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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

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **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 |