



**11c. Is your Suboxone or Vivitrol prescription for alcohol use disorder, opioid use disorder, or both?**

Alcohol Use Disorder       Opioid Use Disorder       Both

**▶ 12. Indicate the Social or Health Service provided to clients during treatment – While in your Program.** See *Manual* for definition of services  
0 = Not Provided      1 = Provided by Your Agency      2 = Provided by Another Agency      3 = Provided by Both Your Agency and Another Agency

Legal Aid Services		Medication for Emotional Problem		Literacy Services		Medication for Withdrawal	
Drug Screening		Housing		English as a 2 <sup>nd</sup> Language		TB Testing	
Treatment for Medical Problems		GED		Job Placement/Referral		TB Treatment	
Treatment for Emotional Problems		Vocational Training		Financial Counseling		STD/STI, HIV, Hep C Testing	
Nicotine Replacement Therapy		Family Planning		Prenatal Care		STD/STI, HIV, Hep C Treatment	
Medication for Medical Problems		Child Care		Post-partum Care		Parenting Classes	

**▶ 13. Currently receiving services from a state agency:** Check all that apply.

None       DMH: Dept Mental Health       DTA: food stamps, TANF       MCB: Commission for the Blind  
 DCF: Dept Children and Families       DDS: Dept Developmental Services       DMA: Mass Health       MCDHH: Comm for the Deaf & Hard of Hearing  
 DYS: Dept Youth Services       DPH: e.g. HIV, WIC Not BSAS       MRC: Mass Rehab       Other

**▶ 14. Living arrangement at Disenrollment:** "Where is the client going to live when he/she leaves your program" (Check one)

House or apartment       Institution       Shelter/mission       Foster Care       Unknown  
 Room/boardings or sober house       Group home/Treatment       On the streets       Refused

**▶ 15. Was the client homeless at Intake/Enrollment (whether or not chronic)?**       Yes       No      *If Yes, QH2 -QH3 are required If No, skip to Q15*

15a. Detailed Living Arrangement at Disenrollment       \*

15b. Permanence of Living Situation at Disenrollment\*       Permanent       Transitional       Refused       Unknown

**▶ 16. 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 the client left treatment unexpectedly, base answer on last face-to-face session. If answer to Q15 is 'No', skip to Q19*

**If the answer to Q16 is 'Yes', please rank substance abuse problems by entering the CURRENT primary, secondary, and tertiary substance.**  
*Rank substances by entering the corresponding letters A-U+Z. (Neither nicotine/tobacco nor gambling can be a primary, secondary, or tertiary substance).  
 If "Yes" to Q16, Q17a-c, Q18 & Q189 are required*

Report **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 page 4.*

17a. Primary Substance            17b. Frequency of Use       \*      17c. Route of Administration       \*

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

18a. Secondary Substance            18b. Frequency of Use       \*      18c. Route of Administration       \*

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

19a. Tertiary Substance            19b. Frequency of Use       \*      19c. Route of Administration       \*

**▶ 20. Did the client use Nicotine/Tobacco since Enrollment**       Yes       No       Refused       Unknown

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

20b. While in this program, did the client attempt to stop using nicotine/tobacco?      01  Yes      02  No      88  Refused      99  Unknown

► **21. While at your program, did the client receive psychotropic medication?**  Yes  No *If 'No' skip to Q22, if 'Yes' answer Q21a.*

**21a. If yes, specify category(ies) of psychotropic medication taken.** *(Check all that apply)*

- Anti-depressants     Mood Stabilizers     Psycho-Stimulants     Anti-Psychotics     Anti-Anxiety

► **22. While at your program, did the client receive psychiatric crisis intervention?**  Yes  No *If 'No' skip to Q23, if 'Yes' answer Q22a.*

**22a. If yes, Specify all psychiatric services received.** *(Check all that apply.)*

- Evaluation by a psychiatrist     Psychiatric emergency room services  
 Evaluation by a crisis team     Assessment by clinical nurse specialist for behavior issues

► **23. While at your program, did the client receive medical intervention?**  Yes  No *If 'No' skip to Q43, if 'Yes' answer Q 32a.*

**23a. If yes, Specify which types of medical conditions required interventions:** *(Check all that apply.)*

- Asthma/Allergies / Respiratory Infections     Diabetes     Lice/Scabies / Lyme  
 Prenatal/postpartum / GYN care     Hypertension/High Blood Pressure     Cellulitis / skin wound / infections  
 Urinary Tract / Bladder Infection     Seizures     Other  
 HIV / Hep C / STD     Eye/Ear Care  
 Dental     Ulcer / Gastric distress

► **24. Employment status at Disenrollment**  \*

★Q 6. 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 7. Referral at Disenrollment				
Code		Code		Code
00	<b>Change</b> Referral Not Needed – Assessment Indicates that Client Does Not Require Entering Formal Treatment	20	<b>Change</b> Health Care Professional, Hospital	67 <i>Discontinued</i>
95	<b>New</b> Referral Not Needed – Appropriate <b>Mental Health</b> Clinical Services Already in Place	21	Emergency Room	68 Office of the Commissioner of Probation
96	<b>Change</b> Referral Not Needed – Appropriate <b>Substance Abuse</b> 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		<i>24 through 25 Discontinued</i>	70 Dept. of Youth Services
01	Self, Family, Non-medical Professional	26	<b>New</b> Mental Health Care Professional	71 Dept. of Children and Families
02	BMC Central Intake/Room 5		<i>27 through 29 Discontinued</i>	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	<b>New</b> Recovery High School	74 Dept. of Public Health
05	Clinical Stabilization Services/CSS-CMID		<i>32-39 Discontinued</i>	75 Dept. of Transitional Assistance
06	Residential Treatment	40	Supervisor/employee Counselor	76 Dept. of Early Education and Care
07	Outpatient SA Counseling		<i>41 through 49 Discontinued</i>	77 Mass. Rehab. Commission
08	<b>Medication Assisted Treatment</b>	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		<i>52 through 58 Discontinued</i>	80 Other State Agency
11	Gambling Program	59	Drug Court	81 Division of Medical Assistance/MassHealth
	<i>12 &amp; 13 Discontinued</i>		<i>60- 63 Discontinued</i>	
14	Sober House	64	Prerelease, Legal Aid, Police	99 Unknown
	<i>15 Discontinued</i>		<i>65-66 Discontinued</i>	
16	Recovery Support Center			
17	Second Offender Aftercare			
18	Family Intervention Programs			
19	Other Substance Abuse Treatment			

★12a. Detailed Living Arrangement at Discharge? (HUD)			
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 (HUD)
8	Don't know	17	Other (HUD)
9	Refused		

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