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|  |  |  |  Enrolling Activity: [ ] Addiction Consult Service [ ] Bridge Clinic |
|  | Massachusetts Department of Public Health Logo | **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?***(HUD Definition in Manual)* | Yes No  | ⯈ **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 |  7 Jail, prison or juvenile detention facility | 13 Foster care home or foster care group hm |
|  | 2 Transitional housing for homeless persons |  8 Room, apartment, or house that you own or rent  | 14 Outside place not meant for habitation |
|  | 3 Permanent housing for formerly homeless  |  9 Staying or living with a family member | 15 Other |
|  | 4 Psychiatric hospital or other psych. facility  | 10 Staying or living with a friend | 88 Refused |
|  | 5 Substance use disorder treatment facility or detox  | 11 Room, apartment, or house to which you  cannot return (future return can be uncertain) | 99 Unknown/Question not asked |
|  | 6 Hospital (non-psychiatric) | 12 Hotel or motel paid for without emergency shelter voucher  |
| ⯈ |  **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  | f. Probation  | Yes No R U  |
|  | b. Pregnant  | Yes No R U  | g. Parole  | Yes No R U  |
|  | c. Postpartum  | Yes No R U  | h. Federal Probation  | Yes No R U  |
|  | d. Veteran/ Any Military Service  | Yes No R U  | i. Federal Parole | Yes No R U  |
|  | e. Prison | 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: 🟋** |  |

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| ⯈ | **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)* |

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| ⯈ | **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** |  |  |  |  |  |  |

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|  | ***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  |  | 2 3 to 11 months ago  |  | 4 Past 30 days  | 88 Refused  |
|  | 1 12 or more months ago |  | 3 1 to 2 months ago |  | 5 Last week | 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?** |  |

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| **🟋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 |

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| **Code** | **🟋Q. 15 Vision Impairment** |  | **Code** | **🟋Q. 16 Hearing Impairment** |
| 0 | None: Normal Vision |  | 0 | None: Normal hearing requiring no correction |
| 1 | Slight: vision can be or is corrected with glasses/lenses |  | 1 | Slight: Hearing is or can be adequately corrected with amplification (eg hearing aid) |
| 2 | Moderate: “Legally blind” but having some minimal vision |  | 2 | Moderate: Hard of hearing, even with amplification |
| 3 | Severe: No usable vision |  | 3 | Severe: Profound deafness |
| 88 | Refused |  | 88 | Refused |
| 99 | Unknown/Question not asked |  | 99 | Unknown/Question not asked |
|  |  |  |  |
| **Code** |  **🟋Q 17 Self Care/ADL Impairment** |  | **Code** | **🟋Q. 18 Developmental Disability** |
| 0 | None: No problem accomplishing ADL skills such as bathing, dressing and other self-care |  | 0 | None |
| 1 | Slight: Uses adaptive device(s) and/or takes additional time to accomplish ADL but does not require attendant |  | 1 | Slight Developmental Disability |
| 2 | Moderate: Needs personal attendant up to 20 hours a week for ADL |  | 2 | Moderate Developmental Disability |
| 3 | Severe: Requires personal attendant for over 20 hours a week for ADL |  | 3 | Severe Developmental Disability |
| 88 | Refused |  | 88 | Refused |
| 99 | Unknown/Question not asked |  | 99 | Unknown/Question not asked |

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

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| **Code** | **Last Use Substances** |  | **Code** | **Frequency of Last Use/bet** |  | **Code** | **Route of Administration** |
| 1 | 12 or more months ago |  | 1 | Less than once a month |  | 1 | Oral (swallow and/or chewing) |
| 2 | 3-11 months ago |  | 2 | 1-3 times a month |  | 2 | Smoking |
| 3 | 1-2 months ago |  | 3 | 1-2 times a week |  | 3 | Inhalation |
| 4 | Past 30 days |  | 4 | 3-6 times a week |  | 4 | Injection |
| 5 | Used in last week |  | 5 | Daily |  | 5 | Other |
| 88 | Refused |  | 88 | Refused |  | 6 | Electronic Devices/Vaping |
| 99 | Unknown/Question not asked |  | 99 | Unknown |  | 88 | Refused |
|  |  |  |  |  |  | 99 | Unknown/Question not asked |