



▶ ESM Client ID:

Provider ID:

Gambling Disenrollment Assessment

▶ Disenrollment Date: / /

▶ Reason: *

All Questions marked with a ▶ must be completed

Boxes marked with * - See key on page 2

▶ 1. First Name: <input type="text"/>		Last Name: <input type="text"/>							
▶ 2. Intake/Clinician Initials: <input type="text"/> <input type="text"/>									
▶ 3. Client Type <i>check one</i> <input type="checkbox"/> Primary <input type="checkbox"/> Collateral									
▶ 4. Disenrollment Plan 01 Yes <input type="checkbox"/> 02 No <input type="checkbox"/>		▶ 5. Referred to Self Help 01 Yes <input type="checkbox"/> 02 No <input type="checkbox"/>							
▶ 6. Client referrals at disenrollment									
Referral #1 <input type="text"/> <input type="text"/> *		Referral #2 <input type="text"/> <input type="text"/> *							
		Referral #3 <input type="text"/> <input type="text"/> *							
▶ 6a. Frequency of attendance at self-help programs (e.g., AA, NA, etc.) in 30 days prior to discharge: <input type="text"/> *									
▶ 7. Employment status at disenrollment <input type="text"/> *		▶ 8. Days worked past month? <input type="text"/> <input type="text"/>							
▶ 9. Indicate the Social or Health Services provided to the client during treatment. (Check one box for each)									
0 = None 2 = By Other Agency		0 1 2 3							
1 = Your Agency 3 = Both									
Legal Aid/Services									
Housing									
GED									
Vocational Training									
Literacy Services									
Job Placement/Referral									
Financial Counseling									
Treatment for Emotional Problems									
▶ 10. Currently receiving services from a state agency: *									
(Check all that apply)									
<input type="checkbox"/> None		<input type="checkbox"/> DPH							
<input type="checkbox"/> DCF		<input type="checkbox"/> DTA							
<input type="checkbox"/> DYS		<input type="checkbox"/> DMA/MassHealth							
<input type="checkbox"/> DOC		<input type="checkbox"/> EEC							
<input type="checkbox"/> MPB		<input type="checkbox"/> MRC							
<input type="checkbox"/> OCP		<input type="checkbox"/> MCB							
<input type="checkbox"/> DMH		<input type="checkbox"/> MCDHH							
<input type="checkbox"/> DDS		<input type="checkbox"/> Other							
▶ 11. Living arrangement at Disenrollment:									
<input type="checkbox"/> House or apartment		<input type="checkbox"/> Room/boardng house							
<input type="checkbox"/> Shelter/mission		<input type="checkbox"/> On the streets							
<input type="checkbox"/> Institution		<input type="checkbox"/> Foster Care							
<input type="checkbox"/> Group home		<input type="checkbox"/> Refused							
		<input type="checkbox"/> Unknown							
▶ 12. Gambling SINCE Enrollment (Don't repeat history taken at enrollment)									
	Betting Status		Last Bet See Code *	Freq. of Last Bet See Code *		Betting Status		Last Bet See Code *	Freq. of Last Bet See Code *
	Y	N				Y	N		
A Lottery - Scratch Tickets					G Lottery/Numbers Games				
B Casino Games					H Sports Betting				
C Dog/Horse Tracks, Jai Alai					I Internet Gambling				
D Lottery - Keno					J Slot Machines				
E Card Games					K Bingo				
F Stock Market					G Other				

▶ **13. Rank gambling by entering corresponding letter for preferred type of gambling. Use letter listed above in Question 13.**
(If no secondary or tertiary gambling choice, leave blank)

Primary Gambling Type Secondary Gambling Type Tertiary Gambling Type

▶ **14. Have you used alcohol and/or drugs in the past 30 days or since enrollment** 01 Yes 02 No
If yes, answer Question 15, If no skip to Question 16

15. Types of last regular alcohol and/or drug use (check all that apply)

A. <input type="checkbox"/> Alcohol	G. <input type="checkbox"/> Other Opiates/Synthetics	M. <input type="checkbox"/> Benzodiazepines	S. <input type="checkbox"/> Club Drugs
B. <input type="checkbox"/> Cocaine	H. <input type="checkbox"/> PCP	N. <input type="checkbox"/> Barbiturates	U. <input type="checkbox"/> Other
C. <input type="checkbox"/> Crack	I. <input type="checkbox"/> Other Hallucinogens	O. <input type="checkbox"/> Other Tranquilizers	V. <input type="checkbox"/> Oxycodone
D. <input type="checkbox"/> Marijuana	J. <input type="checkbox"/> Methamphetamine	P. <input type="checkbox"/> Other Sedatives/Hypnotics	W. <input type="checkbox"/> Non-Prescription suboxone
E. <input type="checkbox"/> Heroin	K. <input type="checkbox"/> Other Amphetamine	Q. <input type="checkbox"/> Inhalants	1 <input type="checkbox"/> None
F. <input type="checkbox"/> Non RX Methadone	L. <input type="checkbox"/> Other Stimulants	R. <input type="checkbox"/> Over the Counter	

▶ **16. T1. Tobacco Use in the past 30 days or Since Enrollment?** Yes No Refused Unknown

If answer to T1 is 'Yes', complete T2-T4. If no, Assessment is complete

T2. Last Use: **T3. Number of cigarettes smoked per day? (indicate number of cigarettes, not number of packs: 1 pack = 20 cigarettes):**

Disenrollment Reasons	
Assessment Only	Hospitalized, medical
Completed	Hospitalized, mental health
Drop-out	Inappropriate
Relapsed	Moved
Administrative/non-compliance	Enrolled in Error
Incarcerated	Deceased
Transferred to other substance abuse prgrm	

Q 6a Frequency of Attendance at Self-Help Programs			
Code		Code	
01	No attendance in the past month	05	16-30 times in past month (4 or more times per week)
02	1-3 times in past month (less than once per week)	06	Some attendance, but frequency unknown
03	4-7 times in past month (about once per week)	97	Unknown
04	8-15 times in past month (2 or 3 times per week)		

Q7. Referral at Disenrollment			
Code		Code	
00	Referral Not Needed	14	Sober House
97	Referral Not made – Client Dropped Out	15	Information and Referral
98	Referral Attempted – Not Wanted by Client	17	Second Offender Aftercare
01	Self, Family, Non-medical Professional	19	Other Substance Abuse Treatment
02	BMC Central Intake – Room 5	20	Health Care Professional, Hospital
03	ATS - Level A	30	School Personnel, School System
04	Transitional Support Services	40	Supervisor/employee Counselor
05	Clinical Stabilization Services - CSS	50	Shelter
06	Residential Treatment	51	Community or Religious Organization
07	Outpatient SA Counseling	60	Court - Section 35
08	Opioid Treatment	61	Court - DUI
09	Drunk Driving Program	62	Court - Drugs
10	Acupuncture	63	Court - Other
11	Gambling Program	64	Prerelapse, Legal Aid, Police
12	Sec 35 (WATC and MATC)	65	County House of Correction/Jail
13	Youth Program	66	Office of Community Corrections
		67	Dept. of Correction
		68	Dept. of Probation
		69	Massachusetts Parole Board
		70	Dept. of Youth Services
		71	Dept. of Children and Families
		72	Dept. of Mental Health
		73	Dept. of Developmental Services
		74	Dept. of Public Health
		75	Dept. of Transitional Assistance
		76	Dept. of Early Education
		77	Mass. Rehab. Commission
		78	Mass. Commission for the Blind
		79	Mass. Comm. For Deaf & Hard of Hearing
		80	Other State Agency
		81	Division of Medical Assistance/MassHealth
		99	Unknown

Q 7 Employment Status at Disenrollment					
Code		Code		Code	
1	Working Full Time	6	Not in Labor Force - Retired	11	Volunteer
2	Working Part time	7	Not in Labor Force - Disabled	12	Other
3	Unemployed - looking	8	Not in labor force - Homemaker	13	Maternity/Family Leave
4	Unemployed – Not Looking	9	Not in labor force - Other	99	Unknown
5	Not in labor force – Student	10	Not in labor force - Incarcerated		

Code	Q 12 & T2- Last Use or Bet
1	12 or more months ago
2	3-11 months ago
3	1-2 months ago
4	Past 30 days
5	last week
6	Today

Code	Q 12 - Frequency of Last Bet
1	Less than once a month
2	1-3 times a month
3	1-3 times a week
4	3-6 times a week
5	Daily
99	Unknown

Code	T3 Last Use Tobacco
1	12 or more months ago
2	3-11 months ago
3	1-2 months ago
4	Past 30 days
5	Used in last week
6	Today
88	Refused
99	Unknown