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|  | Massachusetts Department of Public Health Logo | | | | | | | | | | **Enrollment Assessment**  ***Standard*** | | | | | | | | | | ⯈***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.* | | | | | | | | | | |
| ⯈ | | | | | **6. Where did you stay last night?** | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | 1 Emergency shelter | | | | | | | | | | 7 Jail, prison or juvenile detention facility | | | | | | | | 13 Foster care home or foster care group hm | | | | | |
|  | | | | | 2 Transitional housing for homeless persons | | | | | | | | | | 8 Room, apartment, or house that you own or rent | | | | | | | | 14 Place not meant for habitation | | | | | |
|  | | | | | 3 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 you  cannot return (future return can be uncertain) | | | | | | | |  | | | | | |
|  | | | | | 6 Hospital (non-psychiatric) | | | | | | | | | | 12 Hotel or motel paid for without emergency shelter voucher | | | | | | | | | | | | | |
| ⯈ | | | | | **7a. Do you consider yourself to be transgender?** Yes No Refused | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | **7b. If you answered Yes to Q7a, 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 or bed availability:**  *(unknown = 999) See Manual to help determine wait time.* | | | | | | | | | | | | | | | | | | | | | | | |
| ⯈ | | | **🟋**  **10. Source of Referral:** | | | | | | | | | | | | | | | | | | | | | | | | |  |
| ⯈ | | | **🟋**  **11. Frequency of attendance at self-help programs (e.g. AA, NA) in 30 days prior to Enrollment:** | | | | | | | | | | | | | | | | | | | | | | | | |  |
| ⯈ | | | **12. Client Type** Primary Collateral | | | | | | | | | | | | | | | | | | | | | | | | |  |
| ⯈ | | | **13. Additional Client Type:** *Answer Yes or No to a-i* | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | a. Student | | | | | | | | Yes No | | | | f. Probation | | | | | | | | Yes No | | |
|  | | | | | | b. Pregnant | | | | | | | | Yes No | | | | g. Parole | | | | | | | | Yes No | | |
|  | | | | | | c. Postpartum | | | | | | | | Yes No | | | | h. Federal Probation | | | | | | | | Yes No | | |
|  | | | | | | d. Veteran/ Any Military Service | | | | | | | | Yes No | | | | i. Federal Parole | | | | | | | | Yes No | | |
|  | | | | | | e. Prison | | | | | | | | Yes **☒**No | | | |  | | | | | | | |  | | |
| ⯈ | | **14. Do you have children?** | | | | | | | | Yes No Refused | | | | | | | | | | *If ‘Yes’, complete 14a-14d. If No, skip to Q15* | | | | | | | | |
|  | | | | | | | **14a. Number Children Under 6:** | | | | |  | | | | **14b. Number of Children 6-18:** | | | | | |  | | **14c. Children Over 18:** | | |  | |
|  | | | | | | | **14d. Are any of the children of the** Native American **Indian race?** | | | | | | | | | | 1Yes 2No | | | | | | | | | | | |

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| ⯈ | | **15. Are you the primary caregiver for any children? MC900434741[1]** If yes, see manual. *If the client is the primary caregiver*  *of children you must assess what arrangements have been made for their care in your full clinical assessment.* | | | | | Yes No Refused | | |
| ⯈ | **16. Employment status at Enrollment:** | | | **🟋** | ⯈**17. Number of days worked in the past 30 days?** | | | |  |
| ⯈ | | **18. 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 | |
| ⯈ | | **19. 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 | |

**COLLATERAL CLIENTS STOP HERE**

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| ⯈ | **20. Use of mobility aid:** (*Check all that apply)* | | | | | | | | | | None | | | | Crutches | | | | | Walker | | Manual Wheelchair | | | | | | | Electric Wheelchair | |
| ⯈ | | **21. Vision Impairment** | | | | ***🟋*** | | |  | | | | ⯈ | | | | **22. Hearing Impairment** | | | | | | | | ***🟋*** | | |  | | |
| ⯈ | | **23. SelfCare/ADL Impairment** | | | | **🟋** | | |  | | | | ⯈ | | | | **24. Developmental Disability** | | | | | | | | ***🟋*** | | |  | | |
| ⯈ | **25. Prior Mental Health Treatment** | | | | | | | 0 No history | | | | 1 Counseling | | | | | | | | | 2 One hospitalization | | | | | | 3 More than one hospitalization | | | |
| ⯈ | **26. 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 | | | | | | | | | | | |
| ⯈ | **27. 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 | | | | | | | |  | | | | |
| ⯈ | | **28. Are you currently receiving Medication Assisted Treatment?**  *If Yes, answer Q28a . If No, skip to Q29* | | | | | | | | | | | | | | | | | | | | | Yes No | | | | | | | |
|  | | | **28a. Are you receiving Methadone Treatment**  *(If Yes skip to Q29)* | | | | | | | | | | | | | | | | | | | | Yes No | | | | | | | |
|  | | | **28b. Are you receiving Suboxone or Vivitrol Treatment?** *Select Below*  Buprenorphine (Suboxone) Extended release injectable naltrexone (Vivitrol) | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
|  | | | **28c. Is your Suboxone or Vivitrol prescription for alcohol use disorder, opioid use disorder, or both?**  Alcohol Use Disorder Opioid Use Disorder Both | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
| ⯈ | **29. Currently receiving services from a state agency: (***Check all that apply) See manual for definitions* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | 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* | | | | | | | |  | | | | | | |
| ⯈ | **30. Number of arrests in the past 30 days?** | | | | | | | | |  | | | | *(Section 35 is not an arrest, it is a civil commitment)* | | | | | | | | | | | | | | | | |

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| ⯈ | **31. 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 Q33a* | | | | | | | |  |  | |  |  |  | **N/A** |
| **Z** | **K2/Spice or Other Synthetic Marijuana** | | | | | | | |  |  | |  |  |  |  |
|  | | | | | | | | | | | | | | | |
|  | | **32a. 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). Go to Q32b*  *If person does not use nicotine products, skip to Q33a .* | | | | | | | | | | | | | |
|  | | **32b. Interest in stopping nicotine/tobacco use at Enrollment:** | | | | | | | | | | | | | |
|  | | | 1No | | | 3Yes, Within 30 days | | 88Refused | | | | | | | |
|  | | | 2Yes, Within 6 Months | | | 4Does Not Apply (already stopped) | | 99Unknown | | | | | | | |
|  | | **33a Types of last regular gambling *(check all that apply***) *If person does not have a gambling history, skip 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 | | | |  | | | | | |
|  | | **33b. Have you ever thought you might have a gambling problem, or been told you might?**  Yes No Refused | | | | | | | | | | | | | | |

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|  | ***Clients must be asked if they have a secondary and/or tertiary drug of choice. Clinicians may rank substances based on their clinical opinion after review of the substance use history and not necessarily client report.***  *(Nicotine/Tobacco and Gambling CANNOT be marked as a primary/secondary/or tertiary drug)* | | | | | | | | | | | | | | | | |
|  | **34. 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** | | |  | | | |
| ⯈ | | | **35. Needle Use?** | 0 Never | | |  | 2 3 to 11 months ago | | | | |  | 4 Past 30 days | |  | |
|  | | | | 1 12 or more months ago | | |  | 3 1 to 2 months ago | | | | |  | 5 Last week | |  | |
| ⯈ | | **36 Have you had any overdoses in your lifetime?\*** Yes No *(If No, Assessment is complete)* | | | | | | | | | | | | | | | |
|  | | **36a. How many overdoses have you had in your lifetime?** *(1-99)* | | | | | | |  | **36b. How many overdoses have you had in past year?** *(0-99)* | | | | | | |  |

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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 | |  | *24 through 25 Discontinued* | 71 | Dept. of Children and Families |
| 06 | Residential Treatment | | 26 | Mental Health Care Professional | 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 |  | *81 Discontinued* |
| 24 | Sec 35 Bridgewater MASAC | |  | *52 through 58 Discontinued* | 99 | Unknown |
| 25 | Sec 35 Framingham MCI | | 59 | Drug Court |  |  |
|  | *13 Discontinued* | | 60 | Court - Section 35 |  |  |
| 14 | Sober House | | 63 | Court - Other |  |  |
| 15 | Information and Referral | | 64 | Prerelease, Legal Aid, Police |  |  |
| 17 | Second Offender Aftercare | | 65 | County House of Corrections/Jail |  |  |
| 16 | *New* Recovery Support Centers | | 66 | Office of Community Corrections |  |  |
| 18 | Family Intervention Program | |  |  |  |  |
| 19 | Other Substance Abuse Treatment | |  |  |  |  |

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|  | **🟋Q 11 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 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 16 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. 21 Vision Impairment** | | |  | | **Code** | **🟋Q. 22 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 23 Self Care/ADL Impairment** | | | | | | |  | **Code** | **🟋Q. 24 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 30: 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** |