



# NC-TOPPS

## ADATC Aftercare Follow-Up Interview

**\*\*Use this form for backup only. Enter data into web-based system. (<https://nctopps.ncdmh.net/adatc.htm>)**

**9. For dosage level of Methadone greater than zero:**  
**Please describe the last methadone dosing:**

Induction → (skip to 10)

Stabilization → (skip to 10)

Taper → (answer b)

b. If 'Taper', is the methadone withdrawal voluntary or administrative?

Voluntary     Administrative

**15. If you have a current prescription for psychotropic medications, how often have you taken this medication as prescribed?**

No prescription

All or most of the time

Sometimes

Rarely or never

Deferred

**10. Did this consumer receive or was expected to receive buprenorphine (mono or combo products, such as Subutex, Zubsolv, Suboxone, Probuphine, etc.) treatment?**

Yes → (answer b and c)     No → (skip to 12)

b. If 'Yes', how was the buprenorphine administered?

Oral (tablets or film)     Implant

c. If 'Yes', what was the last buprenorphine dosage in the 60 days prior to this aftercare follow-up?

mg (enter zero, if none and skip to 12)

**16. Are you currently receiving any of the following treatment in your community for the following? (mark all that apply)**

Substance Abuse

Mental Health

Not receiving SA or MH treatment

**11. For dosage level of Buprenorphine greater than zero:**  
**Please describe the last buprenorphine dosing:**

Induction → (skip to 12)

Stabilization → (skip to 12)

Taper → (answer b)

b. If 'Taper', is the buprenorphine withdrawal voluntary or administrative?

Voluntary     Administrative

**17. What barriers, if any, are preventing you from attending outpatient services? (mark all that apply)**

No barriers to attending outpatient treatment

Active mental health symptoms (anxiety or fear, agoraphobia, paranoia, hallucinations)

Active substance abuse symptoms (addiction, relapse)

Physical health problems

Family or guardian issues (controlling spouse/partner, family illness, child/elder care, domestic violence, family cooperation)

Issues with treatment being offered (availability of appropriate services, type of treatment wanted by consumer not available, engagement issues, service locations, etc. )

Cost or financial reasons

Stigma/Embarrassment

Treatment/Authorization access issues (insurance problems, red tape, etc.)

Language or communication issues (foreign language issues, lack of interpreter, etc.)

Legal reasons (arrest, incarceration)

Transportation issues/Distance to provider

Scheduling issues (potential work conflicts, appointment times not working with schedule)

Lack of stable housing

NA (not receiving outpatient services)

**12. Did this consumer receive or was expected to receive naltrexone (such as Revia, Vivitrol, etc.) treatment?**

Yes → (answer b and c)     No → (skip to 14)

b. If 'Yes', how was the naltrexone administered?

Oral     Injectable

c. If 'Yes', what was the last naltrexone dosage in the 60 days prior to this aftercare follow-up?

mg (enter zero, if none and skip to 14)

**13. For dosage level of Naltrexone greater than zero:**  
**Please describe the last naltrexone dosing:**

Induction → (skip to 14)

Stabilization → (skip to 14)

Taper → (answer b)

b. If 'Taper', is the naltrexone withdrawal voluntary or administrative?

Voluntary     Administrative

**14. Since leaving treatment, how many times have you been arrested for any offense including DWI? (enter zero, if none)**

Deferred

**18. Comments/Notes:**

**Enter data into web-based system:**

**<https://nctopps.ncdmh.net/adatc.htm>**

**Do not mail this form**