

Enrollment Assessment Standard

► Enrollment Date:		/	/	
	mm	dd	уууу	
►ESM Client ID:				
Provider ID:				

		Standard	Provider ID:
Que	estion	s (Q) marked with must be completed.	Boxes marked with ★ = Refer to Key at end of form
		First Name: Middle Initial: Last Name	e: Suffix:
	1.	Client Code: ▶2. Inta	ıke/Clinician Initials:
	3.	Do you own or rent a house, apartment, or room? Yes No If the answer	to Q. 3 is Yes, skip to Q. 5
		Are you Chronically Homeless? UD Definition in Manual) Solution 1	Permanent Address: ogram. See Manual for definition of Permanent.
		Where did you stay last night?	ogram. Get manda for definition of remainent.
	1 <u></u>	Emergency shelter 7 Jail, prison or juvenile detention facil	ity 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 memb	er 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 white cannot return (future return can be	
	6	Hospital (non-psychiatric) 12 Hotel or motel paid for without emer	gency shelter voucher
	7a.	Do you consider yourself to be transgender?	
	7b.	If you answered Yes to Q. 7a, please specify:	nale to Male Other, specify
>	8.	Do you consider yourself to be: ☐ Heterosexual ☐ Gay/Lesbian ☐ Bisexu	al Other, specify Refused
>	9.	Number of days between initial contact with program by client or someone on behavior bed availability: (unknown = 999)	
<u> </u>	40	*	Goo manda to note actornino wat amo.
_		Source of Referral:	*
<u></u>		Frequency of attendance at self-help programs (e.g., AA, NA) in 30 days prior to Enro Client Type Primary Collateral	oliment:
		Additional Client Type (Check ALL that apply)	
	ı. □		Davida Davida
		Pregnant Uveteran Suboxone	☐ Parole ☐ Federal Parole
		Postpartum	☐ Federal Probation
<u> </u>	14.	Do you have children? Yes No Refused	If answer to Q. 14 is 'Yes', complete 14a-14d. If no, skip to Q. 15
	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
>	care	Are you the primary caregiver for any children? If yes, see manual. If the client is to giver of children you must assess as to the children's welfare and what arrangements have neir care in your full clinical assessment!!!	
>		* .	worked in the past 30 days?
•		Where do you usually live? (Where has the client spent/slept most of the time over the la	· • •
	10.		r/mission 7 Foster Care
	2		streets 88 Refused
>	19.	Who do you live with? (Check all that apply) COLLATERAL CLIENTS STOR	
			e/Equivalent Other Relative
		Child under 6 Child over 18 Parents	Roommate/Friend

•	20. Use of mobility aid: (Check all that apply)	nual Whee	elchair 🗌 El	ectric W	heelchai	r
•	21. Vision Impairment ▶ 22. Hearing Impairment ★ ▶ 23. SelfCare/ADL Impairment	*	24.Developn Disabilit] *
•	25. Prior Mental Health Treatment: 0 No history 1 Counseling 2 One hospitalizat	ion 3	3 More tha	ın one l	nospitaliz	ation
>	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 🗌 U	nknown	
•	27. Number of prior admissions to each substance abuse treatment modality (0 - 5 admissions, '5' = 5 or mo	re. 99=unki	nown) Do not	count th	nis tx. ep	isode.
	Detox Outpatient Drunk Driver		Other			
	Residential Opioid Section 35					
•	28. Currently receiving services from a state agency: (Check all that apply)					
	□ None □ DMH does client have a case mgr.? □ DTA e.g. food stamps		MCDHH A	ЛА Comn	nission fo	r Deaf
	□ DCF was DSS □ DDS was DMR □ MRC Mass Rehab Commission		Other			
			See manual foi associations (e			ed
	DYS youth services DPH e.g. HIV/STD; not BSAS tx MCB Commission for Blind		Probation – OC			
>	29. Number of arrests in the past 30 days? (Section 35 is not an arrest, it is a civil comm	itment)	•			
>	30. History Substance Mis-use, 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	La	F.	Rou
Α	Alcohol For Alcohol, enter first age of intoxication					
В	Cocaine					
С	Crack					
D	Marijuana / Hashish					
Е	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					
Н	PCP					
I	Other Hallucinogens					
J	Methamphetamine					
K	Other Amphetamines					
L	Other Stimulants					
M	Benzodiazepines					
N	Other Tranquillizers					
0	Barbiturates					
Р	Other Sedatives / Hypnotics					
Q	Inhalants					
R	Over the Counter					
S	Club Drugs					
U	Other					
Х	Tobacco Includes cigarettes, cigars, chewing tobacco, inhalers					
Y	Gambling Includes any of the types listed in Q.32a					N/A

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34. Needle Use?

12 or more months ago

35a. How many overdoses have you had in your lifetime:

0 Never

Bureau of Substance Abuse Services

August, 2014 Massachusetts Department of Public Health Page 3 of 4 31a. 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 tobacco product, mark Zero (0) and go to Q 31b. If person does not use tobacco, skip Q s 31a&b and go to Q 32a. 31b. Interest in stopping tobacco use at Enrollment: 1 \square No 88 Refused 3 Yes, Within 30 days 2 Yes, Within 6 Months 99 Unknown 4 Does Not Apply (already stopped) 32a. Types of last regular gambling (check all that apply) If person does not have a gambling history, skip Qs. 32a&b and go to Q. 33. Slot Machines Sports Betting Stock Market Lottery -Scratch Tickets Casino Games Lottery - Keno Bingo Internet Gambling Card Games Lottery/Numbers Games Dog/Horse Tracks, Jai Alai □No Refused 32b. Have you ever thought you might have a gambling problem, or been told you might? __Yes Tobacco and Gambling CANNOT be marked as a primary/secondary/or tertiary drug. This applies for Substances A through U Only. IT IS VITAL THAT PATIENTS 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. 33. Rank substances by entering corresponding letter for substances listed above in Question 30. (If no secondary or tertiary substance, leave blank) **Primary Substance Tertiary Substance** Secondary Substance

3 \sum 1 to 2 months ago

Past 30 days

35b. How many overdoses have you had in past year?

Last week

3 to 11 months ago

Massachusetts Department of Public Health

	★ Q10. Source of Referral at Enrollment				
Code		Code		Code	
			Health Care Professional, Mental Health		
01	Self, Family, Non-medical Professional	20	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		26 through 29 Discontinued	71	Dept. of Children and Families
			School Personnel, School		
06	Residential Treatment	30	System/Colleges	72	Dept. of Mental Health
07	Outpatient SA Counseling		31 through 39 Discontinued	73	Dept. of Developmental Services
08	Opioid Treatment	40	Supervisor/Employee Counselor		74 through 76 Discontinued
09	Drunk Driving Program		41 through 49 Discontinued	77	Mass. Rehab. Commission
10	Acupuncture	50	Shelter	78	Mass. Commission for the Blind
11	Gambling Program	51	Community or Religious Organization	79	Mass. Comm. For Deaf & Hard of Hearing
	Note: Sec 35 Options are grouped although				
	numbers are not in sequence. Select correct				
	#		52 through 56 Discontinued	80	Other State Agency
12	Sec 35 (WATC & MATC)	57	Registry of Motor Vehicles		81 Discontinued
24	Sec 35 Bridgewater MASAC	58	Out-of-State DUI		
25	Sec 35 Framingham MCI	59	Drug Court	99	Unknown
	13 Discontinued	60	Court - Section 35		
14	Sober House	61	Court - DUI		
15	Information and Referral		62 Discontinued		
17	Second Offender Aftercare	63	Court - Other		
18	Family Intervention Program	64	Prerelease, Legal Aid, Police		
19	Other Substance Abuse Treatment	65	County House of Corrections/Jail		
		66	Office of Community Corrections		

	▼ 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 / 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

SIURI	
Code	Route of Administration
1	Oral (swallow and/or chewing)
2	Smoking
3	Inhalation
4	Injection
5	Other