calcium – Count

Enter the calcium level  
(CALCIUMCNT, Number, Length: Double)

**Units:** mg/dL

**Value only needed for abnormal test result.**

82. Chloride – Result

Was the client's chloride level normal or abnormal?  
(CHLORIDERESULT, Number, Length: Long Integer)

**Drop-down List:**

- 1=Normal
- 2=Abnormal

83. Chloride – Count

Enter the chloride level  
(CHLORIDECNT, Number, Length: Double)

**Units:** mmol/L

**Value only needed for abnormal test result. mEq/L is equivalent to mmol/L.**

84. Carbon Dioxide –  
Result

Was the client's carbon dioxide level normal or abnormal?  
(CARBONRESULT, Number, Length: Long Integer)

**Drop-down List:**

- 1=Normal
- 2=Abnormal

85. Carbon Dioxide –  
Count

Enter the carbon dioxide level  
(CARBONCNT, Number, Length: Double)

**Units:** mmol/L

**Value only needed for abnormal test result. mEq/L is equivalent to mmol/L.**

86. Creatinine – Result

Was the client's creatinine level normal or abnormal?  
(CREATININRESULT, Number, Length: Long Integer)

**Drop-down List:**

- 1=Normal
- 2=Abnormal

87. Creatinine – Count Enter the creatinine level  
(**CREATINNECNT**, Number, Length: Double)

**Units:** mg/dL

**Value only needed for abnormal test result.**

88. Glucose – Result Was the client’s glucose level normal or abnormal?  
(**GLUCOSERESULT2**, Number, Length: Long Integer)

**Drop-down List:**

- 1=Normal
- 2=Abnormal

89. Glucose – Count Enter the glucose level  
(**GLUCOSECNT**, Number, Length: Long Integer)

**Units:** mg/dL

**Value only needed for abnormal test result.**

90. Potassium – Result Was the client’s potassium level normal or abnormal?  
(**POTASSIUMRESULT**, Number, Length: Long Integer)

**Drop-down List:**

- 1=Normal
- 2=Abnormal

91. Potassium – Count Enter the potassium level  
(**POTASSIUMCNT**, Number, Length: Double)

**Units:** mmol/L

**Value only needed for abnormal test result. mEq/L is equivalent to mmol/L.**

92. Sodium – Result Was the client’s sodium level normal or abnormal?  
(**SODIUMRESULT**, Number, Length: Long Integer)

**Drop-down List:**

- 1=Normal
- 2=Abnormal

93. Sodium – Count Enter the sodium level  
(**SODIUMCNT**, Number, Length: Long Integer)  
  
**Units:** mmol/L  
  
**Value only needed for abnormal test result. mEq/L is equivalent to mmol/L.**
94. Total Bilirubin – Result Was the client’s total bilirubin level normal or abnormal?  
(**BILIRUBINRESULT**, Number, Length: Long Integer)  
  
**Drop-down List:**
  - 1=Normal
  - 2=Abnormal
95. Total Bilirubin – Count Enter the total bilirubin level  
(**BILIRUBINCNT**, Number, Length: Double)  
  
**Units:** mg/dL  
  
**Value only needed for abnormal test result.**
96. Total Protein – Result Was the client’s total protein level normal or abnormal?  
(**PROTEINRESULT2**, Number, Length: Long Integer)  
  
**Drop-down List:**
  - 1=Normal
  - 2=Abnormal
97. Total Protein – Count Enter the total protein level  
(**PROTEINCNT**, Number, Length: Double)  
  
**Units:** g/dL  
  
**Value only needed for abnormal test result.**

**Screening Information – Tuberculosis (TB)**

98. Skin Test done Did the client receive a skin test for tuberculosis?  
(**SKINTEST**, Number, Length: Long Integer)  
  
**Drop-down List:**
  - 1=Given/Read

- 2=Not Given
- 3=Unknown
- 4=Declined
- 5=Given/Not Read
- 6=Documented Prior Positive

**Skin test given regardless of BCG history. Note that some health screening agencies are not able to screen clients using the blood test, so they use the skin test on all ages. CDC has suggested that the blood test be used on ages 5 years and older. Consequently, if a screening agency is able to provide the skin and blood tests, children ages 5 years and under will receive the skin test and everyone else will receive the blood test.**

99. Result

Result of skin test for tuberculosis  
(SKINPPD, Number, Length: Long Integer)

**Units:** mm

**Skipped if skin test not done (regardless of whether or not it was read).**

100. Blood Assay Test done for M. TB?

Was a blood assay test done for Mycobacterium tuberculosis (M. TB)?  
(BLOODASSAY, Number, Length: Long Integer)

**Drop-down List:**

- 1=Yes
- 2=No
- 3=Not Applicable
- 4=Unknown

**Skin test given regardless of BCG history. Note that some health screening agencies are not able to screen clients using the blood test, so they use the skin test on all ages. CDC has suggested that the blood test be used on ages 5 years and older. Consequently, if a screening agency is able to provide the skin and blood tests, children ages 5 years and under will receive the skin test and everyone else will receive the blood test.**

101. Blood Test Type for M. TB

What type of blood assay was done to test for M. TB?  
(BATEST, Number, Length: Long Integer)

**Drop-down List:**

- 1=Quantiferon
- 2=T-Spot

**Skipped if blood assay test not done.**

102. Quantiferon Result      Result of Quantiferon test  
(QFTGRESULT, Number, Length: Double)

**Units:** IU/mL

**Skipped if blood assay test not done or if T-Spot test done.**

103. T-Spot Result      Result of T-Spot test  
(TSRESULT, Number, Length: Long Integer)

**Units:** Spots

**Skipped if blood assay test not done or if Quantiferon test done.**

104. Test Interpretation      Interpretation of blood assay test for M. TB  
(TESTINTERPRETATION, Number, Length: Long Integer)

**Drop-down List:**

- 1=Positive
- 2=Negative
- 3=Indeterminate

**Skipped if blood assay test not done.**

105. Chest x-ray taken in U.S.      Was chest x-ray taken in the U.S.?  
(SCREENCXR, Number, Length: Long Integer)

**Drop-down List:**

- 1=Yes
- 2=No
- 3=Unknown
- 4=Declined
- 5=Not Applicable

106. Result      What was the result of the chest x-ray taken in the U.S.?  
(SCRNCXRRESULT, Number, Length: Long Integer)

**Drop-down List:**

- 1=Normal
- 2=Abnormal

- 3=Unknown
- 4=Abnormal, not consistent with TB
- 5=Abnormal, stable, indicative of old TB
- 6=Abnormal, cavitory
- 7=Abnormal, non-cavitory, consistent with TB
- 8=Pending

**Skipped if chest x-ray not taken in the U.S.**

107. TB Status

What is the TB status of this client?

(**TBSTATUS**, Number, Length: Long Integer)

**Drop-down List:**

- 1=Active TB
- 2=Suspect
- 4=Latent
- 5=TB Not Identified
- 6=Old TB
- 9=Unknown

108. TB Therapy

What type of TB therapy did the client receive, if any?

(**TBTHERAPY**, Number, Length: Long Integer)

**Drop-down List:**

- 1=Treatment for suspected or confirmed active TB prescribed
- 2=Treatment for Latent TB infection (LTBI) prescribed
- 3=No TB or LTBI Treatment

**Skipped unless client has Active, Suspect, Latent, or Old TB.**

109. Date Started

Date TB treatment started

(**TBTREATDATE**, Date/Time)

**Format:** MM/DD/YYYY

**Skipped unless client received treatment for suspected or confirmed active or latent TB infection.**

110. If “No” indicate Reasons

Indicate reason(s) if the patient has not received TB therapy despite having Active, Suspect, Latent, or Old TB status

(**NOLATENTTBTREAT**, Number, Length: Long Integer)

**Drop-down List:**

- 1=Moved/Lost in Follow-up
- 2=Declined
- 3=Pregnancy
- 4=Not Recommended
- 5=Referred
- 6=Medical Condition (Not Pregnancy)
- 7=Further Evaluation Pending
- 8=Completed Treatment Overseas
- 9=Treatment not indicated
- 99=Other

**Skipped if client received TB therapy.**

111. If Other, specify

If there is “Other” reason client has not received TB therapy, specify

(**NOTREATOTHER**, Text, Length: 40)

**Field only available if there was “other” reason client didn’t receive TB therapy despite having Active, Suspect, Latent, or Old TB.**

**Screening Information – Blood Lead**

**Recommended for all children ≤ 16 years of age.**

112. Tested

Was the client screened for blood lead level?

(**TESTED**, Number, Length: Long Integer)

**Drop-down List:**

- 1=Yes
- 2=No

113. If tested, Date Tested

Enter date of initial blood lead level test  
(**TESTDATE**, Date/Time)

**Format:** MM/DD/YYYY

114. Lead Level

Lead level from initial blood lead test  
(**LEADLEVEL**, Number, Length: Long Integer)

**Units:** µg/dL

115. Follow-up test done?

Did the client receive a follow-up blood lead screening?

(**FOLLOWUPTEST**, Number, Length: Long Integer)

**Drop-down List:**

- 1=Yes
- 2=No
- 3=Not Available
- 4=Unknown

116. If follow-up done, give date Enter date of follow-up blood lead level test  
(**FOLLOWUPDATE**, Date/Time)

**Format:** MM/DD/YYYY

**Skipped if follow-up blood lead level test not done.**

117. Lead Level Lead level from follow-up blood lead test  
(**LEADLEVEL2**, Number, Length: Long Integer)

**Units:** µg/dL

**Skipped if follow-up blood lead level test not done.**

118. If result was  $\geq 5$ , was patient referred? If the client's blood lead level was  $\geq 5$  µg/dL, were they referred?  
(**REFERRED2**, Number, Length: Long Integer)

**Drop-down List:**

- 1=Yes
- 2=No

**Skipped if initial or follow-up lead level  $< 5$  µg/dL.**

**Screening Information –  
Immunization**

119. Immunization Records Available and Reviewed Check if client's immunization records available and reviewed  
(**RECORDSAVAILABLE**, Text, Length: 1)

**Checkbox:**

- Checked box=TRUE
- Unchecked box=FALSE

120. Immunization Records Not Available Check if client's immunization records not available  
(**RECORDSNOTAVAILABLE**, Text, Length: 1)

**Checkbox:**

- Checked box=TRUE
- Unchecked box=FALSE

**Measles or MR or MMR**

121. Lab Evidence                      Check if there is lab evidence of immunity - Measles or MR or MMR  
(MEASLESLAB, Text, Length: 1)

**Checkbox:**

- Checked box=TRUE
- Unchecked box=FALSE

**If there is lab evidence of immunity, immunization not needed.**

122. Mo/Day/Yr                      Date of 1<sup>st</sup> Measles or MR or MMR vaccine  
(MEASLES1, Date/Time)

**Format:** MM/DD/YYYY

123. Mo/Day/Yr                      Date of 2<sup>nd</sup> Measles or MR or MMR vaccine  
(MEASLES2, Date/Time)

**Format:** MM/DD/YYYY

**Mumps or MMR**

124. Lab Evidence                      Check if there is lab evidence of immunity - Mumps or MMR  
(MUMPSLAB, Text, Length: 1)

**Checkbox:**

- Checked box=TRUE
- Unchecked box=FALSE

**If there is lab evidence of immunity, immunization not needed.**

125. Mo/Day/Yr                      Date of 1<sup>st</sup> Mumps or MMR vaccine  
(MUMPS1, Date/Time)

**Format:** MM/DD/YYYY

126. Mo/Day/Yr                      Date of 2<sup>nd</sup> Mumps or MMR vaccine

(MUMPS2, Date/Time)

**Format:** MM/DD/YYYY

**Rubella or MR or MMR**

127. Lab Evidence

Check if there is lab evidence of immunity - Rubella or MR or MMR

(RUBELLALAB, Text, Length: 1)

**Checkbox:**

- Checked box=TRUE
- Unchecked box=FALSE

**If there is lab evidence of immunity, immunization not needed.**

128. Mo/Day/Yr

Date of 1<sup>st</sup> Rubella or MR or MMR vaccine

(RUBELLA1, Date/Time)

**Format:** MM/DD/YYYY

129. Mo/Day/Yr

Date of 2<sup>nd</sup> Rubella or MR or MMR vaccine

(RUBELLA2, Date/Time)

**Format:** MM/DD/YYYY

**Varicella (VZV)**

130. Lab Evidence

Check if there is lab evidence of immunity - Varicella (VZV)

(VZVLAB, Text, Length: 1)

**Checkbox:**

- Checked box=TRUE
- Unchecked box=FALSE

**If there is lab evidence of immunity, immunization not needed.**

131. Mo/Day/Yr

Date of 1<sup>st</sup> Varicella (VZV) vaccine

(VZV1, Date/Time)

**Format:** MM/DD/YYYY

132. Mo/Day/Yr

Date of 2<sup>nd</sup> Varicella (VZV) vaccine

(VZV2, Date/Time)

**Format: MM/DD/YYYY**

**Diphtheria, Tetanus,  
Pertussis (DTaP,DTP,Tdap)**

133. Mo/Day/Yr Date of 1<sup>st</sup> Diphtheria, Tetanus, Pertussis (DTaP,DTP,Tdap) vaccine  
(**DTAP1**, Date/Time)

**Format: MM/DD/YYYY**

134. Mo/Day/Yr Date of 2<sup>nd</sup> Diphtheria, Tetanus, Pertussis (DTaP,DTP,Tdap) vaccine  
(**DTAP2**, Date/Time)

**Format: MM/DD/YYYY**

135. Mo/Day/Yr Date of 3<sup>rd</sup> Diphtheria, Tetanus, Pertussis (DTaP,DTP,Tdap) vaccine  
(**DTAP3**, Date/Time)

**Format: MM/DD/YYYY**

136. Mo/Day/Yr Date of 4<sup>th</sup> Diphtheria, Tetanus, Pertussis (DTaP,DTP,Tdap) vaccine  
(**DTAP4**, Date/Time)

**Format: MM/DD/YYYY**

137. Mo/Day/Yr Date of 5<sup>th</sup> Diphtheria, Tetanus, Pertussis (DTaP,DTP,Tdap) vaccine  
(**DTAP5**, Date/Time)

**Format: MM/DD/YYYY**

138. Mo/Day/Yr Date of 6<sup>th</sup> Diphtheria, Tetanus, Pertussis (DTaP,DTP,Tdap) vaccine  
(**DTAP6**, Date/Time)

**Format: MM/DD/YYYY**

**Diphtheria-Tetanus(Td,DT)**

139. Mo/Day/Yr Date of 1<sup>st</sup> Diphtheria-Tetanus(Td,DT) vaccine  
(**TD1**, Date/Time)

**Format:** MM/DD/YYYY

140. Mo/Day/Yr Date of 2<sup>nd</sup> Diphtheria-Tetanus(Td,DT) vaccine  
(**TD2**, Date/Time)

**Format:** MM/DD/YYYY

141. Mo/Day/Yr Date of 3<sup>rd</sup> Diphtheria-Tetanus(Td,DT) vaccine  
(**TD3**, Date/Time)

**Format:** MM/DD/YYYY

142. Mo/Day/Yr Date of 4<sup>th</sup> Diphtheria-Tetanus(Td,DT) vaccine  
(**TD4**, Date/Time)

**Format:** MM/DD/YYYY

**Polio (IPV,OPV)**

143. Mo/Day/Yr Date of 1<sup>st</sup> Polio (IPV,OPV) vaccine  
(**OPV1**, Date/Time)

**Format:** MM/DD/YYYY

144. Mo/Day/Yr Date of 2<sup>nd</sup> Polio (IPV,OPV) vaccine  
(**OPV2**, Date/Time)

**Format:** MM/DD/YYYY

145. Mo/Day/Yr Date of 3<sup>rd</sup> Polio (IPV,OPV) vaccine  
(**OPV3**, Date/Time)

**Format:** MM/DD/YYYY

146. Mo/Day/Yr Date of 4<sup>th</sup> Polio (IPV,OPV) vaccine  
(**OPV4**, Date/Time)

**Format:** MM/DD/YYYY

147. Mo/Day/Yr Date of 5<sup>th</sup> Polio (IPV,OPV) vaccine  
(**OPV5**, Date/Time)

**Format:** MM/DD/YYYY

**Hepatitis B (Hep B)**

148. Lab Evidence Check if there is lab evidence of immunity - Hepatitis B (Hep B)  
(HEPBLAB, Text, Length: 1)

**Checkbox:**

- Checked box=TRUE
- Unchecked box=FALSE

**If there is lab evidence of immunity, immunization not needed.**

149. Mo/Day/Yr Date of 1<sup>st</sup> Hepatitis B (Hep B) vaccine  
(HEPB1, Date/Time)

**Format:** MM/DD/YYYY

150. Mo/Day/Yr Date of 2<sup>nd</sup> Hepatitis B (Hep B) vaccine  
(HEPB2, Date/Time)

**Format:** MM/DD/YYYY

151. Mo/Day/Yr Date of 3<sup>rd</sup> Hepatitis B (Hep B) vaccine  
(HEPB3, Date/Time)

**Format:** MM/DD/YYYY

**Haemophilus influenzae type b (Hib)**

152. Mo/Day/Yr Date of 1<sup>st</sup> Haemophilus influenzae type b (Hib) vaccine  
(HIB1, Date/Time)

**Format:** MM/DD/YYYY

153. Mo/Day/Yr Date of 2<sup>nd</sup> Haemophilus influenzae type b (Hib) vaccine  
(HIB2, Date/Time)

**Format:** MM/DD/YYYY

154. Mo/Day/Yr Date of 3<sup>rd</sup> Haemophilus influenzae type b (Hib) vaccine  
(HIB3, Date/Time)

**Format:** MM/DD/YYYY

155. Mo/Day/Yr Date of 4<sup>th</sup> Haemophilus influenzae type b (Hib) vaccine

(**HIB4**, Date/Time)

**Format:** MM/DD/YYYY

## **Influenza**

156. Mo/Day/Yr Date of 1<sup>st</sup> Influenza vaccine  
(**INFLUENZA1**, Date/Time)

**Format:** MM/DD/YYYY

157. Mo/Day/Yr Date of 2<sup>nd</sup> Influenza vaccine  
(**INFLUENZA2**, Date/Time)

**Format:** MM/DD/YYYY

158. Mo/Day/Yr Date of 3<sup>rd</sup> Influenza vaccine  
(**INFLUENZA3**, Date/Time)

**Format:** MM/DD/YYYY

159. Mo/Day/Yr Date of 4<sup>th</sup> Influenza vaccine  
(**INFLUENZA4**, Date/Time)

**Format:** MM/DD/YYYY

160. Mo/Day/Yr Date of 5<sup>th</sup> Influenza vaccine  
(**INFLUENZA5**, Date/Time)

**Format:** MM/DD/YYYY

161. Mo/Day/Yr Date of 6<sup>th</sup> Influenza vaccine  
(**INFLUENZA6**, Date/Time)

**Format:** MM/DD/YYYY

## **Pneumococcal (PCV)**

162. Mo/Day/Yr Date of 1<sup>st</sup> Pneumococcal (PCV) vaccine  
(**PCV1**, Date/Time)

**Format:** MM/DD/YYYY

163. Mo/Day/Yr Date of 2<sup>nd</sup> Pneumococcal (PCV) vaccine  
(**PCV2**, Date/Time)

**Format:** MM/DD/YYYY

**Other**

164. Specify Specify the name of the other immunization the client has received  
(**OTHERSPECIFY**, Text, 50)

165. Lab Evidence Check if there is lab evidence of other vaccine or infection  
(**OTHERLAB**, Text, Length: 1)

**Checkbox:**

- Checked box=TRUE
- Unchecked box=FALSE

166. Mo/Day/Yr Date of 1<sup>st</sup> other immunization  
(**OTHER1**, Date/Time)

**Format:** MM/DD/YYYY

167. Mo/Day/Yr Date of 2<sup>nd</sup> other immunization  
(**OTHER2**, Date/Time)

**Format:** MM/DD/YYYY

168. Mo/Day/Yr Date of 3<sup>rd</sup> other immunization  
(**OTHER3**, Date/Time)

**Format:** MM/DD/YYYY

169. Mo/Day/Yr Date of 4<sup>th</sup> other immunization  
(**OTHER4**, Date/Time)

**Format:** MM/DD/YYYY

170. Mo/Day/Yr Date of 5<sup>th</sup> other immunization  
(**OTHER5**, Date/Time)

**Format:** MM/DD/YYYY

171. Mo/Day/Yr Date of 6<sup>th</sup> other immunization  
(**OTHER6**, Date/Time)

**Format:** MM/DD/YYYY

**Screening Information –  
Hepatitis**

172. High-Risk Country

Check if the client is from a country where the population is at increased risk for Hepatitis B infection  
(HIGHRISK, Text, Length: 1)

**Checkbox:**

- Checked box=TRUE
- Unchecked box=FALSE

**This checkbox is automatically populated based on the client's country of birth. Please refer to the list of high-risk countries to determine if Hepatitis B test is warranted.**

173. Tested for Hepatitis B?

Was the client tested for Hepatitis B?  
(HepBTtested, Number, Length: Long Integer)

**Drop-down List:**

- 1=Yes
- 2=No
- 3=Refused
- 4=Evaluated, test not required

174. Test results Anti-Hbs

Test result for Anti-Hbs (**Hepatitis B surface antibody**)  
(ANTIHBRESULT, Number, Length: Long Integer)

**Drop-down list:**

- 1=Positive
- 2=Negative

**Skipped if client not tested for Hepatitis B. If positive Anti-HBs, patient is immune.**

175. HBsAg

Test result for HBsAg (**Hepatitis B surface antigen**)  
(HBSAGRESULT, Number, Length: Long Integer)

**Drop-down list:**

- 1=Positive
- 2=Negative

**Skipped if client not tested for Hepatitis B. If positive HBsAg, patient is infected with HBV and is infectious to contacts. If this is the case, client needs HBV counseling and all household contacts must be screened.**

176. Anti-HBc (Total) Test result for total Anti-HBc (**total Hepatitis B core antibody**)  
(ANTIHBc\_Total, Number, Length: Long Integer)

**Drop-down list:**

- 1=Positive
- 2=Negative

**Skipped if client not tested for Hepatitis B.**

177. IgM anti-HBc Test result for IgM anti-HBc (**IgM Hepatitis B core antibody**)  
(IgM\_ANTIHBc, Number, Length: Long Integer)

**Drop-down list:**

- 1=Positive
- 2=Negative

**Skipped if client not tested for Hepatitis B.**

178. If positive HBsAg, were all household contacts screened? If client tested positive for Hepatitis B infection, were household contacts screened for infection?  
(CONTACTSSCREENED, Number, Length: Long Integer)

**Drop-down List:**

- 1=Yes
- 2=No

**Field only available if test result for HBsAg was positive**

179. If YES, were all susceptible started on vaccine? If household contacts were screened for Hepatitis B, were susceptible individuals started on Hepatitis B vaccine?  
(VACCINESTARTED, Number, Length: Long Integer)

**Drop-down List:**

- 1=Yes
- 2=No

**Field only available if test result for HBsAg was positive and household contacts screened for Hepatitis B.**

**Screening Information –  
STD**

180. Were the overseas syphilis screening Were overseas syphilis screening results reviewed?  
(OSSYPHILLISCREEN, Number, Length: Long Integer)

results reviewed?

**Drop-down List:**

- 1=Yes
- 2=No
- 3=Not Available
- 4=Unknown

**Only necessary for those  $\geq 15$  years of age. If positive, syphilis testing must be repeated in the U.S.**

181. Syphilis screening test in USA (VDRL/RPR)

Was a syphilis screening test (VDLR – Venereal Disease Research Laboratory/RPR – Rapid Plasma Reagin) done in the U.S.?

(USSYPHILLISSCREEN, Number, Length: Long Integer)

**Drop-down List:**

- 1=Yes
- 2=No
- 3=Not Available
- 4=Unknown

182. Screening Date

Enter date of syphilis screening test done in the U.S.

(USSYPHILLISDATE1, Date/Time)

**Format:** MM/DD/YYYY

**Skipped if client did not receive a syphilis screening test in the U.S.**

183. Screening Result

Select result of the syphilis screening test (VDLR/RPR) done in the U.S.

(USSYPHILLISRESULT1, Number, Length: Long Integer)

**Drop-down List:**

- 1=Positive
- 2=Negative

**Skipped if client did not receive a syphilis screening test in the U.S.**

184. Syphilis confirmation test in USA (FTA/TPPA)

Was a syphilis confirmation test (FTA – Fluorescent Treponemal Antibody/TPPA – Treponema Pallidum Particle Agglutination Assay) done in the U.S.?

(USSYPHILLISCONFIRM, Number, Length: Long Integer)

**Drop-down List:**

- 1=Yes
- 2=No
- 3=Not Available
- 4=Unknown

**Field only available if client had a positive syphilis screening test result.**

185. Confirmation Date      Enter date of syphilis confirmation test (FTA/TPPA) done in the U.S.  
(USSYPHILLISDATE2, Date/Time)

**Format:** MM/DD/YYYY

**Skipped if client did not receive a syphilis confirmation test in the U.S.**

186. Confirmation Result      Select result of the syphilis confirmation test (FTA/TPPA) done in the U.S.  
(USSYPHILLISRESULT2, Number, Length: Long Integer)

**Drop-down List:**

- 1=Positive
- 2=Negative

**Skipped if client did not receive a syphilis confirmation test in the U.S.**

187. If diagnosed with syphilis, was the patient treated?      If the client was diagnosed with syphilis, were they treated?  
(SYPHILISTREATMENT, Number, Length: Long Integer)

**Drop-down List:**

- 1=Yes
- 2=No

**Skipped if client did not have a positive syphilis confirmation test.**

## Chlamydia

188. Tested for?      Was the client tested for chlamydia?  
(CHLAMYDIATEST, Number, Length: Long Integer)

**Drop-down List:**

- 1=Yes
- 2=No

189. If Yes, give Date If client was tested for chlamydia, enter date of test  
(**CHLAMYDIADATE**, Date/Time)

**Format:** MM/DD/YYYY

**Skipped if client not tested for chlamydia.**

190. Test Result If client was tested for chlamydia, enter the test result  
(**CHLAMYDIARESULT**, Number, Length: Long Integer)

**Drop-down List:**

- 1=Positive
- 2=Negative

**Skipped if client not tested for chlamydia.**

191. If positive, was treatment received? If client tested positive for chlamydia, did the client receive treatment?  
(**CHLAMYDIATREAT**, Number, Length: Long Integer)

**Drop-down List:**

- 1=Yes
- 2=No

**Skipped if client did not test positive for Chlamydia.**

## Gonorrhea

192. Tested for? Was the client tested for gonorrhea?  
(**GONORRHEATEST**, Number, Length: Long Integer)

**Drop-down List:**

- 1=Yes
- 2=No

193. If Yes, give Date If client was tested for gonorrhea, enter date of test  
(**GONORRHEADATE**, Date/Time)

**Format:** MM/DD/YYYY

**Skipped if client not tested for gonorrhea.**

194. Test Result If client was tested for gonorrhea, enter the test result  
(**GONORRHEARESULT**, Number, Length: Long Integer)

**Drop-down List:**

- 1=Positive
- 2=Negative

**Skipped if client not tested for gonorrhea.**

195. If positive, was treatment received?

If client tested positive for gonorrhea, did the client receive treatment?

(GONORRHEATREAT, Number, Length: Long Integer)

**Drop-down List:**

- 1=Yes
- 2=No

**Skipped if client did not test positive for gonorrhea.**

**HIV**

196. Tested for?

Was the client tested for HIV?

(HIVTEST, Number, Length: Long Integer)

**Drop-down List:**

- 1=Yes
- 2=No

197. If Yes, give Date

If client was tested for HIV, enter date of test  
(HIVDATE, Date/Time)

**Format:** MM/DD/YYYY

**Skipped if client not tested for HIV.**

198. Test Result

If client was tested for HIV, enter the test result  
(HIVRESULT, Number, Length: Long Integer)

**Drop-down List:**

- 1=Positive
- 2=Negative

**Skipped if client not tested for HIV.**

199. If positive, was treated received?

If client tested positive for HIV, did the client receive treatment?

(HIVTREAT, Number, Length: Long Integer)

**Drop-down List:**

- 1=Yes
- 2=No

**Skipped if client did not test positive for HIV.**

**Screening Information –  
Parasites**

200. Was testing for parasites done?

Was client tested for parasites?  
(**PARASITETEST**, Number, Length: Long Integer)

**Drop-down List:**

- 1=Not Required
- 2=Not Tested
- 3=Results Pending
- 4=No Parasites Found
- 5=Parasites Found
- 6=Kit Not Returned

**Ascaris**

201. Detected?

Check if Ascaris was detected  
(**ASCARIS**, Text, Length: 1)

**Checkbox:**

- Checked box=TRUE
- Unchecked box=FALSE

**Skipped unless parasites found through parasite testing.**

202. Treated?

Was client treated for Ascaris infection?  
(**ASCARISTREAT**, Number, Length: Long Integer)

**Drop-down List:**

- 1=Yes
- 2=No
- 3=Not Required
- 4=Referred-Treated
- 5=Referred-Not Treated
- 6=Referred-Unknown

**Skipped unless Ascaris detected.**

**Blastocystis**

203. Detected?

Check if Blastocystis was detected  
(**BLASTOCYSTIS**, Text, Length: 50)

**Checkbox:**

- Checked box=TRUE
- Unchecked box=FALSE

**Skipped unless parasites found through parasite testing.**

204. Treated?

Was client treated for Blastocystis infection?  
(**BLASTOCYSTIS**, Number, Length: Long Integer)

**Drop-down List:**

- 1=Yes
- 2=No
- 3=Not Required
- 4=Referred-Treated
- 5=Referred-Not Treated
- 6=Referred-Unknown

**Skipped unless Blastocystis detected.**

**Clonorchis**

205. Detected?

Check if Clonorchis was detected  
(**CLONORCHIS**, Text, Length: 1)

**Checkbox:**

- Checked box=TRUE
- Unchecked box=FALSE

**Skipped unless parasites found through parasite testing.**

206. Treated?

Was client treated for Clonorchis infection?  
(**CLONORCHIS**, Number, Length: Long Integer)

**Drop-down List:**

- 1=Yes
- 2=No
- 3=Not Required
- 4=Referred-Treated
- 5=Referred-Not Treated
- 6=Referred-Unknown

**Skipped unless Clonorchis detected.**

### **Entamoeba Histolytica**

207. Detected?

Check if Entamoeba Histolytica was detected  
(**EHISTOLYTICA**, Text, Length: 1)

**Checkbox:**

- Checked box=TRUE
- Unchecked box=FALSE

**Skipped unless parasites found through parasite testing.**

208. Treated?

Was client treated for Entamoeba Histolytica infection?  
(**EHISTOLYTICATREAT**, Number, Length: Long Integer)

**Drop-down List:**

- 1=Yes
- 2=No
- 3=Not Required
- 4=Referred-Treated
- 5=Referred-Not Treated
- 6=Referred-Unknown

**Skipped unless Entamoeba Histolytica detected.**

### **Giardia**

209. Detected?

Check if Giardia was detected  
(**GIARDIA**, Text, Length: 1)

**Checkbox:**

- Checked box=TRUE
- Unchecked box=FALSE

**Skipped unless parasites found through parasite testing.**

210. Treated?

Was client treated for Giardia infection?  
(**GIARDIATREAT**, Number, Length: Long Integer)

**Drop-down List:**

- 1=Yes
- 2=No
- 3=Not Required
- 4=Referred-Treated
- 5=Referred-Not Treated

- 6=Referred-Unknown

**Skipped unless Giardia detected.**

## Hookworm

211. Detected?

Check if Hookworm was detected  
(HOOKWORM, Text, Length: 1)

### Checkbox:

- Checked box=TRUE
- Unchecked box=FALSE

**Skipped unless parasites found through parasite testing.**

212. Treated?

Was client treated for Hookworm infection?  
(HOOKWORMTREAT, Number, Length: Long Integer)

### Drop-down List:

- 1=Yes
- 2=No
- 3=Not Required
- 4=Referred-Treated
- 5=Referred-Not Treated
- 6=Referred-Unknown

**Skipped unless Hookworm detected.**

## Schistosoma

213. Detected?

Check if Schistosoma was detected  
(SCHISTOSOMA, Text, Length: 1)

### Checkbox:

- Checked box=TRUE
- Unchecked box=FALSE

**Skipped unless parasites found through parasite testing.**

214. Treated?

Was client treated for Schistosoma infection?  
(SCHISTOSOMATREAT, Number, Length: Long Integer)

### Drop-down List:

- 1=Yes
- 2=No
- 3=Not Required

- 4=Referred-Treated
- 5=Referred-Not Treated
- 6=Referred-Unknown

**Skipped unless Schistosoma detected.**

### Strongyloides

215. Detected?

Check if Strongyloides was detected  
(**STRONGYLOIDES**, Text, Length: 1)

**Checkbox:**

- Checked box=TRUE
- Unchecked box=FALSE

**Skipped unless parasites found through parasite testing.**

216. Treated?

Was client treated for Strongyloides infection?  
(**STRONGYLOIDESTREAT**, Number, Length: Long Integer)

**Drop-down List:**

- 1=Yes
- 2=No
- 3=Not Required
- 4=Referred-Treated
- 5=Referred-Not Treated
- 6=Referred-Unknown

**Skipped unless Strongyloides detected.**

### Trichuris

217. Detected?

Check if Trichuris was detected  
(**TRICHURIS**, Text, Length: 1)

**Checkbox:**

- Checked box=TRUE
- Unchecked box=FALSE

**Skipped unless parasites found through parasite testing.**

218. Treated?

Was client treated for Trichuris infection?  
(**TRICHURISTREAT**, Number, Length: Long Integer)

**Drop-down List:**

- 1=Yes

- 2=No
- 3=Not Required
- 4=Referred-Treated
- 5=Referred-Not Treated
- 6=Referred-Unknown

**Skipped unless Trichuris detected.**

**Other**

219. Specify Specify other parasite tested for  
(OTHPARASPEC, Text, Length: 60)

**Skipped unless parasites found through parasite testing.**

220. Detected? Check if another parasite was detected  
(OTHPARASITE, Text, Length: 1)

**Checkbox:**

- Checked box=TRUE
- Unchecked box=FALSE

**Skipped unless other parasite tested for.**

221. Treated? Was client treated for other parasitic infection?  
(OTHPARTREAT, Number, Length: Long Integer)

**Drop-down List:**

- 1=Yes
- 2=No
- 3=Not Required
- 4=Referred-Treated
- 5=Referred-Not Treated
- 6=Referred-Unknown

**Skipped unless other parasite detected.**

**Other 2**

222. Specify Specify other parasite tested for  
(OTHERPARASPEC2, Text, Length: 60)

**Skipped unless parasites found through parasite testing.**

223. Detected? Check if another parasite was detected  
(OTHPARASITE2, Text, Length: 1)

**Checkbox:**

- Checked box=TRUE
- Unchecked box=FALSE

**Skipped unless other parasite tested for.**

224. Treated?

Was client treated for other parasitic infection?  
(OTHPARTTREAT2, Number, Length: Long Integer)

**Drop-down List:**

- 1=Yes
- 2=No
- 3=Not Required
- 4=Referred-Treated
- 5=Referred-Not Treated
- 6=Referred-Unknown

**Skipped unless other parasite detected.**

**Other 3**

225. Specify

Specify other parasite tested for  
(OTHPARASPEC3, Text, Length: 60)

**Skipped unless parasites found through parasite testing.**

226. Detected?

Check if another parasite was detected  
(OTHPARASITE3, Text, Length: 1)

**Checkbox:**

- Checked box=TRUE
- Unchecked box=FALSE

**Skipped unless other parasite tested for.**

227. Treated?

Was client treated for other parasitic infection?  
(OTHPARTTREAT3, Number, Length: Long Integer)

**Drop-down List:**

- 1=Yes
- 2=No
- 3=Not Required
- 4=Referred-Treated
- 5=Referred-Not Treated

- 6=Referred-Unknown

**Skipped unless other parasite detected.**

#### Other 4

228. Specify Specify other parasite tested for  
(OTHPARASPEC4, Text, Length: 60)

**Skipped unless parasites found through parasite testing.**

229. Detected? Check if another parasite was detected  
(OTHPARASITE4, Text, Length: 1)

**Checkbox:**

- Checked box=TRUE
- Unchecked box=FALSE

**Skipped unless other parasite tested for .**

230. Treated? Was client treated for other parasitic infection?  
(OTHPARTREAT4, Number, Long Integer)

**Drop-down List:**

- 1=Yes
- 2=No
- 3=Not Required
- 4=Referred-Treated
- 5=Referred-Not Treated
- 6=Referred-Unknown

**Skipped unless other parasite detected.**

#### Other 5

231. Specify Specify other parasite tested for  
(OTHPARASPEC5, Text, Length: 60)

**Skipped unless parasites found through parasite testing.**

232. Detected? Check if another parasite was detected  
(OTHPARASITE5, Text, Length: 1)

**Checkbox:**

- Checked box=TRUE
- Unchecked box=FALSE

**Skipped unless other parasite tested for.**

233. Treated?

Was client treated for other parasitic infection?  
(OTHPARTREAT5, Number, Length: Long Integer)

**Drop-down List:**

- 1=Yes
- 2=No
- 3=Not Required
- 4=Referred-Treated
- 5=Referred-Not Treated
- 6=Referred-Unknown

**Skipped unless other parasite detected.**

**Documented Pre-departure Presumptive Treatment**

**When given overseas, pre-departure presumptive treatment is listed on the Alien Info. Coversheet.**

234. Strongyloidiasis

Is there documentation that client received pre-departure presumptive treatment for Strongyloidiasis?  
(STRONGPREDEPART, Number, Length: Long Integer)

**Drop-down List:**

- 1=Yes
- 2=No
- 3=Not Applicable

235. Schistosomiasis

Is there documentation that client received pre-departure presumptive treatment for Schistosomiasis?

(SCHISTOPREDEPART, Number, Length: Long Integer)

**Drop-down List:**

- 1=Yes
- 2=No
- 3=Not Applicable

236. Helminths

Is there documentation that client received pre-departure presumptive treatment for Helminths?

(HELMINTHSDEPART, Number, Length: Long Integer)

**Drop-down List:**

- 1=Yes

- 2=No
- 3=Not Applicable

**Post-arrival Presumptive Treatment Given**

237. Strongyloidiasis Did client receive post-arrival presumptive treatment for Strongyloidiasis?  
(**STRONGPOSTARRIVE**, Number, Length: Long Integer)

**Drop-down List:**

- 1=Yes
- 2=No
- 3=Not Applicable

238. Schistosomiasis Did client receive post-arrival presumptive treatment for Schistosomiasis?  
(**SCHISTOPOSTARRIVE**, Number, Length: Long Integer)

**Drop-down List:**

- 1=Yes
- 2=No
- 3=Not Applicable

239. Helminths Did client receive post-arrival presumptive treatment for Helminths?  
(**HELMINTHSARRIVE**, Number, Length: Long Integer)

**Drop-down List:**

- 1=Yes
- 2=No
- 3=Not Applicable

**Screening Information – Mental Health**

**Only necessary for clients  $\geq 18$  years of age.**

240. Mental Health Screening Did the client receive the Mental Health Screening?  
(**MHSCREEN**, Number, Length: Long Integer)

**Drop-down List:**

- 1=Yes
- 2=No
- 3=Not Applicable
- 4=Declined

241. If screened, Date Screened      If client received the Mental Health Screening, enter the date screened  
(**SCREENDATE**, Date/Time)

**Format:** MM/DD/YYYY

**Skipped if client did not receive mental health screening.**

242. RHS-15 Administered By      Enter the name of the person who administered the Mental Health Screening  
(**ADMINISTER**, Text, Length: 50)

**Skipped if client did not receive mental health screening.**

243. RHS-15 Interpreter      Enter the name of the person who interpreted for the patient during the Mental Health Screening  
(**INTERPRETER**, Text, Length: 50)

**Skipped if client did not receive mental health screening.**

**For SYMPTOM1-SYMPTOM9: Indicate the degree to which the symptom has been bothersome to you over the past month.**

244. 1. Muscle, bone, joint pains      (**SYMPTOM1**, Number, Length: Long Integer)

**Radio Button:**

- 0=Not at all
- 1=A little bit
- 2=Moderately
- 3=Quite a bit
- 4=Extremely

**Skipped if client did not receive mental health screening.**

245. 2. Feeling down, sad, or blue most of the time      (**SYMPTOM2**, Number, Length: Long Integer)

**Radio Button:**

- 0=Not at all
- 1=A little bit
- 2=Moderately
- 3=Quite a bit
- 4=Extremely

**Skipped if client did not receive mental health screening.**

246. 3. Too much thinking or too many thoughts (SYMPTOM3, Number, Length: Long Integer)

**Radio Button:**

- 0=Not at all
- 1=A little bit
- 2=Moderately
- 3=Quite a bit
- 4=Extremely

**Skipped if client did not receive mental health screening.**

247. 4. Feeling helpless (SYMPTOM4, Number, Length: Long Integer)

**Radio Button:**

- 0=Not at all
- 1=A little bit
- 2=Moderately
- 3=Quite a bit
- 4=Extremely

**Skipped if client did not receive mental health screening.**

248. 5. Suddenly scared for no reason (SYMPTOM5, Number, Length: Long Integer)

**Radio Button:**

- 0=Not at all
- 1=A little bit
- 2=Moderately
- 3=Quite a bit
- 4=Extremely

**Skipped if client did not receive mental health screening.**

249. 6. Faintness, dizziness, or weakness (SYMPTOM6, Number, Length: Long Integer)

**Radio Button:**

- 0=Not at all
- 1=A little bit
- 2=Moderately
- 3=Quite a bit
- 4=Extremely

**Skipped if client did not receive mental health screening.**

250. 7. Nervousness or shakiness inside (SYMPTOM7, Number, Length: Long Integer)

**Radio Button:**

- 0=Not at all
- 1=A little bit
- 2=Moderately
- 3=Quite a bit
- 4=Extremely

**Skipped if client did not receive mental health screening.**

251. 8. Feeling restless, can't sit still (SYMPTOM8, Number, Length: Double)

**Radio Button:**

- 0=Not at all
- 1=A little bit
- 2=Moderately
- 3=Quite a bit
- 4=Extremely

**Skipped if client did not receive mental health screening.**

252. 9. Crying easily (SYMPTOM9, Number, Length: Long Integer)

**Radio Button:**

- 0=Not at all
- 1=A little bit
- 2=Moderately
- 3=Quite a bit
- 4=Extremely

**Skipped if client did not receive mental health screening.**

**For SYMPTOM10-SYMPTOM13: The following symptoms may be related to traumatic experiences during war and migration. How much in the past month have you:**

253. 10. Had the experience of reliving the trauma; acting or feeling as if it were happening again? (SYMPTOM10, Number, Length: Long Integer)

**Radio Button:**

- 0=Not at all
- 1=A little bit
- 2=Moderately

- 3=Quite a bit
- 4=Extremely

**Skipped if client did not receive mental health screening.**

254. 11. Been having (SYMPTOM11, Number, Length: Long Integer)

PHYSICAL reactions (for example, break out in sweat, heart beats fast) when reminded of the trauma?

**Radio Button:**

- 0=Not at all
- 1=A little bit
- 2=Moderately
- 3=Quite a bit
- 4=Extremely

**Skipped if client did not receive mental health screening.**

255. 12. Felt emotionally (SYMPTOM12, Number, Length: Long Integer)

numb (for example, feel sad but can't cry, unable to have loving feelings)

**Radio Button:**

- 0=Not at all
- 1=A little bit
- 2=Moderately
- 3=Quite a bit
- 4=Extremely

**Skipped if client did not receive mental health screening.**

256. 13. Been jumpier, (SYMPTOM13, Number, Length: Long Integer)

more easily startled (for example, when someone walks up behind you)?

**Radio Button:**

- 0=Not at all
- 1=A little bit
- 2=Moderately
- 3=Quite a bit
- 4=Extremely

**Skipped if client did not receive mental health screening.**

257. 14. Do you feel that Generally over your life, do you feel that you are:  
you are... (LIFECOPE, Number, Length: Long Integer)

**Drop-down List:**

- 0=Able to handle (cope with) anything that comes your

way

- 1=Able to handle (cope with) most things that come your way
- 2=Able to handle (cope with) some things, but not able to cope with other things
- 3=Unable to cope with most things
- 4=Unable to cope with anything

**Skipped if client did not receive mental health screening.**

258. 15. Distress  
Thermometer

Please circle the number (0-10) that best describes how much distress you have been experiencing in the past week including today.

(DTSCORE, Number, Length: Long Integer)

**Drop-down List:**

- 0=No Distress
- 1
- 2
- 3
- 4
- 5
- 6
- 7
- 8
- 9
- 10=Extreme Distress

**Skipped if client did not receive mental health screening.**

259. Symptoms Score

Total symptoms score

(SYMPTOMTOTAL, Number, Length: Long Integer)

**Items 1-14 from RHS-15 (automatically totaled and populated). Skipped if client did not receive mental health screening.**

Distress Thermometer Score

**This text box is automatically populated on the MIRIS form based on response to item 15 from RHS-15; it is not a separate field.**

260. Educated on score

Was the client educated on their Mental Health Screening score?

(PATED, Number, Length: Long Integer)

**Drop-down List:**

- 1=Yes
- 2=No

261. Needs Referral? Does the client need a referral for mental health services?  
(NEEDREFERRAL, Number, Length: Long Integer)

**Drop-down List:**

- 1=Yes
- 2=No

262. Referral Accepted? If the client received a referral for mental health services, did they accept the referral?  
(ACCEPTREFERRAL, Number, Length: Long Integer)

**Drop-down List:**

- 1=Yes
- 2=No

**Field only available if client received mental health screening and needs referral.**

263. If NO, If the client did not accept the referral for mental health services, indicate the reason  
(REFERRALREFUSED, Number, Length: Long Integer)

**Drop-down List:**

- 1=Patient doesn't believe services are needed
- 2=Patient wants to keep problems private
- 3=Patient is planning to move
- 4=Patient did not specify reason
- 9=Other

**Field only available if client received mental health screening and needs a referral but did not accept it.**

264. [Text box immediately to the right of the “If NO” drop-down list] If the client gave another reason for not accepting the referral for mental health services, specify the reason  
(OTHERREFUSAL, Text, Length: 50)

**Field only available if client received mental health screening and needed a referral but did not accept referral for “other” reason.**

**Referral due to**

**Check all that apply. REFERSCORE-REFERCRISIS fields only available if client received mental health screening and needs referral.**

265. Score Check if referral for mental health services made due to score on RHS-15  
(REFERSCORE, Text, Length: 1)

**Checkbox:**

- Checked box=TRUE
- Unchecked box=FALSE

266. Overseas Diagnosis Check if referral for mental health services made due to overseas diagnosis  
(REFEROVERSEA, Text, Length: 1)

**Checkbox:**

- Checked box=TRUE
- Unchecked box=FALSE

267. Observation Check if referral for mental health services made due to observation  
(REFEROBSERVATION, Text, Length: 1)

**Checkbox:**

- Checked box=TRUE
- Unchecked box=FALSE

268. Crisis Check if referral for mental health services made due to crisis  
(REFERCRISIS, Text, Length: 1)

**Checkbox:**

- Checked box=TRUE
- Unchecked box=FALSE

269. If crisis condition, was patient referred during visit? If patient was referred to mental health services due to a crisis condition, did the referral occur during the health screening?  
(REFERREDATVISIT, Number, Length: Long Integer)

**Drop-down List:**

- 1=Yes
- 2=No

**Field only available if client referred for mental health services because of a crisis condition.**

270. Crisis Referral made to whom Name of individual to whom crisis referral made  
(REFERREDTO, Text, Length: 50)

**Field only available if client referred for mental health services because of a crisis condition.**

271. Any mental health conditions identified in overseas documentation

Were any mental health conditions identified in overseas documentation?  
(MHOVERSEADOC, Number, Length: Long Integer)

**Drop-down List:**

- 1=Yes
- 2=No

**If any mental health conditions identified in overseas documentation, provide details in Mental Health Comments section.**

**For ADAPPTOCHANGE and BOUNCEBACK: Indicate how true the following statements are for you by circling the number to the right of each item that best describes yourself:**

272. ~~1. I believe I will be able to adapt to change~~

I believe I will be able to adapt to change  
(ADAPPTOCHANGE, Number, Length: Long Integer)

**Radio Button:**

- ~~0=Not At All~~
- ~~1~~
- ~~2~~
- ~~3~~
- ~~4=A Great Deal~~

**Skipped if client did not receive mental health screening.**

273. ~~2. I believe I will be able to bounce back after illness or hardship~~

I believe I will be able to bounce back after illness or hardship  
(BOUNCEBACK, Number, Length: Long Integer)

**Radio Button:**

- ~~0=Not At All~~
- ~~1~~
- ~~2~~
- ~~3~~
- ~~4=A Great Deal~~

**Skipped if client did not receive mental health screening.**

274. Mental Health Comments

Comments related to Mental Health Screening.  
(MHCOMMENTS, Text, Length: 180)

**Screening Information –  
Admin Mental Health**

275. Date of Referral Enter date of mental health referral  
(REFERDATE, Date/Time)  
**Format:** MM/DD/YYYY
276. Date First Appointment Enter date of first mental health appointment  
(APPOINTDATE, Date/Time)  
**Format:** MM/DD/YYYY
277. Did not attend appointment Check if client did not attend appointment  
(APPOINTNOTATTEND, Text, Length: 1)  
**Checkbox:**
  - Checked box=TRUE
  - Unchecked box=FALSE
278. Facility Enter name of facility where mental health appointment  
scheduled  
(FACILITY, Text, Length: 80)
279. Primary Provider Enter name of primary mental health provider  
(PRIMARYPROVIDER, Text, Length: 60)
280. Secondary Provider Enter name of secondary mental health provider  
(SECONDARYPROVIDER, Text, Length: 60)
281. Contact Number Enter mental health provider phone number  
(PROVIDERPHONE, Text, Length: 10)
282. Interpreter Name of interpreter  
(INTERPRETER, Text, Length: 60)

**Initial Diagnoses**

283. Code Select the diagnosis code  
(DXKEYCODE, Text, Length: 5)  
**Drop-down list:**
  - Diagnoses and associated codes from the Diagnostic and Statistical Manual, 5<sup>th</sup> edition (DSM-5)

284. Description Enter description of initial diagnosis  
(**COMMENTS**, Text, Length: 80)

285. Date Enter date of initial diagnosis  
(**DXDATE**, Date/Time)

Format: MM/DD/YYYY

### **Discharge Diagnoses**

286. Code Select the discharge diagnosis code  
(**DXKEYCODE**, Text, Length: 5)

**Drop-down list:**

- Diagnoses and associated codes from the Diagnostic and Statistical Manual, 5<sup>th</sup> edition (DSM-5)

287. Description Enter description of discharge diagnosis  
(**COMMENTS**, Text, Length: 80)

288. Date Enter date of discharge diagnosis  
(**DXDATE**, Date/Time)

Format: MM/DD/YYYY

### **Screening Information – Mental Health Case Notes**

Enter date of mental health case note  
(**NOTEDATE**, Date/Time)

**Format:** MM/DD/YYYY

Enter mental health case note  
(**CASENOTE**, Text, Length: 255)

### **Screening Information – Referrals**

289. Primary Care Provider Check if referral made to a primary care provider  
(**Provider**, Text, Length: 1)

**Checkbox:**

- Checked box=TRUE
- Unchecked box=FALSE

290. Mental Health Check if referral made for mental health services  
(**Mental**, Text, Length: 1)

**Checkbox:**

- Checked box=TRUE
- Unchecked box=FALSE

291. General Medicine Check if referral made for general medicine services  
(**GeneralMedicine**, Text, Length: 1)

**Checkbox:**

- Checked box=TRUE
- Unchecked box=FALSE

292. Dental Check if referral made for dental services  
(**Dental**, Text, Length: 1)

**Checkbox:**

- Checked box=TRUE
- Unchecked box=FALSE

293. Hearing Check if referral made for hearing services  
(**Hearing**, Text, Length: 1)

**Checkbox:**

- Checked box=TRUE
- Unchecked box=FALSE

294. Dermatology Check if referral made for dermatology services  
(**Dermatology**, Text, Length: 1)

**Checkbox:**

- Checked box=TRUE
- Unchecked box=FALSE

295. Vision Check if referral made for vision services  
(**Vision**, Text, Length: 1)

**Checkbox:**

- Checked box=TRUE
- Unchecked box=FALSE

296. Family Planning Check if referral made for family planning services

(**FamilyPlanning**, Text, Length: 1)

**Checkbox:**

- Checked box=TRUE
- Unchecked box=FALSE

297. Pediatrics

Check if referral made for pediatric services  
(**Pediatrics**, Text, Length: 1)

**Checkbox:**

- Checked box=TRUE
- Unchecked box=FALSE

298. WIC

Check if referral made for Women, Infants, and Children (WIC) program  
(**WIC**, Text, Length: 1)

**Checkbox:**

- Checked box=TRUE
- Unchecked box=FALSE

299. GI

Check if referral made for gastroenterology (GI) services  
(**GI**, Text, Length: 1)

**Checkbox:**

- Checked box=TRUE
- Unchecked box=FALSE

300. Endocrinology

Check if referral made for endocrinology services  
(**Endocrinology**, Text, Length: 1)

**Checkbox:**

- Checked box=TRUE
- Unchecked box=FALSE

301. Neurology

Check if referral made for neurology services  
(**Neurology**, Text, Length: 1)

**Checkbox:**

- Checked box=TRUE
- Unchecked box=FALSE

302. Urology

Check if referral made for urology services  
(**Urology**, Text, Length: 1)

**Checkbox:**

- Checked box=TRUE
- Unchecked box=FALSE

303. OB/GYN

Check if referral made for obstetrics/gynecology (OB/GYN) services  
(**OBGYN**, Text, Length: 1)

**Checkbox:**

- Checked box=TRUE
- Unchecked box=FALSE

304. Other

Check if referral made for other services  
(**OtherReferral**, Text, Length: 1)

**Checkbox:**

- Checked box=TRUE
- Unchecked box=FALSE

305. Please specify

If other referral given, specify  
(**OtherDesc**, Text, Length: 60)

**Skipped if other referral not given.**

## Appendix

### New Variables:

#### New MIRIS Variables (11/29/17)

##### Client's RMA Card Present

- **Change to:** "Insurance Card present?"
- **Type of variable:** Checkbox
- **Options:** Y/N

##### Insurance Type

- **Name of variable:** InsuranceType
- **Text of variable:** Check which type of insurance the client has.
- **Type of variable:** Checkbox
- **Options:** Medicaid, Private

##### If Medicaid, indicate which Managed Care Organization (MCO):

- **Name of variable:** MCOType
- **Text of variable:** Select which MCO the client has.
- **Type of variable:** Drop-down Menu
- **Options:** Medicaid, Aetna Better Health, AMERIGROUP Community Care, Jai Medical Systems, Kaiser Permanente, Maryland Physicians Care, MedStar Family Choice, Priority Partners, University of Maryland Health Partners (formerly Riverside Health of Maryland), UnitedHealthcare

##### RMA Reimbursement

- **Name of variable:** RMAReimbursement
- **Text of variable:** Check if clinic is reimbursed the RMA flat fee rate.
- **Type of variable:** Checkbox

##### FQHC Supplement Reimbursement

- **Name of variable:** SupplementReimbursement
- **Text of variable:** Check if clinic is reimbursed the Supplement rate.
- **Type of variable:** Checkbox

##### Billed Medicaid?

- **Name of variable:** BilledMedicaid
- **Text of variable:** Check if clinic was able to successfully bill Medicaid.
- **Type of variable:** Checkbox

##### Immigration Type

Under "Asylee" add:

- **Name of variable:** AsyleeType
- **Text of variable:** Check the type of asylee.
- **Type of variable:** Checkbox
- **Options:** Derivative Asylee (newly arrived), Affirmative/Defensive Asylee (already had a presence in the U.S.)

### **TB Therapy Completion**

- **Name of variable:** TBTxComplete
- **Text of variable:** Check appropriate option related to completion of TB/LTBI treatment.
- **Type of variable:** Checkbox
- **Location:** Tuberculosis Screening Tab
- **Options:** Y/N/Unknown
  - **If YES, add:**
    - **Name of variable:** TBTxCompleteDate
    - **Text of variable:** Enter the date of completion of TB/LTBI treatment.
    - **Type of variable:** Date

### **Referrals**

Add more than one “Other” checkbox (add up to 3), and include a text line where they can type in the type of referral.

### **Blood Test Type for M. TB**

- Variable: BATEST
- Current Drop-Down: Quantiferon; T-Spot
- New Drop-Down: Quantiferon- Gold; Quantiferon-Plus, T-Spot
- Notes: QFT-Gold is the same as the old QFT

### **Quantiferon Result**

- Variable: QFTGRESULT
- Note: Replace Text with “TB1 Result”

### **TB2 Result:**

- Variable: QFTPRESULT
- Note: new variable; should be formatted the same as QFTGRESULT