



▶ **20. Use of mobility aid:** (Check all that apply)  None  Crutches  Walker  Manual Wheelchair  Electric Wheelchair

▶ **21. Vision Impairment**  ★ ▶ **22. Hearing Impairment**  ★ ▶ **23. SelfCare/ADL Impairment**  ★ ▶ **24. Developmental Disability**  ★

▶ **25. Prior Mental Health Treatment:** 0  No history 1  Counseling 2  One hospitalization 3  More than one hospitalization

▶ **26. During the past 12 months, did you take any prescription medication that was prescribed for you to treat a mental or emotional condition?** 1  Yes 2  No 88  Refused 99  Unknown

▶ **27. Number of prior admissions to each substance abuse treatment modality** (0 - 5 admissions, '5' = 5 or more, 99=unknown) Do not count this tx. episode.

Detox  Outpatient  Drunk Driver  Other  
 Residential  Opioid  Section 35

▶ **28. Currently receiving services from a state agency:** (Check all that apply)

None  DDS was DMR  MCDHH MA Commission for Deaf  
 DCF was DSS  DPH e.g. HIV/STD; not BSAS tx.  Other  
 DMH does client have a case mgr.?  MCB Commission for Blind

*See manual for system generated associations. In that the client is an inmate of a HoC, the correct state service will be automatically associated. Other refers to services such as Veteran, Elderly.*

▶ **29. Number of arrests in the past 30 days?**  (Section 35 is not an arrest, it is a civil commitment)

▶ **30. History Substance Mis-use, Nicotine/Tobacco Use & Gambling**  
 For pharmaceutical drugs prescribed for the client, only code misuse (more than the recommended dosage) or non-medical use. (Example - If the client was prescribed a benzodiazepine for a mental health disorder and used per instruction, do not list on History Table.) Note: For the safety of the client all drugs used must be recorded in the client record.(See Manual for commercial names.)

|   |  | Have You Ever Mis-Used/Bet |   | Age of First Use/Bet | Last Use/Bet | Freq of Last Use/Bet | Route of Admin Code |
|---|--|----------------------------|---|----------------------|--------------|----------------------|---------------------|
|   |  | Y                          | N |                      |              |                      |                     |
| A | Alcohol <i>For Alcohol, enter first age of intoxication</i>  |                            |   |                      |              |                      |                     |
| B | Cocaine  |                            |   |                      |              |                      |                     |
| C | Crack  |                            |   |                      |              |                      |                     |
| D | Marijuana / Hashish  |                            |   |                      |              |                      |                     |
| E | Heroin   |                            |   |                      |              |                      |                     |
| F | Prescribed Opiates <i>Misuse/non-medical use of pharmaceutical opiates which were prescribed for the client.</i> |                            |   |                      |              |                      |                     |
| G | Non-prescribed Opiates <i>Non-medical use of pharmaceutical opiates which were not prescribed for the client</i> |                            |   |                      |              |                      |                     |
| H | PCP  |                            |   |                      |              |                      |                     |
| I | Other Hallucinogens  |                            |   |                      |              |                      |                     |
| J | Methamphetamine  |                            |   |                      |              |                      |                     |
| K | Other Amphetamines   |                            |   |                      |              |                      |                     |
| L | Other Stimulants   |                            |   |                      |              |                      |                     |
| M | Benzodiazepines  |                            |   |                      |              |                      |                     |
| N | Other Tranquillizers   |                            |   |                      |              |                      |                     |
| O | Barbiturates   |                            |   |                      |              |                      |                     |
| P | Other Sedatives / Hypnotics  |                            |   |                      |              |                      |                     |
| Q | Inhalants  |                            |   |                      |              |                      |                     |
| R | Over the Counter   |                            |   |                      |              |                      |                     |
| S | Club Drugs   |                            |   |                      |              |                      |                     |
| U | Other  |                            |   |                      |              |                      |                     |
| X | Nicotine/Tobacco <i>Includes cigarettes, cigars, chewing tobacco, inhalers</i>                                   |                            |   |                      |              |                      |                     |
| Y | Gambling <i>Includes any of the types listed in Q 28a (see next page)</i>  |                            |   |                      |              |                      | N/A                 |

31a . Number of cigarettes currently smoked per day?  **Always Zero as Inmates in Houses of Correction are not Allowed to Use Nicotine/Tobacco.**

31b. Interest in stopping nicotine/tobacco use at Enrollment:  **Does Not Apply (already stopped)**

32a. Types of last regular gambling prior to incarceration (*check all that apply*) *If person never had a gambling history, skip Q. 32 and go to Q. 34.*

- |   |  |   |  |
|---|--|---|--|
| <input type="checkbox"/> Lottery -Scratch Tickets | <input type="checkbox"/> Slot Machines | <input type="checkbox"/> Sports Betting             | <input type="checkbox"/> Stock Market      |
| <input type="checkbox"/> Lottery - Keno           | <input type="checkbox"/> Casino Games  | <input type="checkbox"/> Bingo                      | <input type="checkbox"/> Internet Gambling |
| <input type="checkbox"/> Lottery/Numbers Games    | <input type="checkbox"/> Card Games    | <input type="checkbox"/> Dog/Horse Tracks, Jai Alai |  |

32b. Have you ever thought you might have a gambling problem, or been told you might?  Yes  No  Refused

***Nicotine/Tobacco and Gambling CANNOT be marked as a primary/secondary/or tertiary drug. This applies for Substances A through U Only.  
IT IS VITAL THAT PATIENTS BE ASKED IF THEY HAVE a SECONDARY and/or TERTIARY DRUG OF CHOICE. Clinicians may rank substances based on their clinical opinion after review of the substance use history and not necessarily client report.***

▶ 33. Rank substances by entering corresponding letter for substances listed above in Question 30. (*If no secondary or tertiary substance, leave blank*)

Primary Substance       Secondary Substance       Tertiary Substance

▶ 34. Needle Use?

0  Never    1  12 or more months ago    2  3 to 11 months ago    3  1 to 2 months ago    4  Past 30 days    5  Last week

▶ 35a. How many overdoses have you had in your lifetime:

▶ 35b. How many overdoses have you had in past year?

| ★ Q 11 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)     | 99   | Unknown  |
| 04   | 8-15 times in past month (2 or 3 times per week)  |      |  |

| Code | ★ Q. 21 Vision Impairment                                 |
|------|---|
| 0    | None: Normal Vision                                       |
| 1    | Slight: vision can be or is corrected with glasses/lenses |
| 2    | Moderate: "Legally blind" but having some minimal vision  |
| 3    | Severe: No usable vision                                  |

| Code | ★ Q. 22 Hearing Impairment  |
|------|---|
| 0    | None: Normal hearing requiring no correction  |
| 1    | Slight: Hearing is or can be adequately corrected with amplification (eg hearing aid) |
| 2    | Moderate: Hard of hearing, even with amplification                                    |
| 3    | Severe: Profound deafness   |

| Code | ★ Q 23 Self Care/ADL Impairment   |
|------|---|
| 0    | None: No problem accomplishing ADL skills such as bathing, dressing and other self-care                       |
| 1    | Slight: Uses adaptive device(s) and/or takes additional time to accomplish ADL but does not require attendant |
| 2    | Moderate: Needs personal attendant up to 20 hours a week for ADL  |
| 3    | Severe: Requires personal attendant for over 20 hours a week for ADL  |

| Code | ★ Q. 24 Developmental Disability  |
|------|-----------------------------------|
| 0    | None                              |
| 1    | Slight developmental disability   |
| 2    | Moderate developmental disability |
| 3    | Severe developmental disability   |

| Code | Last Use Substances   |
|------|-----------------------|
| 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                 |

| ★ Q 30: SUBSTANCE MIS-USE /Tobacco/Gambling |                           |
|---|---------------------------|
| Code  | Frequency of Last Use/bet |
| 1   | Less than once a month    |
| 2   | 1-3 times a month         |
| 3   | 1-2 times a week          |
| 4   | 3-6 times a week          |
| 5   | Daily                     |
| 99  | Unknown                   |

| Code | Route of Administration       |
|------|-------------------------------|
| 1    | Oral (swallow and/or chewing) |
| 2    | Smoking                       |
| 3    | Inhalation                    |
| 4    | Injection                     |
| 5    | Other                         |