



▶ <b>20. Use of mobility aid:</b> (Check all that apply) <input type="checkbox"/> None <input type="checkbox"/> Crutches <input type="checkbox"/> Walker <input type="checkbox"/> Manual Wheelchair <input type="checkbox"/> Electric Wheelchair	
▶ <b>21. Vision Impairment</b> <input type="checkbox"/> *	▶ <b>22. Hearing Impairment</b> <input type="checkbox"/> *
▶ <b>23. SelfCare/ADL Impairment</b> <input type="checkbox"/> *	▶ <b>24. Developmental Disability</b> <input type="checkbox"/> *
▶ <b>25. Prior Mental Health Treatment:</b> 0 <input type="checkbox"/> No history    1 <input type="checkbox"/> Counseling    2 <input type="checkbox"/> One hospitalization    3 <input type="checkbox"/> More than one hospitalization	
▶ <b>26. During the past 12 months, did you take any prescription medication that was prescribed for you to treat a mental or emotional condition?</b> 1 <input type="checkbox"/> Yes    2 <input type="checkbox"/> No    88 <input type="checkbox"/> Refused    99 <input type="checkbox"/> Unknown	
▶ <b>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.</b>	
<input type="text"/> Detox	<input type="text"/> Outpatient
<input type="text"/> Residential	<input type="text"/> Opioid
<input type="text"/> Drunk Driver	<input type="text"/> Section 35
<input type="text"/> Other	
▶ <b>28. Currently receiving services from a state agency:</b> (Check all that apply)	
<input type="checkbox"/> None	<input type="checkbox"/> DMH does client have a case mgr.?
<input type="checkbox"/> DCF was DSS	<input type="checkbox"/> DDS was DMR
<input type="checkbox"/> DYS youth services	<input type="checkbox"/> DPH e.g. HIV/STD; not BSAS tx..
<input type="checkbox"/> DTA e.g. food stamps	<input type="checkbox"/> MRC Mass Rehab Commission
<input type="checkbox"/> MCDHH MA Commission for Deaf	<input type="checkbox"/> Other
<i>See manual for system generated associations (e.g. Client Type Probation – OCP services.)</i>	
▶ <b>29. Number of arrests in the past 30 days?</b> <input type="text"/> (Section 35 is not an arrest, it is a civil commitment)	
▶ <b>30. History Substance Mis-use, Tobacco Use &amp; Gambling</b>	
<i>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.)</i>	
	Have You Ever Mis-Used/Bet
	Y    N
	Age of First Use/Bet
	Last Use/Bet
	Freq of Last Use/Bet
	Route of Admin Code
<b>A Alcohol</b>	<i>For Alcohol, enter first age of intoxication</i>
<b>B Cocaine</b>	
<b>C Crack</b>	
<b>D Marijuana / Hashish</b>	
<b>E Heroin</b>	
<b>F Prescribed Opiates</b> <i>Misuse/non-medical use of pharmaceutical opiates which were prescribed for the client.</i>	
<b>G Non-prescribed Opiates</b> <i>Non-medical use of pharmaceutical opiates which were not prescribed for the client</i>	
<b>H PCP</b>	
<b>I Other Hallucinogens</b>	
<b>J Methamphetamine</b>	
<b>K Other Amphetamines</b>	
<b>L Other Stimulants</b>	
<b>M Benzodiazepines</b>	
<b>N Other Tranquillizers</b>	
<b>O Barbiturates</b>	
<b>P Other Sedatives / Hypnotics</b>	
<b>Q Inhalants</b>	
<b>R Over the Counter</b>	
<b>S Club Drugs</b>	
<b>U Other</b>	
<b>X Tobacco</b>	<i>Includes cigarettes, cigars, chewing tobacco, inhalers</i>
<b>Y Gambling</b>	<i>Includes any of the types listed in Q.32a</i>
	N/A

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  No

3  Yes, Within 30 days

88  Refused

2  Yes, Within 6 Months

4  Does Not Apply (already stopped)

99  Unknown

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.

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

32b. Have you ever thought you might have a gambling problem, or been told you might?  Yes  No  Refused

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

Secondary Substance

Tertiary Substance

▶ 34. 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

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

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

★ Q10. Source of Referral at Enrollment					
Code		Code		Code	
01	Self, Family, Non-medical Professional	20	Health Care Professional, Mental 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		26 through 29 Discontinued	71	Dept. of Children and Families
06	Residential Treatment	30	School Personnel, School 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

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