Enrolling Activity:
☐Addiction Consult Service
☐Bridge Clinic

Enrollment Assessment
Hospital SUD

▶ ***Enrollment Date:*** / / *mm dd yyyy*

▶ ***ESM Client ID:***

Provider ID:

Questions (Q) marked with ▶ must be completed. ***Boxes marked with ✶ = Refer to Key at end of form***

First Name: **Middle Initial:** **Last Name:** ***Suffix:***

▶ **1. Client Code:** ☐☐☐☐☐

▶ **2. Intake/Clinician Initials:** ☐☐☐

▶ **3. Do you own or rent a house, apartment, or room?** ☐Yes ☐No *If the answer to Q3 is Yes, skip to Q5*
☐Refused ☐Unknown/Question not asked

4. Are you Chronically Homeless? ☐Yes ☐No
(HUD Definition in Manual)

▶ **5. ZIP Code of Last Permanent Address:**
*Do **Not** enter zip code of Program. Enter 99999 if Unknown.*

▶ **6. Where did you stay last night?**

1☐ Emergency shelter
2☐ Transitional housing for homeless persons
3☐ Permanent housing for formerly homeless
4☐ Psychiatric hospital or other psych. facility
5☐ Substance use disorder treatment facility or detox
6☐ Hospital (non-psychiatric)
7☐ Jail, prison or juvenile detention facility
8☐ Room, apartment, or house that you own or rent
9☐ Staying or living with a family member
10☐ Staying or living with a friend
11☐ Room, apartment, or house to which you cannot return (future return can be uncertain)
12☐ Hotel or motel paid for without emergency shelter voucher
13☐ Foster care home or foster care group hm
14☐ Outside place not meant for habitation
15☐ Other
88☐ Refused
99☐ Unknown/Question not asked

▶ **7a. Do you consider yourself to be transgender?** ☐Yes ☐No ☐Refused

7b. If you answered Yes to Q7a, please specify: ☐Male to Female ☐Female to Male ☐Other, specify ____________________________

▶ **8. Do you consider yourself to be:** ☐Heterosexual ☐Gay/Lesbian ☐Bisexual ☐Other, specify ____________________ ☐Refused

▶ **9. Additional Client Type:** *Answer Yes or No to a-i. R = Refused. U = Unknown/Question not asked*

a. Student ☐Yes ☐No ☐R ☐U
b. Pregnant ☐Yes ☐No ☐R ☐U
c. Postpartum ☐Yes ☐No ☐R ☐U
d. Veteran/ Any Military Service ☐Yes ☐No ☐R ☐U
e. Prison ☐Yes ☐No ☐R ☐U
f. Probation ☐Yes ☐No ☐R ☐U
g. Parole ☐Yes ☐No ☐R ☐U
h. Federal Probation ☐Yes ☐No ☐R ☐U
i. Federal Parole ☐Yes ☐No ☐R ☐U

▶ **10. Do you have children?** ☐Yes ☐No ☐Refused ☐ Unknown/Question not asked *If 'Yes', complete 10a-10d. If No, skip to Q11*

Enter the number of children for each age group. Enter 88 for Refused. Enter 99 for Unknown/Question not asked.

10a. Number Children Under 6: ☐ **10b. Number of Children 6-18:** ☐ **10c. Children Over 18:** ☐

▶ **11. Employment status at Enrollment:** ☐ ✶

12. Where do you usually live? (*Where has the client spent/slept most of the time over the last 12 months?)*

1 ☐ House or apartment
3 ☐ Institution
5 ☐ Shelter/mission
7 ☐ Foster Care
2 ☐ Room/boarding or sober house
4 ☐ Group home/treatment
6 ☐ On the streets
88 ☐ Refused
99 ☐ Unknown/Question not asked

13. Who do you live with? (*Check all that apply)*

☐ Alone
☐ Child 6-18
☐ Spouse/Equivalent
☐ Other Relative
☐ Child under 6
☐ Child over 18
☐ Parents
☐ Roommate/Friend
☐ Refused
☐ Unknown/Question not asked

14. Use of mobility aid: (*Check all that apply)*

☐ None ☐ Crutches ☐ Walker ☐ Manual Wheelchair ☐ Electric Wheelchair
☐ Refused ☐ Unknown/Question not asked

15. Vision Impairment ☐ ✶

16. Hearing Impairment ☐ ✶

17. SelfCare/ADL Impairment ☐ ✶

18. Developmental Disability ☐ ✶

19. Prior Mental Health Treatment

0 ☐ No history
1 ☐ Counseling
2 ☐ One hospitalization
3 ☐ More than one hospitalization
88 ☐ Refused
99 ☐ Unknown/Question not asked

20. During the past 12 months, did you take any prescription medication that was prescribed for you to treat a mental health condition?

1 ☐ Yes 2 ☐ No 88 ☐ Refused 99 ☐ Unknown

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

☐ Detox
☐ Outpatient
☐ MID/OUI
☐ Other
☐ Residential
☐ Medication for Opioid Use Disorder (methadone or buprenorphine)
☐ Section 35

22. Are you currently receiving Medication for Addiction Treatment?

If Yes, answer Q23a . If No, skip to Q24

☐ Yes ☐ No

23a. Are you receiving methadone treatment *(If Yes skip to Q24)*

☐ Yes ☐ No

23b. Are you receiving buprenorphine or naltrexone (injectable or oral) treatment? *Select Below*

☐ Buprenorphine (Suboxone, Sublocade, Brixadi)
☐ Extended release injectable naltrexone (Vivitrol) or oral naltrexone

23c. Is your buprenorphine or naltrexone prescription for alcohol use disorder, opioid use disorder, or both?

☐ Alcohol Use Disorder ☐ Opioid Use Disorder ☐ Both

24. Number of arrests in the past 30 days? ☐

Enter 0-30 88=Refused 99 =Unknown/Question not asked
(Section 35 is not an arrest, it is a civil commitment)

►	**25. 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** *For **Alcohol**, enter first age of **intoxication***						
B	**Cocaine**						
C	**Crack**						
D	**Marijuana / Hashish**						
E	**Heroin**						
F	**Prescribed Opioids** *Misuse/non-medical use of pharmaceutical opioids which were prescribed for the client.*						
G	**Non-prescribed Opioids** *Non-medical use of pharmaceutical opioids which were not prescribed for the client*						
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**						
V	**Fentanyl**						
X	**Nicotine/Tobacco** *Includes cigarettes, cigars, chewing tobacco, inhalers, electronic nicotine devices*						
Y	**Gambling**						**N/A**
Z	**K2/Spice or Other Synthetic Marijuana**						

Clients must 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.
(Nicotine/Tobacco and Gambling CANNOT be marked as a primary/secondary/or tertiary drug)

26. Rank substances by entering corresponding letter for substances listed above in Question 25. (*If no secondary or tertiary substance, leave blank)*

► **Primary Substance** ☐ **Secondary Substance** ☐ **Tertiary Substance** ☐

► **27. Injection 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
88 ☐ Refused
99 ☐ Unknown/Question not asked

► **28. Have you had any overdoses in your lifetime?*** ☐Yes ☐No *(If No, Assessment is complete)*

Enter 0-87 for the number of overdoses. Enter 88 for Refused. Enter 99 for Unknown/Question not asked

28a. How many overdoses have you had in your lifetime? ☐ **28b. How many overdoses have you had in past year?** ☐

✶ Q 11 Employment Status at Enrollment					
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	88	Refused
5	Not in labor force – Student	10	Not in labor force - Incarcerated	99	Unknown

Code	✶ Q. 15 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
88	Refused
99	Unknown/Question not asked

Code	✶ Q. 16 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
88	Refused
99	Unknown/Question not asked

Code	✶ Q 17 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
88	Refused
99	Unknown/Question not asked

Code	✶ Q. 18 Developmental Disability
0	None
1	Slight Developmental Disability
2	Moderate Developmental Disability
3	Severe Developmental Disability
88	Refused
99	Unknown/Question not asked

✶ Q 25: SUBSTANCE MIS-USE / NICOTINE/TOBACCO HISTORY

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
88	Refused
99	Unknown/Question not asked

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
88	Refused
99	Unknown

Code	Route of Administration
1	Oral (swallow and/or chewing)
2	Smoking
3	Inhalation
4	Injection
5	Other
6	Electronic Devices/Vaping
88	Refused
99	Unknown/Question not asked