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| **Enrollment Assessment*****Opioid Treatment*** | ***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* |
| **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): .See Manual for definition of Permanent..* |
|  **6. Where did you stay last night?**1 Emergency shelter 7 Jail, prison or juvenile detention facility 13 Foster care home or foster care Grp home 2 Transitional housing for homeless persons 8 Room, apartment, or house that you own or rent 14 Place not meant for habitation3 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 abuse treatment facility or detox 11 Room, apartment, or house to which youcannot return (future return can be uncertain)6 Hospital (non-psychiatric) 12 Hotel or motel paid for without emergency shelter voucher |
|  **7. Do you consider yourself to be transgender?** Yes No Refused**7a. If you answered Yes to Q. 7a, 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 Number of days between initial contact with program by client or someone on behalf of client and the first available appointment :***See Manual to help determine wait time***.** *(unknown = 999)* |
|  **10. Source of Referral:** |
|  **11. Frequency of attendance at self-help programs (e.g. AA, NA) in 30 days prior to Enrollment:** |
|  **12. Additional Client Type:** *Answer Yes or No to a-i*1. Student Yes No f. Probation Yes No
2. Pregnant Yes No g. Parole Yes No
3. Postpartum Yes No h. Federal Probation Yes No
4. Veteran/ Any Military Service Yes No i. Federal Parole Yes No
5. Prison Yes ****No
 |



**:**

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|  | **13. Do you have children?** |  | Yes No Refused |  |  | *If answer to Q13 is ‘Yes’, complete 13a-13d. If no, skip to Q14* |
|  | **13a. Number Children Under 6:** |  |  |  | **13b. Number of Children 6-18:** |  | **13c. Children Over 18:** |
|  | **13d. Are any of the children of the** Native American **Indian race?** | 1Yes 2No |  |  |
|  | **14. Are you the primary caregiver for any children?** If yes, see manual | Yes No Refused |  |  |
|  | **15. Employment status at Enrollment:** | ** | **16. Number of days worked in the past 30 days?** |
|  | **17. 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 |
|  | **18. 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 |
|  | **19. Use of mobility aid: (***Check all that apply)* |  None |  |  Crutches |  Walker |  Manual Wheelchair |  Electric Wheelchair |
|  | **20. Vision Impairment** |  |  |  | ** |  |  |  |  | **21. Hearing Impairment** |  |  | ** |
|  |  |  |  |  |  |  |  |  |  |  |
|  | **22. SelfCare/ADL Impairment** |  | ** |  |  |  | **23. Developmental Disability** |  | ** |
|  | **24. Prior Mental Health Treatment** | 0  No history | 1  Counseling | 2  One hospitalization | 3  More than one hospitalization |
|  | **25. 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 |
|  | **26. 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 |  |  |  |  |
|  | **27. Currently receiving services from a state agency: *(Check all that apply)*** |  |  |  |  |  |
|  |  None |  DMH *client has* a *case mgr.* |  DTA *e.g. food stamps* |  |  MCDHH *services for Deaf and Hard of Hearing* |
|  |  DCF *children and families* |  DDS *developmental disabilities* |  MRC *Rehabilitation Commission* |  Other |  |
|  |  DYS *youth services* |  DPH *e.g. HIV/STD; not BSAS .* |  MCB *services for the blind* |  |  |
|  | **28. Number of arrests in the past 30 days?** |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  | *(Section 35 is not an arrest, it is a civil commitment)* |  |

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|  | **29. 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 Opiates** *Misuse/non-medical use of pharmaceutical opiates which were prescribed for the client.* |  |  |  |  |  |  |
| **G** | **Non-prescribed Opiates** *Non-medical use of pharmaceutical opiates 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* |  |  |  |  |  |  |
| **Y** | **Gambling** *Includes any of the types listed in Q.31a* |  |  |  |  |  | **N/A** |
| **Z** | **K2/Spice or Other Synthetic Marijuana** |  |  |  |  |  |  |
|  |
| **30a. Number of cigarettes currently smoked per day (Indicate number of cigarettes, not number of packs: 1 pack = 20 cigarettes 0.)***If client uses another type of nicotine/tobacco product, mark Zero (0) and go to Q30b If person does not use nicotine, skip to Q31a* |
| **30b. Interest in stopping nicotine/tobacco use at Enrollment:** |
|  | 1No | 3Yes, Within 30 days | 88Refused |  |  |  |  |
|  | 2Yes, Within 6 Months | 4Does Not Apply (already stopped) | 99Unknown |  |  |  |  |
| **31a Types of last regular gambling *(check all that apply***) *If person does not have a gambling history, skip Q33a and Q33bb and go to Q34.* |
|  | Lottery -Scratch Tickets | Slot Machines | Sports Betting |  |  | Stock Market |  |  |
|  | Lottery - Keno | Casino Games | Bingo |  |  | Internet Gambling |  |  |
|  | Lottery/Numbers Games | Card Games | Dog/Horse Tracks, Jai Alai |  |  |  |  |  |  |
| **31b. Have you ever thought you might have a gambling problem, or been told you might?** Yes No Refused |

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| ***Clinicians may rank Secondary and Tertiary substances based on their clinical judgement, after review of the substance use history not just client report.*** *(Nicotine/Tobacco and Gambling CANNOT be marked as a primary/secondary/or tertiary drug)* |
| **32. Rank substances by entering corresponding letter for substances listed above in Question 31.** (*If no secondary or tertiary substance, leave blank)* |
|  **Primary Substance** | **Secondary Substance** | **Tertiary Substance** |
|  | **33. Needle Use?** 0  Never1  12 or more months ago |  | 1.  3 to 11 months ago
2.  1 to 2 months ago
 |  |  | 4  Past 30 days5  Last week |  |
|  | **34 Have you had any overdoses in your lifetime?\*** Yes No *(If No, skip to MTQAS questions)***34a. How many overdoses have you had in your lifetime?** *(1-99)* **34b. How many overdoses have you had in past year?** *(0-99)* |
| **MTQAS/OTP Questions** |
|  **1. Is your current medication-assisted treatment for withdrawal management or maintenance?**  Maintenance  Withdrawal Management |
|  | **2. Do you have a current prescription for buprenorphine (e.g Suboxone) or naltrexone (e.g Vivitrol)?***(If Yes, Q2a and Q2b are required.* |  Yes  No |  |
| **2a If yes, select the medication prescribed.** Buprenorphine  Naltrexone**2b. Is this prescription for alcohol use disorder, opioid use disorder, or both?** Alcohol use disorder  Opioid use disorder  Both |
|  | **3. Current Criminal status:** |  None |  Probation |  Parole |  |  In Jail |  On Bail |
|  | **4. Number of arrests in lifetime:** *(0-99):* |
|  | 1. **Frequency of injected drug use in the past 12 months**
	1.  None 3 1-3 times per month
	2. Less than once per month 4 1-2 times per week
 | 5  3-6 times per week6  Daily |  |
|  | **6. In general, how would you describe your current health?**1  Excellent 2  Very Good 3  Good 4  Fair | 5  Poor |  |
|  | **7. During the past 12 months, how much difficulty did you have doing your daily activities, both inside and outside the home, due to physical or emotional problems?** None  A little bit  Some  Quite a bit  Unable to do daily activities |
|  | **8. During the past 12 months, how many nights were you hospitalized for physical problems? (0 -366**): |
|  | **9. During the past 12 months, how many nights were you in a detox facility? (0 -366):** |
|  | **10. During the past 12 months, how many visits to an emergency room and/or urgent care facility did you make? (0 -100):** |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **11. In the past 12 months, how much were you distressed (bothered) by...** |  |  |  |  |
|  | **1 Not at all** | **2 A little/slightly** | **3 Moderately** | **4 A lot/extremely** |
| **a. Nervousness or shakiness inside?** |  |  |  |  |
| **b. Suddenly being scared for no reason?** |  |  |  |  |
| **c. Feeling fearful?** |  |  |  |  |
| **d. Spells of terror or panic?** |  |  |  |  |
| **e. Feeling that something bad is going to happen?** |  |  |  |  |
|  | **12. In the past 12 months, how much were you distressed (bothered) by...** |  |  |  |  |
|  | **1 Not at all** | **2 A little/slightly** | **3 Moderately** | **4 A lot/extremely** |
| **a. Blaming yourself for things?** |  |  |  |  |
| **b. Feeling blue?** |  |  |  |  |
| **c. Worrying too much about things?** |  |  |  |  |
| **d. Feeling no interest in things?** |  |  |  |  |
| **e. Feeling hopeless about the future?** |  |  |  |  |
| **f. Felling worthless?** |  |  |  |  |
| **g. Feeling guilty for things that may not be your fault?** |  |  |  |  |
|  | **13. Did you stay overnight somewhere for treatment of problems with your emotions, nerves, or mental health?\*** | 1 Yes 2No |
|  | **14. Did you ever get outpatient treatment or counseling for an emotional or mental health problem?\*** |  | 1 Yes 2No |
|  | **15. In the past 12 months, did you think about suicide?\*** |  |  |  |  | 1Yes 2 No |
|  | **16. In the past 12 months, did you attempt suicide?** |  |  |  |  | 1 Yes 2 No |
|  | **17. How supportive would you say the people closest to you are of your seeking substance abuse treatment at this time?** |  |
|  | 1 Not supportive or opposed | 2 Not very supportive | 3 Somewhat supportive |  | 4 Very supportive |
|  | **18. Would you say that none of the people, a few of the people, or most of the people you are close to are currently abusing drugs?** |
|  | 1 None | 2 One or a few |  | 3 Most |  |  |  |

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| * **Q10. Source of Referral at Enrollment**
 |
| **Code** | **Code** | **Code** |
| 01 | Self, Family, Non-medical Professional | 20 | Health Care Professional, Hospital | 67 | Department of Corrections |
| 02 | BMC Central Intake/Room 5 | 21 | Emergency Room | 68 | Office of the Commissioner of Probation |
| 03 | ATS/Detox | 22 | HIV/AIDS Programs | 69 | Massachusetts Parole Board |
| 04 | Transitional Support Services/TSS | 23 | Needle Exchange Programs | 70 | Dept. of Youth Services |
| 05 | Clinical Stabilization Services/CSS-CMID | 26 | Mental Health Care Professional | 71 | Dept. of Children and Families |
| 06 | Residential Treatment |  | *27 through 29 Discontinued* | 72 | Dept. of Mental Health |
| 07 | Outpatient SA Counseling | 30 | School Personnel, School System/Colleges | 73 | Dept. of Developmental Services |
| 08 | **Medication Assisted Treatment** | 31 | Recovery High School |  | *74 through 76 Discontinued* |
| 09 | Drunk Driving Program |  | *32 through 39 Discontinued* | 77 | Mass. Rehab. Commission |
| 10 | Acupuncture | 40 | Supervisor/Employee Counselor | 78 | Mass. Commission for the Blind |
| 11 | Gambling Program |  | *41 through 49 Discontinued* | 79 | Mass. Comm. For Deaf & Hard of Hearing |
|  | *Note: Sec 35 Options are grouped although numbers are not in sequence. Select correct #* | 50 | Shelter | 80 | Other State Agency |
| 12 | Sec 35 (WATC & MATC) | 51 | Community or Religious Organization | 99 | Unknown |
| 24 | Sec 35 Bridgewater MASAC |  | *52 through 58 Discontinued* |  |  |
| 25 | Sec 35 Framingham MCI | 59 | Drug Court |  |  |
|  | *13 Discontinued* | 60 | Court - Section 35 |  |  |
| 14 | Sober House |  | *61 & 62 Discontinued* |  |  |
| 15 | Information and Referral | 63 | Court - Other |  |  |
| 16 | Recovery Support Centers | 64 | Prerelease, Legal Aid, Police |  |  |
| 17 | Second Offender Aftercare | 65 | County House of Corrections/Jail |  |  |
| 18 | Family Intervention Program | 66 | Office of Community Corrections |  |  |
| 19 | Other Substance Abuse Treatment |  |  |  |  |

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|  | * **Q 121Frequency 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) |  |  |

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| * **Q 15. 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 | 99 | Unknown |
| 5 | Not In Labor Force – Student | 10 | Not In Labor Force - Incarcerated |  |  |

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| --- | --- | --- | --- | --- |
| **Code** | * **Q. 20 Vision Impairment**
 |  | **Code** | * **Q. 21 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 |
|  |
| **Code** | * **Q 22 Self Care/ADL Impairment**
 |  | **Code** | * **Q. 23 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 |

* **Q 29: SUBSTANCE MIS-USE / NICOTINE/TOBACCO / GAMBLING 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 |
|  |  |  | 99 | Unknown |  | **6** | **Electronic Devices/Vaping** |