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| Massachusetts Department of Public Health Logo | | | ***Opioid Treatment***  ***Periodic/Quarterly Assessment*** | | | | | | | **1**. **Date Collected:** | | | | | | |
| **ESM Client ID:** | | | | | | |
| **Provider ID:** | | | | | | |
| ***All Questions marked with a *** ***must be completed*** | | | | | | | |  | ***Boxes marked with***  ***= Refer to key at end of form*** | | | | | |  |  |
|  | **First Name:** | |  | **Middle Initial:** | |  | **Last Name:** |  |  |  | **Suffix:** | | |  | |  |
|  | **2. Is your current medication-assisted treatment for withdrawal management or maintenance?**  Maintenance  Withdraw Management | | | | | | | | | | | | | | | |
|  | **3. Current Employment status:** | | | Work full time |  | Unemployed, seeking work | | | | Unable to work | |  |  |  | |  |
|  |  | | | Work part time | | Unemployed, not seeking work | | | | Other | |  |  |  | |  |
|  | **4. Are you currently pregnant?** | | |  |  Yes  No | | |  |  |  |  |  |  |  | |  |
|  | **5. Number of arrests in the past 3 months** *(0-93):* | | | |  |  |  |  |  |  |  |  |  |  | |  |
|  | **6. During the past 3 months, have there been services you think you have needed but have not been provided to you by the program or by a referral from the program?\*** | | | | | | | | | | | | | | | |
|  | 1None | |  | 2 A Few |  |  | 3Some |  |  |  | 4A Lot |  |  |  | |  |
|  | **7. During the past 3 months, do you feel you have been treated fairly by the program staff?** | | | | | | | | |  |  |  |  |  | |  |
|  | 1Not at all | |  | 2Sometimes |  |  | 3Most of the Time | | | | 4Always |  |  |  | |  |
|  | **8. Frequency of drug use in the past 3 months** *(enter one code for a –f )* | | | | | | |  |  |  |  |  |  |  | |  |
|  | *Frequency of Last Use Codes:* ***1*** *= No use* ***2*** *= Less than once per month* ***3*** *= 1-3 times per month* | | | | | | |  | ***4*** *= 1-2 times per week* ***5*** *= 3-6 times per week* ***6*** *= Daily* | | | | | |  |  |
|  | **a.** | **Cocaine or crack** | | **c.** | **Other narcotics or opiates** | | |  |  | **e.** | **Alcohol** |  |  |  | |  |
|  | **b.** | **Heroin** |  | **d.** | **Marijuana** | | |  |  | **f.** | **Injected drug use** |  |  |  | |  |
|  | **9. In general, how would you describe your current health?** | | | | |  |  |  |  |  |  |  |  |  | |  |
|  | 1Excellent | | 2Very Good | |  | 3Good | |  | 4Fair | | 5Poor | | |  | |  |
| **10. During the past 3 months, how much difficulty did you have doing your daily activities, both inside and outside the home, due to physical or emotional problems?**  1None 2A little bit 3Some 4Quite a bit 5Unable to do daily activities | | | | | | | | | | | | | | | | |
|  | **11. During the past 3 months, how many nights were you hospitalized for physical problems?** *(0 -92):* | | | | | | | | | |  |  | |  | | |
|  | **12. How many overdoses have you had in the past three months?** *(0-99)* | | | | | | |  |  |  |  |  | |  | | |
|  | **13. During the past 3 months, how many nights were you in a detox facility?** *(0 -92):* | | | | | | |  |  |  |  |  | |  | | |
|  | **14. During the past 3 months, how many visits to an emergency room and/or urgent care facility did you make?** *(0 -100):* | | | | | | | | | | |  | |  | | |
|  | **15. During the past 3 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?** | | | | | | |  |  | | |  | |  | | | |

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | **16. In the past 3 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. Feeling worthless?** | | | |  |  | | |  | |  |
| **g. Feeling guilty for things that may not be your fault?** | | | |  |  | | |  | |  |
|  | **17. In the past 3 months, did you think about suicide?** 1Yes 2No | | | | |  |  |  |  |  |
| **** | **18. In the past 3 months, did you attempt suicide?** 1Yes 2No | | | | |  |  |  |  |  |
|  | **19. In the past 3 months, 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 supportiv | | | e |  | 4Very supportive | |
|  | **20. In the past 3 months, 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 few3 Most | | | | |
| **RECORD DATA** | | | | | | | | | | |
|  | **21. Does client have a current prescription opiate(s**)**?** 1Yes 2No | | | | | | | | | |
|  | **22. Does the client have a current prescription for Benzodiazepine(s)?** 1Yes 2No | | | | | | | | | |
|  | **23. 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** | | |  | | | |  | | | |
|  | **24. Which medication-assisted treatment is the client currently receiving?** Methadone Buprenorphine  Naltrexone  Other  **23a If Other, specify** | | | | | | | | | |
|  | *If client is currently using Naltrexone or Other , skip Q24 and 24a. go to Q25* | | | |  |  |  |  |  |  |
|  | **25. Has the client received a dose in the past 2 weeks?** Yes No | | | | | |  |  |  |  |
| **24a. What was the client's last dose? (mg):** | | | | | | | | | | |
|  | **26. In what phase of treatment was the client?** | |  |  |  |  |  |  |  |  |
|  | Active treatment | Stabilization treatment | | Medically supervised withdrawal | | | | | Medical maintenance | |