

▶ **H1. Was the client homeless at Intake/Enrollment (whether or not chronic)?** Yes No *If Yes, QH2-QH3 are required. If 'No', skip to Q13*

H2. Detailed living arrangement at Disenrollment *

H3. Permanence of living situation at Disenrollment* Permanent Transitional Refused Unknown

▶ **13. Has there been any drug or alcohol use in the last 30 days or since Enrollment if in treatment less than 30 days?** Yes No
If answer to Q13 is 'No', skip to Q 17a

If Yes to Q13, please rank substance abuse problems by selecting the CURRENT primary, secondary, and tertiary substance. Enter the corresponding letters A-U+Z. (Neither nicotine/tobacco nor gambling are excluded). If "Yes", Q14a-c, Q15 & Q16 are required

Report the **Frequency of Use** in the last 30 days or since Enrollment if in treatment less than 30 days. *For these fields, enter corresponding code from list on next page.*

14a. Primary Substance **14b. Frequency of Use** * **14c. Route of Administration** *

15. Did the client use a Secondary Drug during the last 30 days/since Enrollment? Yes No

15a. Secondary Substance **15b. Frequency of Use** * **15c. Route of Administration** *

16. Did the client use a Tertiary Drug during the last 30 days/since Enrollment? Yes No

16a. Tertiary Substance **16b. Frequency of Use** * **16c. Route of Administration** *

▶ **17a. Did the client use Nicotine/Tobacco since Enrollment** Yes No Refused Unknown
If the answer is Yes to Q17a. answer Q17b – 17d.

17b. Number of cigarettes currently smoked per day? (Indicate number of cigarettes, not number of packs: 1 pack = 20 cigarettes):
If the client uses another type of nicotine/tobacco product, mark Zero (0)

17c. Interest in stopping nicotine/tobacco use at Disenrollment:
1 No 2 Yes, Within 6 Months 3 Yes, Within 30 days 4 Does Not Apply (already stopped) 88 Refused 99 Unknown

17d. While in this program, did the client attempt to stop using nicotine/tobacco? 01 Yes 02 No 88 Refused 99 Unknown

MTQAS/OPIOID QUESTIONS

▶ **1. Does/Did client have a current prescription opiate(s) upon leaving the program?** 1 Yes 2 No

▶ **2. Does/Did the client have a current prescription for Benzodiazepine(s) upon leaving the program?** 1 Yes 2 No

▶ **3. Urinalysis Results Received Over the Past 3 Months. EXCLUDE the client's initial urine screen**

Drug	# of Urine Screens for Drug	# of Testing Positive for Drug
Cocaine		
Opiates		
Methadone		
Benzodiazepines		
Other Drugs		

▶ **4. Which medication-assisted treatment is the client currently receiving?** Methadone Buprenorphine Naltrexone Other
If Other, specify _____
If client is currently using Naltrexone or Other, skip Q4a. go to Q5

▶ **4a. Client's last dose before Disenrollment (mg)*:**

▶ **5. In what phase of treatment was the client?**
1 Assessment 2 Active treatment 3 Stabilization treatment 4 Medically supervised withdrawal 5 Medical maintenance

★ Q 4b 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 wk)
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)		

★ Q 5. Referral at Disenrollment				
Code		Code		Code
00	Referral Not Needed – Assessment Indicates that Client Does Not Require Entering Formal Treatment	20	Health Care Professional, Hospital	67 Discontinued
95	Referral Not Needed – Appropriate Mental Health Clinical Services Already in Place	21	Emergency Room	68 Office of the Commissioner of Probation
96	Referral Not Needed – Appropriate Substance Abuse Clinical Services Already in Place	22	HIV/AIDS Program	
97	Referral Not made – Client Dropped Out	23	Needle Exchange Program	69 Massachusetts Parole Board
98	Referral Attempted – Not Wanted by Client		24 through 25 Discontinued	70 Dept. of Youth Services
01	Self, Family, Non-medical Professional	26	Mental Health Care Professional	71 Dept. of Children and Families
02	BMC Central Intake/Room 5		27 through 29 Discontinued	72 Dept. of Mental Health
03	ATS/Detox	30	School Personnel, School System/College	73 Dept. of Developmental Services
04	Transitional Support Services/TSS	31	Recovery High School	74 Dept. of Public Health
05	Clinical Stabilization Services/CSS-CMID		32-39 Discontinued	75 Dept. of Transitional Assistance
06	Residential Treatment	40	Supervisor/employee Counselor	76 Dept. of Early Education and Care
07	Outpatient SA Counseling		41 through 49 Discontinued	77 Mass. Rehab. Commission
08	Medication Assisted Treatment	50	Shelter	78 Mass. Commission for the Blind
09	Drunk Driving Program	51	Community or Religious Organization	79 Mass. Comm. For Deaf & Hard of Hearing
10	Acupuncture		52 through 58 Discontinued	80 Other State Agency
11	Gambling Program	59	Drug Court	81 Division of Medical Assistance/MassHealth
	12 & 13 Discontinued		60– 63 Discontinued	
14	Sober House	64	Prerelease, Legal Aid, Police	99 Unknown
	15 Discontinued		65-66 Discontinued	
16	New Recovery Support Center			
17	Second Offender Aftercare			
18	Family Intervention Programs			
19	Other Substance Abuse Treatment			

★ Q.6 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	
5	Not in Labor Force-Student	10	Not in Labor Force- Incarcerated	99 Unknown

★ H2. Detailed Living Arrangement at Discharge			
1	Emergency Shelter	10	Rental room/house/apartment
2	Transitional Housing for Homeless	11	Apartment or House that you own.
3	Permanent housing for formerly homeless	12	Living With Family
4	Psychiatric Hospital or Facility	13	Living With Friends
5	Substance abuse/detox center	14	Hotel/Motel: no emergency shelter voucher
6	Hospital	15	Foster care/group home
7	Jail; Prison or Juvenile Facility	16	Place not meant for habitation
8	Don't know	17	Other
9	Refused		

★ Questions 14a – 16c			
★ Primary/Secondary/Tertiary Substance Codes		★ Frequency of Use	
A	Alcohol	K	Other Amphetamines
B	Cocaine	L	Other Stimulants
C	Crack	M	Benzodiazepines
D	Marijuana / Hashish	N	Other Tranquilizers
E	Heroin	O	Barbiturates
F	Prescribed Opiates	P	Other Sedatives / Hypnotics
G	Non-prescribed Opiates	Q	Inhalants
H	PCP	R	Over the Counter
I	Other Hallucinogens	S	Club Drugs
J	Methamphetamine	U	Other
		V	Fentanyl
		Z	K2/Spice or Other Synthetic Marijuana
1	No use during last 30 days or since enrollment		
2	1-3 times during last 30 days or since enrollment		
3	1-2 times per week during last 30 days or since enrollment		
4	3-6 times per week during last 30 days or since enrollment		
5	Daily use during the last 30 days or since enrollment		
99	Unknown		
★ Route of Administration			
1	Oral (swallow and/or chewing)		
2	Smoking		
3	Inhalation		
4	Injection		
5	Other		
6	Electronic Devices/Vaping		