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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?** |  |  |  |  |

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|  | **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 |