



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: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		► 2. Intake/Clinician Initials: <input type="text"/> <input type="text"/> <input type="text"/>		
► 3. Do you own or rent a house, apartment, or room? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If the answer to Q. 3 is Yes, skip to Q. 5</i>				
4. Are you Chronically Homeless? (HUD Definition in Manual) <input type="checkbox"/> Yes <input type="checkbox"/> No		► 5. ZIP Code of Last Permanent Address: <i>Do Not put zip code of Program. See Manual for definition of Permanent.</i>		
► 6. Where did you stay last night?				
1 <input type="checkbox"/> Emergency shelter	7 <input type="checkbox"/> Jail, prison or juvenile detention facility	13 <input type="checkbox"/> Foster care home or foster care group hm		
2 <input type="checkbox"/> Transitional housing for homeless persons	8 <input type="checkbox"/> Room, apartment, or house that you own or rent	14 <input type="checkbox"/> Place not meant for habitation		
3 <input type="checkbox"/> Permanent housing for formerly homeless	9 <input type="checkbox"/> Staying or living with a family member	15 <input type="checkbox"/> Other		
4 <input type="checkbox"/> Psychiatric hospital or other psych. facility	10 <input type="checkbox"/> Staying or living with a friend	88 <input type="checkbox"/> Refused		
5 <input type="checkbox"/> Substance abuse treatment facility or detox	11 <input type="checkbox"/> Room, apartment, or house to which you cannot return (future return can be uncertain)			
6 <input type="checkbox"/> Hospital (non-psychiatric)	12 <input type="checkbox"/> Hotel or motel paid for without emergency shelter voucher			
► 7a. Do you consider yourself to be transgender? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused				
7b. If you answered Yes to Q. 7a, please specify: <input type="checkbox"/> Male to Female <input type="checkbox"/> Female to Male <input type="checkbox"/> Other, specify _____				
► 8. Do you consider yourself to be: <input type="checkbox"/> Heterosexual <input type="checkbox"/> Gay/Lesbian <input type="checkbox"/> Bisexual <input type="checkbox"/> Other, specify _____ <input type="checkbox"/> 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. <input style="width:100px;" type="text"/>				
► 10. Source of Referral: <input type="text"/> <input type="text"/> ★				
► 11. Frequency of attendance at self-help programs (e.g. AA, NA) in 30 days prior to Enrollment: <input type="text"/> <input type="text"/> ★				
► 12. Client Type <input type="checkbox"/> Primary <input type="checkbox"/> Collateral				
13. Additional Client Type (Check ALL that apply)				
New <input type="checkbox"/> Student	<input type="checkbox"/> Postpartum	<input type="checkbox"/> Methadone	New <input type="checkbox"/> Injectable Naltrexone	<input type="checkbox"/> Parole
		(e.g. Vivitrol)		
<input type="checkbox"/> Pregnant	Change <input type="checkbox"/> Veteran/ Any Military Service	Change <input type="checkbox"/> Buprenorphine	<input type="checkbox"/> Probation	<input type="checkbox"/> Federal Probation
		(e.g. Suboxone)		
► 14. Do you have children? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused <i>If answer to Q. 14 is 'Yes', complete 14a-14d. If no, skip to Q. 15</i>				
14a. Number Children Under 6: <input type="text"/>		14b. Number of Children 6-18: <input type="text"/>		14c. Children Over 18: <input type="text"/>
14d. Are any of the children of the Native American Indian race? 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No				
► 15. Are you the primary caregiver for any children? ★ <i>If yes, see manual. If the client is the primary caregiver of children you must assess as to the children's welfare and what arrangements have been made for their care in your full clinical assessment!!!</i> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused				
► 16. Employment status at Enrollment: <input type="text"/> ★		► 17. Number of days worked in the past 30 days? <input style="width:100px;" type="text"/>		
► 18. Where do you usually live? (Where has the client spent/slept most of the time over the last 12 months?)				
1 <input type="checkbox"/> House or apartment	3 <input type="checkbox"/> Institution	5 <input type="checkbox"/> Shelter/mission	7 <input type="checkbox"/> Foster Care	
2 <input type="checkbox"/> Room/boardng or sober house	4 <input type="checkbox"/> Group home/treatment	6 <input type="checkbox"/> On the streets	88 <input type="checkbox"/> Refused	
► 19. Who do you live with? (Check all that apply)				
COLLATERAL CLIENTS STOP AFTER THIS QUESTION				
<input type="checkbox"/> Alone	<input type="checkbox"/> Child 6-18	<input type="checkbox"/> Spouse/Equivalent	<input type="checkbox"/> Other Relative	
<input type="checkbox"/> Child under 6	<input type="checkbox"/> Child over 18	<input type="checkbox"/> Parents	<input type="checkbox"/> Roommate/Friend	

▶ 20. Use of mobility aid: (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																																																																																																																																																																					
▶ 21. Vision Impairment <input type="checkbox"/> ★	▶ 22. Hearing Impairment <input type="checkbox"/> ★																																																																																																																																																																				
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▶ 25. Prior Mental Health Treatment: 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																																																																																																																																																																					
▶ 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 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 88 <input type="checkbox"/> Refused 99 <input type="checkbox"/> 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. <input type="text"/> Detox <input type="text"/> Outpatient <input type="text"/> Drunk Driver <input type="text"/> Other <input type="text"/> Residential <input type="text"/> Opioid <input type="text"/> Section 35																																																																																																																																																																					
▶ 28. Currently receiving services from a state agency: (Check all that apply) <input type="checkbox"/> None <input type="checkbox"/> DMH does client have a case mgr.? <input type="checkbox"/> DTA e.g. food stamps <input type="checkbox"/> MCDHH MA Commission for Deaf <input type="checkbox"/> DCF was DSS <input type="checkbox"/> DDS was DMR <input type="checkbox"/> MRC Mass Rehab Commission <input type="checkbox"/> Other <input type="checkbox"/> DYS youth services <input type="checkbox"/> DPH e.g. HIV/STD; not BSAS tx.. <input type="checkbox"/> MCB Commission for Blind <i>See manual for system generated associations (e.g. Client Type Probation – OCP services.)</i>																																																																																																																																																																					
▶ 29. Number of arrests in the past 30 days? <input type="text"/> (Section 35 is not an arrest, it is a civil commitment)																																																																																																																																																																					
▶ 30. 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.)																																																																																																																																																																					
	<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th colspan="2">Have You Ever Mis-Used/Bet</th> <th rowspan="2">Age of First Use/Bet</th> <th rowspan="2">Last Use/Bet</th> <th rowspan="2">Freq of Last Use/Bet</th> <th rowspan="2">Route of Admin Code</th> </tr> <tr> <th></th> <th>Y</th> <th>N</th> </tr> </thead> <tbody> <tr> <td>A Alcohol <i>For Alcohol, enter first age of intoxication</i></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr><td>B Cocaine</td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td>C Crack</td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td>D Marijuana / Hashish</td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td>E Heroin</td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td>F Prescribed Opiates <i>Misuse/non-medical use of pharmaceutical opiates which were prescribed for the client.</i></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td>G Non-prescribed Opiates <i>Non-medical use of pharmaceutical opiates which were not prescribed for the client</i></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td>H PCP</td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td>I Other Hallucinogens</td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td>J Methamphetamine</td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td>K Other Amphetamines</td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td>L Other Stimulants</td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td>M Benzodiazepines</td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td>N Other Tranquillizers</td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td>O Barbiturates</td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td>P Other Sedatives / Hypnotics</td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td>Q Inhalants</td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td>R Over the Counter</td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td>S Club Drugs</td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td>U Other</td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td>X Nicotine/Tobacco <i>Includes cigarettes, cigars, chewing tobacco, inhalers</i></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td>Y Gambling <i>Includes any of the types listed in Q.32a</i></td><td></td><td></td><td></td><td></td><td></td><td>N/A</td></tr> </tbody> </table>		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 <i>For Alcohol, enter first age of intoxication</i>							B Cocaine							C Crack							D Marijuana / Hashish							E Heroin							F Prescribed Opiates <i>Misuse/non-medical use of pharmaceutical opiates which were prescribed for the client.</i>							G Non-prescribed Opiates <i>Non-medical use of pharmaceutical opiates which were not prescribed for the client</i>							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							X Nicotine/Tobacco <i>Includes cigarettes, cigars, chewing tobacco, inhalers</i>							Y Gambling <i>Includes any of the types listed in Q.32a</i>						N/A
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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 nicotine/tobacco product, mark Zero (0) and go to Q 31b.

If client does not have a history of nicotine/tobacco use, skip Q s 31a & b and go to Q 32a.

31b. 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

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

Nicotine/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	<i>Change</i> 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		<i>24 through 25 Discontinued</i>	71	Dept. of Children and Families
06	Residential Treatment	26	<i>New</i> 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	Opioid Treatment	31	<i>New Recovery High School</i>		<i>74 through 76 Discontinued</i>
09	Drunk Driving Program		<i>32 through 39 Discontinued</i>	77	Mass. Rehab. Commission
10	Acupuncture	40	Supervisor/Employee Counselor	78	Mass. Commission for the Blind
11	Gambling Program		<i>41 through 49 Discontinued</i>	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		<i>81 Discontinued</i>
24	Sec 35 Bridgewater MASAC		<i>52 through 58 Discontinued</i>	99	Unknown
25	Sec 35 Framingham MCI	59	Drug Court		
	<i>13 Discontinued</i>	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	<i>New</i> 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