

Important – Please Read This Special Policies & Prohibited Items

Your Admissions Information Packet contains a great deal of important and useful information regarding program policies and procedures. This sheet highlights **4 Topics which merit particular attention.**

- 1. PACKING RESTRICTIONS:** Just as airlines restrict the size and number of bags a passenger may have, the DUIL Program **restricts the volume of clothing and personal items a client may bring.** It also requires that everything be **packed following specific guidelines.**

NO “REGULAR LUGGAGE” IS PERMITTED TO ENTER THE BUILDING.

All possessions (other than medical devices and a fan) **must be packed in a disposable container, such as a plastic trash bag** or a duffel which you are willing to discard. A purse/handbag, (washable material, no larger than 12” x 12”) for money and other personal items is also permitted. Upon your arrival, **your clothing and other personal items** (excluding medically related items and a fan) **will be transferred to a 30”x 40” laundry bag. Whatever doesn’t fit must be sent home – so make sure your ride stays until you have been checked-in.** (You will be given a large, heavy-duty, plastic trash bag to use when packing to leave the program.)

Complying with the volume restriction should not be overly difficult taking into consideration that all bedding and a bath towel are provided by the program, and coin-op laundry machines are available for use during your stay. Remember, **if you should have too much, you will be required to send home the extras.** Please refer to the separate “Admissions Information” handout for specifics on what clients may and may not bring. **The back page of this handout also has some packing hints.**

(over)

2. Tobacco-Free Policy: Use of all tobacco products (cigarettes, cigars, chewing tobacco, snuff, etc.) is prohibited by anyone while on the premises. Additionally, the program prohibits all clients from bringing any tobacco products, lighters or matches into the program. Anyone found in violation of this policy will be discharged. Please inform any persons accompanying you on admission day that they will not be allowed to smoke while on the premises. This includes while they are waiting in the parking area, even if inside their vehicle.

3. Prohibition of All Electronic Communications and/or Entertainment Devices, Including Cell Phones and Computers: In order to focus attention on program content and encourage positive interaction amongst participants, clients are not permitted to bring in any devices of this nature. The list of prohibited items includes cell phones, pagers, PDA's (Blackberry-type devices,) laptops, TV's, DVD players, radios, electronic games and music players of any kind such as iPods or other mp3 players, CD players, tape players and other similar items. In order to protect client privacy, **cameras are not permitted.**

4. Over-the-Counter Medications, Vitamins and Nutritional Supplements Policy:

- **OTC Medications:** The DUIL Program makes available a number of common over-the-counter medications to meet the occasional needs of its clients. The "Admissions Information" handout contains a list of these items. If, after reviewing this list, you determine that there are **other OTC medications which you may require that are not listed or if you use any OTC medications on a regular (daily) basis, you may bring them with you.** In order to do so, however, **you must provide a doctor's note** at the time of admission which specifies those

items the doctor indicates are appropriate for you. A doctor's note is also required should your approved dosage of any OTC medication not be in accordance with package directions.

- **Vitamins/Nutritional Supplements:** Clients wishing to bring **any type of vitamin or dietary / nutritional supplement** to the DUI Program must present at the time of admission **a note signed by a medical doctor** listing all vitamins or supplements which the doctor indicates are appropriate for the client to bring to the program.
- **All OTC's, Vitamins and Nutritional Supplements must be in their original, factory-sealed containers.** All such items, including the doctor's note, must be packed together (preferably in a zip-lock bag) and placed where they will be readily accessible at check-in. **Clients who bring any type of over-the-counter medication, vitamin or supplement without a doctor's note or in a previously opened container will have the option of either:**
 - Sending the items home with their ride.**
 - or**
 - Discarding the items prior to admission.****Those not wishing to do either will not be admitted to the program.**
- A client may opt to obtain a doctor's note post-admission and have any listed OTC's, vitamins or supplements mailed to them while attending the program.

Over for "Packing Hints"

To Help Avoid Problems At Check-In Follow These Packing Tips

- ✓ **Remember, No Regular Luggage is permitted.** You must bring your belongings in a disposable bag such as a plastic trash bag. Should you arrive with a suitcase or similar item, you will be required to transfer your possessions to a plastic bag before entering the building. To avoid this quite possibly, unpleasant experience in the parking lot, don't bring luggage.
- ✓ **Pack only the amount of comfortable, casual clothing you really need for 5 to 7 days.** Plan to do laundry once or twice while here. Tee shirts, sweat shirts, jeans, shorts, casual shirts, sweaters and slacks work well here. You are likely to feel overdressed in a three-piece suit or nice dress and high heels. In cooler weather, wear your heaviest clothes (jacket, boots, etc.) and pack the lighter ones. To help avoid the possibility of losing small items, it is suggested that you limit your jewelry to the basics, the items you will be wearing most of the time.
- ✓ When loading your bag, place your **shower shoes and any other shoes** in the bottom. You should not need a large wardrobe of shoes, one or two extra pairs should be sufficient.
- ✓ If you bring any books or magazines, place them in the bottom as well. You will have some, but not a lot, of time to read. Limit reading material to one or two items.
- ✓ **Clothing** should be folded neatly and stacked in the bag.
- ✓ Gather all **toiletries** together and place them inside one or two plastic zip-lock bags, or perhaps in a plastic supermarket bag. Place this on top of your clothing.
- ✓ Do the same for any **medications**, prescription or over-the-counter, and keep your doctor's note(s) with them.
- ✓ The zip-lock bag technique also works well for managing such things as pens, paper, notebooks, stamps and other small items.

***A Special Note:
For Women Entering
The Middlesex DUI Program***

The DUI Program recognizes that women entering the program often face special or unique challenges not faced by their male counterparts. Leaving homes and loved ones for fourteen days can also be a particularly stressful prospect. To begin addressing these needs and, hopefully, to help reduce the general admissions related stress, the **DUI Program schedules all female clients** (usually 20% to 25% of attendees) **for admission on Sunday morning**, with male clients coming in the afternoon. **Please consult your admission letter for your individual appointment time.**

Being on time for your admission appointment is very important, as **there is a special program scheduled in the afternoon, just for women.** While the men are being admitted, you will be getting settled in your room, getting together with other clients (usually a group of 12 to 18 women) over lunch in the cafeteria and later participating in these afternoon activities. There will also be time to get acquainted with each other before the general programming begins on Sunday evening.

If something should arise which prevents you from being on time for your admission appointment, it is important that you call us at 978-863-0048 and let us know your expected arrival time.

Middlesex DUIL Program

Admission Information For Clients Entering the 14 Day Residential Program

The information contained in this packet is designed to introduce new clients, their families and friends to the Middlesex DUIL Program. Our objective is both to help the incoming client be better prepared on Admission Day and to provide those at home with a general understanding of the program. Specifically, this packet should:

- ① tell you what the program is and what it is not,
- ① provide information you will need in preparing to attend the program,
- ① acquaint you with life at DUIL - what you can expect from the program, and what the program will expect from you.

Please take the time to review these materials carefully.

Middlesex DUIL Program
P.O. Box 149
Tewksbury, MA 01876
978-863-0048 (phone) 978-863-9914 (fax)
www.mhsainc.org

Middlesex DUI Program Admission Information

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I. The Basics

The Middlesex DUI Program:

What It Is

- The DUI Program, located in Tewksbury, Massachusetts, is a fourteen day, residential program for men and women who have been convicted of a second offense for driving under the influence of liquor (or other substances).
- The DUI Program is a court mandated program. Clients who come here do so under court order as an alternative to incarceration.
- The DUI Program is a program whose objective is to help clients to explore their substance use issues to prevent future problems through its education, counseling and referral services.
- The DUI Program is a program of Middlesex Human Service Agency, Inc., located in Waltham, Massachusetts.
- The DUI Program is a **Tobacco-Free Program**.

What It Is NOT

- **The DUI Program is NOT a detox facility.** When reporting for admission, **you are required to have been free of alcohol and/or drugs for a minimum of 72 hours.** Clients who are in need of detox services should seek them before entering the program.
- **The DUI Program is NOT a medical facility. We do not provide medical treatment of any kind.** Clients who need medical attention will be sent or referred to appropriate facilities off premises, such transportation and treatment being at their own expense. We do not provide medications – clients must bring their own medications and related supplies with them.
- **The DUI Program is NOT a state agency.** Although the program is licensed by the state and contracts with the state to provide second offender services, it is not run by the state. It is part of a private non-profit organization. Clients make payment directly to the DUI Program to help cover the cost of their attendance. These payments are not part of their court costs or other court imposed fines.
- **The DUI Program is NOT part of the Tewksbury State Hospital.** Like a number of other organizations, the DUI Program occupies one of many buildings on the grounds of the Tewksbury Hospital complex. We are not part of the state hospital; we only occupy one of its buildings.

II. Admission Process

The DUIL Program admits clients every other **Sunday**. **Each client is assigned a specific time when he or she is to report. Your appointment time is listed on the cover letter included with this information packet.** Arriving on time (not excessively early or late) helps to keep the admission process flowing smoothly and reduces time spent in waiting lines.

You will need to **arrange for someone to drive you to the DUIL Program**. Under no circumstances may you drive yourself here. In making your arrangements, keep in mind that **your driver needs to remain in the area until you have completed the admission process** (generally in the one to three hour range.) **Not all clients** who report **are admitted to the program**. If for some reason (medical, financial or behavioral) you are not admitted, **your driver must be available to take you home**. If you come by public transportation, make sure you have a way of returning home in the event you are not admitted.

Drivers, or others accompanying you, normally are not permitted to enter the DUIL building (other than to use the restrooms by the entrance.) There are two exceptions to this rule:

- ⑩ Clients who may have difficulty with English (spoken or written) are encouraged to bring someone with them who can help them through check-in, provided this person is at least eighteen years old. Children are not permitted in the building.
- ⑩ If someone else is using his or her credit card to make your admission payment, staff will call that person into the payment office when you reach that stage of the intake processing.

As mentioned above, **your driver needs to remain in the area while you are being processed in case there are any problems**. They may wait outside (in nice weather) or in their vehicles or perhaps visit a nearby restaurant (there are many) while you are being checked in. Just make sure they are reachable by phone if needed.

At your appointment time, you should **report with your belongings to the admission entrance in the rear of the building on the lower level**. A staff member is generally available in this area to direct you and answer questions. **You will need to have the following items/materials easily accessible:**

Your completed paperwork	All medications, prescription and over the counter
Your means of making any payment due	Any other medically related items
A form of positive identification	Doctor's notes for all medications, related items
Your medical insurance card, if any	Emergency contact information

A blue or black pen

During the check-in process, **you will be asked to take a breathalyser test.** Should you fail the test (the program has a zero tolerance in this regard) or refuse to be tested, you will not be admitted. You will also be **completing the admissions questionnaire and visiting the financial office** to make any payment due.

A **brief medical evaluation which includes checking your temperature and blood pressure** is also part of the admission process. The program is not able to admit clients with excessively high blood pressure; **to help avoid unnecessary problems** in this regard **clients are strongly advised to limit their intake of caffeine and nicotine the day of admission. Keep coffee, sodas and tobacco products to a minimum; avoid “energy drinks” entirely.**

Once you have successfully completed the financial and medical steps, you will have an opportunity to go outside and say good-bye to your driver. Afterward, a staff member will thoroughly search your belongings **for prohibited items (see page 11).** **Should any be found, they will be thrown away.** After this process is completed, you will be escorted to your room to unpack and get settled.

Please note that on Admission Sunday, lunch is served only for those clients whose Scheduled Admission Time is Prior to 12:00 Noon. Everyone, of course, receives an evening meal. If you are scheduled for an afternoon admission, make sure to eat lunch or a very hearty breakfast before reporting for check-in. Do not bring any food or beverages into the building with you. Should you do so, they will be discarded. (Vending machines are available for snacks.)

III. Payment Information

The payment arrangements you agreed to with the court are detailed in the Admission Letter included with this information packet. If you originally chose to use the payment plan option, you may, of course, elect to make full payment at the time of admission. Doing so will allow you to receive your completion paperwork more quickly. **Those on payment plans will be asked to sign a Contractual Payment Agreement stating that payments will be made. Refusal to sign the agreement will result in the client being refused admission to the program.**

The DUIL Program accepts money orders, bank checks and credit cards (Visa, MasterCard and Discover). **We do not accept cash, personal checks, business**

checks or credit card account checks. Please plan accordingly. We also do not accept third party payments from insurance companies or flexible spending accounts. Few, if any, plans cover court mandated programs such as this.

The DUI Program will provide you with the paperwork necessary to obtain a new driver's license only when you have completed payment of all charges due the Program. Your probation generally will not be terminated while there is a balance remaining on your DUI account. Should you be discharged from the program for disciplinary reasons, you will be responsible for payment based on the current daily rate for the length of your stay.

IV. Tobacco Free / Non-Smoking Policy

If you are a smoker or regularly use any other type of tobacco product, it is important for you to know that the use of all tobacco products (cigarettes, cigars, chewing tobacco, snuff, etc.) is prohibited by anyone while on the premises. As clients normally are not permitted to leave facility grounds during their stay, this means that you will not be able to smoke or use other tobacco products during the fourteen days you are here. To facilitate compliance with this policy, **you will not be permitted to bring tobacco products, matches or lighters with you when you enter the program.** Anyone found in violation of this policy will be discharged.

We also request that you inform any persons accompanying you on admission day that they will not be allowed to smoke while on the premises. This includes while they are waiting in the parking area, even if inside their vehicle.

We recognize that for many people tobacco cessation is neither a quick nor easy undertaking. We also do not advocate that anyone just try to stop smoking the day they enter our program. If you currently smoke or use other tobacco products, we strongly recommend that you consult your personal health care provider to discuss what options (nicotine patch, various prescription medications, etc.) may be best suited to your individual situation. Web sites such as www.makesmokinghistory.org can provide you with additional resources and information to aid in your planning process.

DUI Program policy regarding various nicotine cessation aids is as follows:

- ⑩ **Nicotine patch** – may only be used with a note from your health care provider, as “the patch” may not be suitable for persons with certain health considerations.

- ⑩ **Nicotine lozenges** – may be used at any time in accordance with package instructions; doctor's note not required.
- ⑩ **Nicotine gum** – no gum of any kind is permitted.
- ⑩ **Electronic cigarettes** and **nicotine cartridge inhalation systems** - are not permitted.

V. Medications and Other Medically Related Policies

Many people who attend the DUIL Program have been prescribed medications by their medical practitioners and/or are dealing with significant medical issues. **It is extremely important that all clients read this section carefully and comply with all applicable instructions to avoid problems (including the possibility of refusal) on admission day.**

A. Prescription and Over-the-Counter (OTC) Medications

You will need a **note from your doctor or other medical practitioner** for any **prescription medications** that you are currently taking. The note should be on the practitioner's letterhead and signed by him or her. This note must specify the **name of the medicine and the dosage** (when or how often and how much.) It need not say why you are taking the medication. This note should be **dated no more than 30 days prior to your scheduled admission date**. If changes have been made to your medications more recently than that, the note must reflect these changes. If you have medications prescribed by different practitioners, you will need a note from each of them covering those medications which they have prescribed.

You may bring your note(s) with you on the day of admission or ask your doctor's office to fax them directly to us (978-863-9914). If you choose the second option, please check with us before noon on the Thursday prior to your admission to verify they have been received.

Diabetics must bring their own testing supplies. These should be listed on the medications note.

Anyone who has ever been prescribed an **EpiPen for severe allergic reactions**, as is common for bee stings or some food allergies, must bring one with them. (Be sure to check that it hasn't expired.) It should also be documented on a medications note.

If you have recently stopped a prescription medication, please provide a doctor's note indicating that you had his/her clearance to do so.

If you **routinely take any Over The Counter (OTC) medications, you will need them listed on your doctor's note** as well. Should your medically approved dosage of any OTC medication not be in accordance with package directions, this also must be specified in your medications note. The program does make a few common OTC medications such as acetaminophen, ibuprofen and antacids, available to clients for their occasional use. However, if you anticipate needing any OTC several times while at DUIL, you will need to have it

documented on a doctor's note and to bring it with you as explained below.

You must **bring a 14 day supply** of each of the medications listed on your doctor's note(s). [Exception: Viagra or similar – do not bring!] If you are unable to do so, such as is sometimes the case due to insurance restrictions, you must have the ability to obtain the necessary refill(s) in a timely manner. That is, you must have a refill remaining on your current prescription and be financially able to obtain it. There will also need to be a workable way of getting the medication to you at DUII.

All prescription medications must be in their original containers with your name on them and be dated consistent with prescribed usage. **Over the counter medications should be in factory-sealed, unopened containers.** Daily reminder containers, with compartments for each day's medications, are not permitted.

B. Vitamins and Nutritional Supplements

Clients wishing to bring **any type of vitamin or dietary / nutritional supplement** to the DUII Program must provide **a note signed by a medical practitioner** listing all vitamins or supplements which he/she indicates are appropriate for the client to bring to the program. No client will be permitted to bring in any vitamins or supplements which have not been so documented either in a note presented at the time of admission or faxed to the program prior to that time. All such items must be in their **original, factory-sealed containers**.

C. Other Medical Devices, Equipment, etc.

If you have any medical devices or equipment that you use on a regular basis to function comfortably or maintain your health, it is important that you bring them with you. These items, however, **must be listed on your doctor's note**. It is also a good idea to call the program several days before your scheduled admission to let us know. Some examples would include:

- ⑩ A cane, crutches, walker or wheelchair. Please note that those unable to safely go up/down stairs need to use a much longer route when going between floors and may find a wheelchair preferable to their usual mobility device.
- ⑩ A CPAP machine; oxygen tanks/equipment. If needed, arrangements can easily be made to have oxygen supplies delivered to the program.
- ⑩ A heating pad. Staff will need to check that it is in safe condition.

If you have a medical condition which requires multiple pillows to sleep at night, you will need this specified in a medical note, but do not bring them

yourself. The program will provide them.

D. Medical Clearance

If you have previously been refused admission to, or discharged from, the program for medical reasons or if you have any condition(s) which might be adversely affected by the stress of attending the program, you will be required to provide a note from your health care provider, on or before admission, stating that you have **medical clearance** to attend the DUI Program. Such conditions would include, but are not limited to:

- ⑩ Having a history of strokes or seizures.
- ⑩ Having heart or breathing problems.
- ⑩ Having been hospitalized recently for any reason or having received emergency room treatment within the past 10 days.
- ⑩ Currently being pregnant.
- ⑩ Having uncontrolled high blood pressure.

With regard to **excessively high blood pressure**, all clients should be aware that this is **the most common reason for persons being refused admission to the program**. If you have had blood pressure issues in the past, or even if you aren't aware of having any, before coming to DUI, it might be a good time to see your doctor and have your blood pressure checked. If you do have a history of abnormally low or uncontrolled high blood pressure, your medical clearance note should specify the range your doctor would consider to be "normal" or acceptable for you.

E. Reasonable Accommodation for Medical Conditions/Needs

If you have any medical conditions which may limit your ability to participate in DUI programming or may require special arrangements, please call the DUI office to discuss your individual situation. We will need a note from your doctor detailing your needs at least one week prior to your admission date. This will allow our staff time to assess how (whether) the requested accommodations may be managed within the scope of the program. Examples of situations which should be brought to our attention include:

- ⑩ Inability to sit for prolonged periods of time or to remain awake from 6:30 am until 10:30 pm each day.
- ⑩ Medically necessary dietary requirements – including special needs for diabetics or those who have had gastric bypass surgery.
- ⑩ Hearing or vision impairments.

- ⑩ Need for monitoring or treatment of medical conditions which would be necessary during your 14 day stay at DUIL.

VI. Dress Code / Clothing Guidelines

When packing to attend the DUIL Program you will need to bring **casual clothing adequate for 5 to 7 days** (laundry facilities are available).

Clothing should be comfortable, modest and loose fitting, and adhere to the following guidelines:

- ⑩ All clothing must be **clean and free of holes** – no torn jeans (or similar) are permitted.
- ⑩ Clothing worn on the top half of the body (t-shirts, sweatshirts, etc.) may have writing or graphics on it. However, such items must not display anything promoting alcohol, drugs, tobacco or gambling, anything which is racist or sexual in nature, or anything which is obscene or relates to gang affiliation or gang culture.
- ⑩ Clothing worn on the lower half of the body shall be free from slogans/graphics.
- ⑩ Excessively tight, revealing, sheer or transparent clothing is prohibited. Excessively baggy clothing is also prohibited.
- ⑩ Tank tops, halter tops, tube tops and muscle shirts are not allowed. Clothing that reveals the midriff or excessively exposes the back or neckline is not allowed. Undergarments should not be visible or exposed in any manner.
- ⑩ Sleeveless clothing is not permitted.
- ⑩ With the exception of undergarments, spandex or spandex type clothing is not allowed.
- ⑩ **Shorts, dresses, and skirts may not fall more than 2 inches above the knee when the person is seated.**
- ⑩ Clients must have both upper and lower body covered whenever leaving their bed rooms, including when going to the restrooms. Therefore, bringing a bathrobe is strongly recommended.

Footwear:

- ⑩ Clients must wear approved footwear whenever they leave their rooms.
- ⑩ Footwear should be comfortable, low-heeled (2 inch maximum) and cover the back of the foot. A totally closed shoe like a running/walking style shoe is preferred. Sandals are acceptable provided they have a strap which goes around the heel to hold them tightly to the foot.
- ⑩ Flip-flop style shoes may only be worn when coming/going to take a shower. Big, fuzzy slippers are not permitted.
- ⑩ Boots may be worn only from October 15 through April 15 and must be below the knee.

Jewelry:

- ⑩ No jewelry other than that which is being worn at the time of admission is allowed.
- ⑩ Jewelry is limited as follows:

No more than 2 rings	Earrings (or similar)
1 watch or bracelet	Stud type only
1 necklace, chain or pendant	No hoop jewelry permitted

Miscellaneous:

- ⑩ **Tattoos:** If you have tattoos which violate DUIL's graphics rules for shirts (see above), you will be asked to keep them covered. Be sure you have long sleeved shirts and pants to do so.
- ⑩ **Sunglasses, hats, hoods or other head coverings** may be worn when clients are outdoors, but are not to be worn inside the DUIL building. Clients requesting a waiver of this rule for medical or religious reasons must provide documentation acceptable to the program on or before their admission date.
- ⑩ If you would like to use the program's exercise equipment or go on group walks during recreation time, you should plan to pack suitable clothing and footwear. Please keep in mind, however, that **all above listed clothing rules apply to exercise clothing as well.**

VII. Personal Care Items, Cosmetics; Fragrance Free Policy

Clients are expected to bring all of their necessary personal care items such as shampoo, bath soap, toothbrush and toothpaste, deodorant, comb/brush and shaving kit with them, subject to the following restrictions:

⑩ DO NOT BRING:

- **Any liquid product containing alcohol**, such as mouth wash, perfume, cologne or cough syrup; any other product where alcohol is a primary ingredient.
- Anything packaged in an **aerosol can**.
- Anything **scented or with a strong fragrance**; the program maintains a strict fragrance free policy in an effort to help reduce allergic reactions.
- Scissors or nail files.

⑩ Packaging:

- All toiletries must be in their **original, factory-sealed** containers. No open items are allowed.
- All toiletries should be in **small sized containers** adequate for a 14 day period. No large, economy

sized packaging.

⑩ Policies regarding cosmetics:

- While the program does not totally prohibit clients from bringing in cosmetics, the amounts and types are very limited.
- Nail polish and remover as well as false eyelashes and adhesives are not allowed.
- No liquid make-up; no loose powder.
- **All make-up must be in original, factory-sealed /unopened packaging.**
- **Only one of any particular type of allowable make-up is permitted.**
- **The following types of products are allowed. If it is not listed below, do not bring it.**

Mascara

Pressed powder

Eye shadow palette

Lip stick or lip gloss

Eye liner

Some suggestions and guidelines regarding personal care items that may be helpful are listed below:

- ⑩ Shaving kits – disposable and electric razors are permitted.
- ⑩ Hair dryers, curling and straightening irons (in good working order) are permitted.
- ⑩ Nail clippers and emery boards are permitted.
- ⑩ Remember to pack tampons/sanitary napkins if there is any possibility you may need them.

VIII. Packing Guidelines: No “Regular Luggage” Policy; Prohibited and Suggested Items

Just as airlines restrict the size and number of bags a passenger may have, the DUIL Program **restricts the volume of clothing and personal items a client may bring**. It also requires that everything be **packed following specific guidelines**.

NO “REGULAR LUGGAGE” IS PERMITTED TO ENTER THE BUILDING.

- ⑩ **All possessions** (other than medical devices and a fan) **must be packed in a disposable container, such as a plastic trash bag** or a duffel which you are willing to discard. They will be transferred to, and must fit into, a 30”x 40” laundry bag.
- ⑩ You must be able to carry your bag yourself, unless you have a medical note stating you are

unable to do so.

- ⑩ A purse/handbag, (washable material, no larger than 12" x 12") for money and other personal items is also permitted.
- ⑩ You will be given a large, heavy-duty, plastic bag to use when packing to leave the program.

<i>Clients are prohibited from bringing the following into the DUI Program:</i>

- ⑩ **Luggage of any type.** Your clothing and other personal items must be packed in accordance with the instructions listed above.
- ⑩ **Tobacco products of any type such as** cigarettes, chewing tobacco, snuff or snus; matches or cigarette lighters.
- ⑩ Any electronic / battery operated devices which store data or may be used to transmit, play or receive information including, but not limited to:

Cell phones	Cameras	DVD players
Computers / laptops	PDA's	CD players
MP3 players (iPod's, etc.)	Radios	Electronic games
Tablets (iPad's, e-readers, etc.)	TV's	Two-way radios

- ⑩ Other electronic / battery operated devices such as:

Electric irons	Space heaters	Lighting of any type
Electric blankets	Electronic massage devices	
Air conditioners	Vibrators	

Any other electrical or battery operated devices not specifically stated elsewhere in this brochure to be permitted.

- ⑩ **Food or beverages of any kind**, including candy, gum, diet drinks and dietary supplements (without a doctor's authorization).
- ⑩ **Any liquid product containing alcohol**, such as mouth wash, perfume, cologne or cough syrup; any other product where alcohol is a primary ingredient.
- ⑩ Anything packaged in an **aerosol can**.
- ⑩ Any controlled substances, prescription or over-the-counter medications, vitamins or nutritional supplements for which you do not have a doctor's note. Pregnancy tests.
- ⑩ **Weapons of any type**, real or toy, or any sharp or pointed objects, such as scissors, nail files, sewing needles, knitting needles or knives.
- ⑩ **Bedding** of any type including pillows, blankets, sheets and bed spreads; Large **bath towels**. (You will be provided with a pillow and pillowcase, a blanket and sheets for your bed, as well as a bath towel.)
- ⑩ Laundry detergent.
- ⑩ **Work or school related books, papers or other materials**; books, magazines, pictures, literature or **materials of any kind which promote alcohol, drug or tobacco use, or that are sexually oriented**

- ⑩ Musical instruments, sports equipment or toys, including stuffed animals.
- ⑩ **A car or other motor vehicle.** *If you drive here and attempt to leave your vehicle, it will be towed at your expense.*
- ⑩ Any items noted in other sections of this brochure as not being permitted.



Make Sure to Bring With You



- ⑩ **Comfortable, casual clothing** adequate for five to seven days, in accordance with the DUIL Dress Code outlined in section VI.
- ⑩ **Personal care items** as discussed in Section VII.
- ⑩ All **medications**, prescription and over-the-counter, that you take, any other medical devices used and **your doctor's note** regarding all of these.
- ⑩ **Your admission forms** (enclosed with this packet) which have been fully completed.
- ⑩ A form of positive **identification**, your **medical insurance card** (if any), and any **payment due the program**. Keep all of these on your person.
- ⑩ Reading glasses, if you normally use them.
- ⑩ One or more **notebooks** and several **pens**, preferably blue.
- ⑩ **You should also plan to bring some money with you.** While there is not a lot to spend money on at the DUIL Program, you will want to have some with you for a number of possible reasons:
 - ⑩ To buy detergent and use the coin-op laundry facilities.
 - ⑩ To use the vending machines and pay phones.
 - ⑩ To pay for a cab to and from a medical facility, as well as to purchase medications, should you have a minor illness or medical problem.

The amount you bring will depend on your individual circumstances, but between \$50.00 and \$100.00 works well for most people. It should be mostly in small bills, plus a roll or two of quarters. Remember, you will be in an institutional setting; there are no locks on the doors. Plan to keep any cash on your person.



Other Items You May Find Useful



- ⑩ An electric or battery operated **alarm clock** or a watch which has an alarm. (Do not bring a clock radio.)
- ⑩ A **small electric fan**. Client rooms are not air conditioned and can be hot at any time of year. Make sure it is not the type that also has a small heater as heaters aren't permitted.
- ⑩ A water bottle. Just make sure it is made from clear plastic and is empty.

- ⑩ Stamps, stationery and envelopes.
- ⑩ Face clothes and hand towels. A large bath towel is provided.
- ⑩ Something to read, but no more than two magazines or books, as long as the subject matter is program appropriate. Some clients do find spiritual, religious or self-help subjects most welcome.

IX. Daily Routine

The DUIL client's day begins at 6:30 am with a morning wake-up by staff and ends with lights out at 10:30 pm. Each day provides for a structured schedule of activities. During your stay at DUIL, you will attend a variety of classes and group processing sessions as well as have one-on-one assessment and referral sessions with your individual counselor. Participation in these activities is required. Attendance is taken, and you must arrive on time. Each evening you will be attending a self-help meeting such as AA or NA.

All clients stay in dormitory style rooms, most of which are doubles, with a small three drawer dresser for each client's belongings. Some rooms have bunk beds, while others have individual, twin beds. Care is taken to assign clients to accommodations appropriate to their physical needs.

The DUIL Program provides clients with three cafeteria style meals each day, but you may not take anything out of the cafeteria to eat later. No food or beverages are permitted in your room, with the exception of bottled water, which is allowed throughout the building. Vending machines, located in the basement recreation area, are stocked with a variety of snacks, sodas and bottled water. You may also refill water bottles in the cafeteria.

Time is provided for supervised recreational activities such as group walks, games and craft projects. No one is required to participate in any specific recreational activity, but clients are encouraged to take advantage of these opportunities. A variety of exercise equipment is available for clients to use during designated time periods. These include weight and workout machines, exercise bikes and a ping pong table.

There is also free time to read or write letters in your room or just to sit around and talk with other clients in the common room on your unit. You should be aware, however, that very little time is set aside for watching TV.

Clients are responsible for keeping common areas, bathrooms, hallways, classrooms and the cafeteria, as well as their own rooms, neat and clean. Times are set aside each day for doing chores, and each client is assigned daily tasks to perform while at DUIL. Performing assigned chores is part of attending the program. When you check-in, you may be asked if you would like to volunteer to help out in the kitchen (serve and clean-up.) When deciding if you would like to do so, be aware that you will

need to get up early (at 5:30 am) on each day you are working there.

X. Other Useful Info Including Mail & Pay Phones

Mail: You may have friends or family write to you, using the following address:
“Your Name”
Middlesex DUI Program
P.O. Box 149
Tewksbury, MA 01876

Incoming mail is distributed to clients in late afternoon, outgoing mail is collected after lunch. If you plan to send out mail, you will need to bring stamps and writing materials with you. Stamps are not available to purchase at DUI. You may also receive packages (via US Mail only) mailed to the above address should you find there is something you forgot to bring. Please be aware, however, that all packages will be searched in your presence.

Phones: Although cell phones are not permitted at DUI, a number of pay phones are available for client use. If you expect to make calls, you are strongly advised to **bring a calling card. You will not be able to receive incoming calls.**

Messages: The DUI administrative offices are **not able to take messages for clients** due to issues of client confidentiality. If anyone calls the DUI office with a message for you, the person will be told that due to federal regulations regarding client confidentiality we cannot confirm whether you are in fact at the DUI Program. Please make family and friends aware of this policy.

Visitors: **Clients are not permitted to have visitors** while attending the DUI Program. Additionally, **do not ask someone to come by and drop off something for you.** This is not allowed.

Laundry: Coin operated washers and dryers are available for your use while at DUI. You should plan to use them once or twice during your stay in order to keep the amount of clothing you bring within program guidelines. Single load boxes of laundry detergent may be purchased on site; **do not bring your own detergent.**

XI. Discharge Information

Clients who successfully complete the fourteen day DUIL Program are discharged on the Sunday morning two weeks after their admission. Discharge time is between 8:00 and 10:00 AM. Please ask your ride to arrive during that time period. No one will be allowed to leave before 8:00 AM.

To Help Avoid Problems At Check-In Follow These Packing Tips

Remember, No Regular Luggage is permitted. You must bring your belongings in a disposable bag such as a plastic trash bag. Should you arrive with a suitcase or similar item, you will be required to transfer your possessions to a plastic bag before entering the building. To avoid this quite possibly unpleasant experience in the parking lot, don't bring luggage.

Pack only the amount of comfortable, casual clothing you really need for 5 to 7 days. Plan to do laundry once or twice while here. Tee shirts, sweat shirts, jeans, capris, Bermuda shorts, casual shirts, sweaters and slacks work well here. You are likely to feel overdressed in a three-piece suit or nice dress. In cooler weather, wear your heaviest clothes (jacket, boots, etc.) and pack the lighter ones.

When loading your bag, place your **shower shoes and any other shoes** in the bottom. You should not need a large wardrobe of shoes, one or two extra pairs should be sufficient.

If you bring any books or magazines, place them in the bottom as well. You will have some, but not a lot, of time to read. Limit reading material to one or two items.

Clothing should be folded neatly and stacked in the bag.

Gather all **toiletries** together and place them inside one or two plastic zip-lock bags, or perhaps in a plastic supermarket bag. Place this on top of your clothing.

Do the same for any **medications**, prescription or over-the-counter, and keep your doctor's note(s) with them.

The zip-lock bag technique also works well for managing such things as pens, paper, notebooks, stamps and other small items.

DIRECTIONS

Middlesex DUIL Program

978-863-0048

The Middlesex DUIL Program is located in **Hall 3** on the grounds of the Tewksbury State Hospital complex, just off Route 38 in Tewksbury, Massachusetts, about 25 miles north of Boston and just south of Lowell. The program's building is easily reached from all of the area's major highways – Routes 3, 93, 128 and 495. Those coming from western areas will generally find it easiest to take either Rt. 90 (Mass Pike) or Rt. 2 east to connect with Rt. 495. The entrance for those being admitted is located on the basement level toward the rear of the building. There is normally ample parking in the lot (Lot E) nearest this entrance.

From Rt. 128

- ⑩ Take Rt. 128 to I 93 North and follow the directions below from I 93.

From I 93

- ⑩ **Take Exit 42 – the Dascomb Road Exit** – off I 93. **If southbound**, turn left at the end of the ramp and then right at the first traffic light onto Dascomb Road. **If northbound**, turn left at the end of the ramp onto Dascomb Road. Follow it for approximately 3 miles. It will change to East Street along the way.
- ⑩ **After passing the Little League fields on your right, continue to the first traffic light.** At the light, turn **left onto Chandler Street**; after .3 miles turn **left at the sign for “Tewksbury State Hospital / Tewksbury Public Library.”**
- ⑩ **Drive about .3 miles**, passing the library parking lot, through an open area then over a large speed bump. **At the intersection after the speed bump, turn right** into Parking Lot E which is beside Hall 3 (the DUIL building.)

From Rt. 3

- ⑩ At the intersection of Routes 3 and 495, take Rt. 495 North (see below).

From Rt. 495 (either direction)

- ⑩ **Take Exit 38 (Route 38).** **At the end of the ramp, turn left** and follow Rt. 38 about 2.7 miles. Ignoring all signs for Tewksbury Hospital along the way, proceed through 5 sets of traffic lights.
- ⑩ **At the sixth set of lights**, a Petroil gas station will be on your left. Make a sharp **left onto Chandler Street and take an immediate right at the sign for “Tewksbury State Hospital / Tewksbury Public Library.”**
- ⑩ **Drive about .3 miles**, passing the library parking lot, through an open area then over a large speed bump. **At the intersection after the speed bump, turn right** into Parking Lot E which is beside Hall 3 (the DUIL building.)

Via Public Transportation

- ⑩ Take the MBTA train to Lowell from North Station in Boston.
- ⑩ Take a taxi from the Lowell station to the DUIL Program (cab fare should be \$20.00 - \$25.00). You will be approaching from Rt. 38; use the above directions to help your driver locate the building.

A Note For GPS Users

Because the DUIL Program is located on the campus of the Tewksbury State Hospital, it does not have a unique street address which can be used by a GPS system. Using **300 Chandler Street**, the address of the Tewksbury Town Library, as your destination is probably the best alternative. Then follow the directions given above from the library.

Prescription Medications and Over the Counter (OTC) Medicines

Your Name: _____

On the chart below, please record the name of each medication you are currently taking, the dosage and frequency, and any special instructions (e.g., with food, before meals, etc.)

[illegible]

Medication List (cont.)

Your Name: _____

Date: _____

[illegible]

Confidential Client Info

Instructions: Please answer **all** of the following questions (front and back of pages) as accurately as possible.
Do not leave any answers blank. Please print, using **blue** ink.

Date Form Completed: _____

Legal

Name: _____
(first) (middle) (last) (suffix such as Sr., Jr, III)

Date of birth: _____
(mm/dd/yyyy)

Address: _____
(street/mailling, include apt. or unit number, if applicable)

(city/town) (state) (zip code)

SS#: _____

Probation officer: _____

Court: _____

Check all that apply: Male _____ Female _____ Transgender _____ Pregnant _____ Veteran _____
If pregnant: How far along: _____ Any difficulties we should know about: _____
If a veteran: Branch of service: _____ Dates of service: _____ Type of discharge: _____

Circle highest grade you completed in school.

6 7 8 9 10 11 12 13 14 15 16 17 18+

Did you graduate from high school? Yes No **If No, do you have a GED:** Yes No

Do you have a college degree? Yes No **If Yes, name of school:** _____

Are you Spanish/Hispanic/Latino? Yes No **If Yes, country/area:** _____

If No, what is your ancestry or Ethnicity? _____

(such as, African, American, Brazilian, Cambodian, European, Japanese, Korean, Portuguese, Russian, Vietnamese, etc.)

Check your race: White _____ Black _____ Asian _____ Hispanic _____ American Indian _____ Other _____

Check your primary language: English _____ Spanish _____ Portuguese _____ Other _____

Your annual income: _____ **Source:** (such as wages, unemployment, child support, disability, Social Security, etc.) _____

Are you employed? Yes No **If Yes:** Full Time or Part Time What do you do? _____

How many days did you work in the past month? _____

If No: Retired? Yes No **Homemaker?** Yes No **Student?** Yes No

Unable to work due to a disability? Yes No **If Yes, explain:** _____

Do you consider yourself to be unemployed? Yes No **If Yes, are you looking for work?** Yes No

Marital Status: Married _____ Separated _____ Divorced _____ Widowed _____ Significant Partner Relationship _____ Never Married _____

Do you consider yourself to be? Heterosexual _____ Gay/Lesbian _____ Bisexual _____ Other _____

Number of adults in household? _____ **Number of children under 19 in household?** _____

Do you have children? Yes No **If Yes:** How old are they? _____

Do any of your children have Native American heritage? Yes No

Are you the primary caregiver for any children? Yes No

Where do you usually live? (check appropriate response) House/Apartment _____ Room/Boarding or Sober House _____
Institution _____ Group home/treatment _____ Shelter/Mission _____ On the Streets _____

Who do you live with? (check all that apply) Alone _____ Child under 6 _____ Child 6-18 _____ Child over 18 _____
Spouse _____ Significant other _____ Parents _____ Other relative _____ Roommate/friend _____

Confidential Client Info**Client Name:** _____**Date Form Completed:** _____

Do you have health insurance coverage? (check all that apply) None _____ Medicaid _____ MassHealth _____
 Insurance through employment or individually, with no state subsidy: Private HMO _____ Private Insurance _____
 Medicare _____ Other (includes state subsidy) _____ Insurance Company Name: _____

Use of mobility aid? None _____ Crutches _____ Walker _____ Manual Wheelchair _____ Electric Wheelchair _____

Do you have any vision impairment? None _____ Slight (corrected by glasses/contacts) _____
 Moderate ("legally blind", minimal vision) _____ Severe (no usable vision) _____

Do you have any hearing impairment? None _____ Slight (corrected by hearing aid) _____
 Moderate (hard of hearing with hearing aid) _____ Severe (profound deafness) _____

Do you have any self care/ ADL impairment? Yes No **If yes, explain:** _____

Have you ever received treatment for a mental health problem? (check appropriate response)

- _____ I have no prior mental health problems.
 _____ I have not received any treatment, but think I might have a problem.
 _____ I have received counseling for a mental health problem.
 _____ I have been hospitalized for a mental health problem.
 _____ I have been hospitalized more than once for a mental health problem.

Are you currently taking any medications that were prescribed for mental or emotional problems? Yes No

Have you taken any such medication in the past 12 months? Yes No

Have you discontinued any such medication in the past 12 months? Yes No

If yes, what and how recently: _____

Are you currently taking any medications that were prescribed for physical problems? Yes No

Have you taken any such medication in the past 12 months? Yes No

Have you discontinued any such medication in the past 12 months? Yes No

If yes, what and how recently: _____

Have you ever entered into any substance abuse treatment? (check all that apply)

_____ Detox	# times? _____	When & where? _____
_____ Residential	# times? _____	When & where? _____
_____ Outpatient	# times? _____	When & where? _____
_____ Opioid / Methadone	# times? _____	When & where? _____
_____ Drunk Driver	# times? _____	When & where? _____
_____ Section 35	# times? _____	When & where? _____
_____ Other	# times? _____	When & where? _____

Have you ever gambled? Yes No

If Yes Age when made first bet: _____ When did you make your last bet? _____

How often do you engage in betting / gambling activities? _____

Have you ever thought or been told that you might have a problem with gambling? Yes No

Check all types of last regular gambling

_____ Lottery - Scratch Tickets	_____ Lottery - Keno	_____ Lottery - Numbers Games	_____ Slot Machines
_____ Casino Games	_____ Card Games	_____ Sports Betting	_____ Bingo
_____ Dog/Horse Tracks, Jai Alai	_____ Internet Gambling	_____ Stock Market (Options, Day Trading, etc.)	

Confidential Client Info**Client Name:** _____**Date Form Completed:** _____**Have you ever used tobacco?** Yes No**If Yes** Age when first used: _____ How long ago was your last use? _____**If currently using or used in past 3 months**

What form (cigarettes, cigars, etc.)? _____

Are you interested in stopping tobacco use? No _____ Yes, within 6 months _____ Yes, within 30 days _____

What preparations, if any, have you made to comply with the DUIL Program's Tobacco-Free Policy? _____

If currently smoking cigarettes, number of cigarettes (not packs) smoked per day: _____**Do you currently receive assistance or compensation from any state agencies?** Yes No**If yes, check applicable agencies**

_____ DCF: Dept. Children & Families

_____ DYS: Dept. Youth Services

_____ MPB: Parole

_____ OCP: Probation

_____ DMH: Dept. Mental Health

_____ DDS: Dept. Developmental Services

_____ DPH: Dept. Public Health (e.g., WIC, HIV, not substance abuse)

_____ DTA: Dept. Transitional Assistance (includes food stamps)

_____ DMA: MassHealth

_____ MRC: Mass Rehabilitation Commission

_____ MCB: Mass Commission for the Blind

_____ MCDHH: Mass Commission for the Deaf & Hard of Hearing

_____ Other State Agency _____

Date of this DUI arrest: _____ **Did you take a breathalyzer?** Yes No **Results?** _____**Number of DUI arrests, lifetime:** _____**List dates of all DUI arrests, even if found not guilty:** _____**Number of DUI convictions, lifetime:** _____ **Number of DUI convictions, past 10 years:** _____**Have you ever been arrested for any reason other than DUI?** Yes No**If Yes** **Number of other arrests:** _____ **Number of other convictions:** _____**Have you been arrested for any reason in the past 30 days?** Yes No**If Yes** **Details:** _____**Are you currently subject to any form of electronic monitoring?** Yes No**If Yes** **Details:** _____

Confidential Client Info - Substance History

Client Name: _____

Date Form Completed: _____

For prescription medications which you have used only as they were prescribed for you, answer "No".

For All "Yes" Answers, Indicate:

Have Used?
Yes No

Age When
First Used

How Long Since
Last Use?

How Often
Used?
(use codes below)

Alcohol	For "Age" question. enter age of first intoxication.					
Cocaine						
Crack						
Marijuana / Hashish						
Heroin						
Prescribed Opiates (misuse of medications that were prescribed for you)						
Non-prescribed Opiates (use of medications which were not prescribed for you)						
PCP						
Other Hallucinogens						
Methamphetamine						
Other Amphetamines						
Other Stimulants						
Benzodiazepines						
Other Tranquilizers						
Barbituates						
Other Sedatives / Hypnotics						
Inhalants						
Over the Counter						
Club Drugs						
Other (list/explain below)*						

*

Which of the substances you have used do you consider to be your primary substance? _____

Secondary substance? _____

Tertiary substance? _____

Other Substance-related Questions

Needle use? ____ Never OR

How long since last use? _____

Overdose History ____ Never OR

How many times in your lifetime? ____ In the last year? ____

Are you currently prescribed / taking:

Suboxone

Yes

☐

No

☐**Methadone**

Yes

☐

No

☐Please use these **codes** to answer the "How Often Used" question.**2** = 1 - 3 times per month**3** = 1 - 3 times per week**1** = Less than once per month**4** = 3 - 6 times per week**5** = Daily

Client Health Assessment**Name:** _____
(please print)**Date form completed:** _____**Please answer the following questions (front and back of page) as accurately as possible.**

- | | | | |
|----|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|----------|
| 1 | Have you ever had a problem with your heart, either currently or in the past?
If yes, please explain. | Yes | No |
| 2 | Have you ever had a problem with high blood pressure, either currently or in the past?
If yes, please explain. | Yes | No |
| 3 | Do you have difficulty breathing such as shortness of breath, emphysema or bronchitis?
If yes, please explain. | Yes | No |
| 4 | Have you ever suffered from dizziness or fainting spells? If yes, please explain. | Yes | No |
| 5 | Have you ever been told you have a problem with your liver or pancreas?
If yes, please explain. | Yes | No |
| 6 | Have you ever suffered from withdrawal symptoms (e.g., sweating, headaches, nausea, shaking)?
If yes, please explain. | Yes | No |
| 7 | Have you ever suffered a seizure? If yes, please explain.

If yes, was it alcohol related? | Yes
Yes | No
No |
| 8 | Have you ever been diagnosed with anxiety or depression? If yes, please explain. | Yes | No |
| 9 | Do you think you may suffer from anxiety or depression? If yes, please explain. | Yes | No |
| 10 | Have you ever been diagnosed with any psychological problems? If yes, please explain. | Yes | No |
| 11 | Do you or have you ever had thoughts of suicide? If yes, please explain. | Yes | No |
| 12 | Have you ever attempted suicide? If yes, please explain. | Yes | No |
| 13 | Are you currently seeing a psychiatrist, psychologist or counselor?
If yes, please list name(s), reason for seeing them and length of time you have been seeing them. | Yes | No |
| 14 | Have you seen a psychiatrist, psychologist or counselor in the past?
If yes, please list name(s), reason for seeing them and length of time you saw them. | Yes | No |
| 15 | Have you ever suffered from any type of head trauma? If yes, please explain. | Yes | No |
| 16 | Do you have any learning disabilities? If yes, please explain. | Yes | No |
| 17 | Do you have any type of eating disorder? If yes, please explain. | Yes | No |

[over]

Client Health Assessment

Name: _____ **Date form completed:** _____
(please print)

- | | | | | |
|----|--------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------|-----|----|
| 18 | Do you have any problem with your teeth? | If yes, please explain. | Yes | No |
| 19 | Have you ever had any type of major surgery? | If yes, please explain. | Yes | No |
| 20 | Have you been hospitalized recently for either physical or psychiatric reasons?
If yes, please list date(s) and reason(s). | | Yes | No |
| 21 | Do you have a regular or primary care physician? | If yes, please list name and phone number. | Yes | No |
| | When was the last time you saw a doctor? | Please list date and reason. | | |
| 22 | Do you have any other medical or psychological problems we should know about?
If yes, please explain. | | Yes | No |
| 23 | Do you have any medical or psychological problems that you feel would keep you from completing the fourteen day DUIL program? If, yes, please explain. | | Yes | No |
| 24 | Please write anything else that you feel is important for your counselor to know about you that might be relevant to your treatment at DUIL. | | | |
| 25 | Are you actively involved in aftercare? | If yes, please list where and for how long. | Yes | No |

For Women Only

- | | | | |
|---|-------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|
| 1 | Do you have any problems with your menstrual cycle (such as irregular or heavy bleeding, missed periods or significant pain)? If yes, please explain. | Yes | No |
| 2 | Have you had a hysterectomy? If yes, please list when and your age at the time. | Yes | No |

Family & Alcohol

- 1 Who raised you? If parents were divorced, how old were you?
- 2 How many brothers and sisters do you have?
- 3 Is there anyone in your family who has abused alcohol and/or drugs?
- 4 When was your heaviest period of drinking? List ages, how often and how much.
(e.g., Age 25 - 35, 6 to 10 beers, 3 to 5 times per week.)
- 5 Describe your most current drinking pattern - how much and how often. What do you drink?
- 6 Has there ever been a period in your adult life when you did not drink?
 If yes, when and for how long? Yes No
- 7 When was your last drink? What and how much did you drink?

signature of client

date

Middlesex DUIL Program

**Smoking / Tobacco Use
Survey**

Your Name: _____

Date: _____

Have you smoked or used any other tobacco products in the past 3 months?

Yes

☐

No

☐

If, No - Stop Here, Survey is Complete.

If, Yes - Please Answer The Following.

Cigarette Use

None

☐

Less than 1/2 pack per day

☐

1/2 to 1 pack per day

☐

More than 1 pack per day

☐

When did you most recently smoke a cigarette?

Other Tobacco Products Which You Normally Use - What and How Often?

If Any List Below:

None

☐

What preparations, if any, have you made to comply with the DUIL Program's Tobacco-Free Policy?
