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
2☐ Transitional housing for homeless persons
3☐ Permanent housing for formerly homeless
4☐ Psychiatric hospital or other psych. facility
5☐ Substance abuse treatment facility or detox
6☐ Hospital (non-psychiatric)
7☐ Jail, prison or juvenile detention facility
8☐ Room, apartment, or house that you own or rent
9☐ Staying or living with a family member
10☐ Staying or living with a friend
11☐ Room, apartment, or house to which you cannot return (future return can be uncertain)
12☐ Hotel or motel paid for without emergency shelter voucher
13☐ Foster care home or foster care group hm
14☐ Place not meant for habitation
15☐ Other
88☐ Refused

▶ **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?** 1☐Yes 2☐No

15. Are you the primary caregiver for any children? 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
2 ☐ Room/boarding or sober house
3 ☐ Institution
4 ☐ Group home/treatment
5 ☐ Shelter/mission
6 ☐ On the streets
7 ☐ Foster Care
88 ☐ Refused

19. Who do you live with? (*Check all that apply)*

☐ Alone
☐ Child under 6
☐ Child 6-18
☐ Child over 18
☐ Spouse/Equivalent
☐ Parents
☐ Other Relative
☐ Roommate/Friend

COLLATERAL CLIENTS STOP HERE

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
☐ DCF *children and families*
☐ DYS *youth services*
☐ DMH *client has a case mgr.*
☐ DDS *developmental disabilities*
☐ DPH *e.g. HIV/STD; not BSAS .*
☐ DTA *e.g. food stamps*
☐ MRC *Rehabilitation Commission*
☐ MCB *services for the blind*
☐ MCDHH *services for Deaf and Hard of Hearing*
☐ Other

30. Number of arrests in the past 30 days? ☐ *(Section 35 is not an arrest, it is a civil commitment)*

▶	**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:

1☐No 3☐Yes, Within 30 days 88☐Refused

2☐Yes, Within 6 Months 4☐Does Not Apply (already stopped) 99☐Unknown

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

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
1 ☐ 12 or more months ago
2 ☐ 3 to 11 months ago
3 ☐ 1 to 2 months ago
4 ☐ Past 30 days
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)* ☐

✶ 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				

	✶ 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)		

✶ 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		

Code	✶ Q. 21 Vision Impairment
0	None: Normal Vision
1	Slight: vision can be or is corrected with glasses/lenses
2	Moderate: "Legally blind" but having some minimal vision
3	Severe: No usable vision

Code	✶ Q. 22 Hearing Impairment
0	None: Normal hearing requiring no correction
1	Slight: Hearing is or can be adequately corrected with amplification (eg hearing aid)
2	Moderate: Hard of hearing, even with amplification
3	Severe: Profound deafness

Code	✶ Q 23 Self Care/ADL Impairment
0	None: No problem accomplishing ADL skills such as bathing, dressing and other self-care
1	Slight: Uses adaptive device(s) and/or takes additional time to accomplish ADL but does not require attendant
2	Moderate: Needs personal attendant up to 20 hours a week for ADL
3	Severe: Requires personal attendant for over 20 hours a week for ADL

Code	✶ Q. 24 Developmental Disability
0	None
1	Slight Developmental Disability
2	Moderate Developmental Disability
3	Severe Developmental Disability

✶ Q 30: SUBSTANCE MIS-USE / NICOTINE/TOBACCO / GAMBLING HISTORY

Code	Last Use Substances
1	12 or more months ago
2	3-11 months ago
3	1-2 months ago
4	Past 30 days
5	Used in last week

Code	Frequency of Last Use/bet
1	Less than once a month
2	1-3 times a month
3	1-2 times a week
4	3-6 times a week
5	Daily
99	Unknown

Code	Route of Administration
1	Oral (swallow and/or chewing)
2	Smoking
3	Inhalation
4	Injection
5	Other
6	**Electronic Devices/Vaping**