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)								
Clinician First Initial & Last N	ame							
Please provide the following information about the ndividual: 6. Since leaving treatment, where have you lived most of the time? (mark only one)								
Consumer Record Number (HEARTS #)	Homeless (n							
	Homeless (li			h others)	1			
	In your own home/apartment							
First three letters of consumer's last name:	☐ In family or friend's home/apartment							
(If female, use consumer's maiden name)	Therapeutic Community (TC)							
· · · · · · · · · · · · · · · · · ·	☐ Public Facilit							
First letter of consumer's first name:	Threate reality/institution							
Date of Birth:	Halfway House							
	Group Home	.						
	=	Residential Treatment Center						
Gender Assigned at Birth:		Correctional Facility Oxford House CASAWORKS						
☐ Male ☐ Female	☐ Oxford House ☐ CASAWORKS							
County of Residence:	☐ CASP							
•								
1. Were you able to contact the individual by telephone or								
in-person to complete this interview?	7. Since leaving treatment, which of the following substances have you used?							
☐ Yes ☐ No —> (answer only questions 2 and 3)	Substa	Pas	Past Month - Frequency of Use					
2. Date(s) contact attempted:	0.0000000000000000000000000000000000000		1 43	1-3 times 1-2 times 3-6 times				
			Not Used	monthly	weekly	weekly	Daily	
	Tobacco/va (any tobacco/vap		s)					
	Heavy a (>=5(4) drin	alcohol use ks per sittin	g) 🔲					
2. This dividual was not able to be contacted by telembons	Less than heav	y alcohol us	se 🔲					
3. If individual was not able to be contacted by telephone or in-person, Comments - reason not contacted:	Marijuana o	r hashish us	e 🔲					
· ,	Cocaine	e or crack us	ie 🔲					
4. Since leaving treatment, what best describes your	Cocame							
employment status? (mark only one)		Heroin us	e					
☐ Full-time work (working 35 hours or more a week)		Fentanyl us	e 🔲					
☐ Part-time work (working less than 35 hours a week)	Other or	oiates/opioio	ls 🔲					
Unemployed (seeking work or on layoff from a job)	Other Drug Hee							
☐ Not in labor force (not seeking work)	Other Drug Use			ΙШ			ш	
□ Deferred	(enter code fro)					
5. Since leaving treatment, how often have you participated in	5=Non-prescription Methadone					57=Spice		
a. positive community/leisure activities?	7=PCP 8=Other Hallucinogen			15=Other Sedative or Hypnotic			58=Other Prescription Meds	
Never	9=Methamphetamine		16=Inha	16=Inhalant 59=GHB/GBL				
☐ A few times	10=Other Amphe 11=Other Stimula	ethamphetamine 16=Inhalant 59=GHB/GB Other Amphetamine 17=Over-the-Counter 60=Dilantin Other Stimulant 22=OxyContin (Oxycodone) 61=Cannabi						
☐ More than a few times	12=Benzodiazepine		29=MDN	29=MDMA (Ecstasy)				
☐ Deferred	.3=Other Tranquilizer 46=Ketamine B. Did this consumer receive or was expected to receive							
b. recovery-related support or self-help groups?	methadone tr	nethadone treatment?						
□ Never	☐ Yes -> (answer b) ☐ No -> (skip to 10)							
A few times		b. If 'Yes', what was the last methadone dosage in the 60 days prior to this aftercare follow-up?						
☐ More than a few times			nter zero,	if none a	and skin	to 10)		
Deferred		mg	2010,		SKIP			

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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: 15. If you have a current prescription for psychotropic Please describe the last methadone dosing: medications, how often have you taken this medication as prescribed? \square Induction \rightarrow (skip to 10) ■ No prescription \square Stabilization \rightarrow (skip to 10) ☐ All or most of the time \square Taper -> (answer b) ☐ Sometimes b. If 'Taper', is the methadone withdrawal voluntary or □ Rarely or never administrative? □ Deferred ☐ Voluntary ☐ Administrative 16. Are you currently receiving any of the following treatment in 10. Did this consumer receive or was expected to receive your community for the following? (mark all that apply) buprenorphine (mono or combo products, such as Subutex, ☐ Substance Abuse Zubsolv, Suboxone, Probuphine, etc.) treatment? ■ Mental Health \square Yes -> (answer b and c) \square No -> (skip to 12) ☐ Not receiving SA or MH treatment b. If 'Yes', how was the buprenorphine administered? ☐ Oral (tablets or film) ☐ Implant 17. What barriers, if any, are preventing you from attending outpatient services? (mark all that apply) c. If 'Yes', what was the last buprenorphine dosage in the 60 days prior to this aftercare follow-up? No barriers to attending outpatient treatment Active mental health symptoms (anxiety or fear, agoraphobia, mg (enter zero, if none and skip to 12) paranoia, hallucinations) 11. For dosage level of Buprenorphine greater than zero: ☐ Active substance abuse symptoms (addiction, relapse) Please describe the last buprenorphine dosing: ☐ Physical health problems \square Induction \rightarrow (skip to 12) Family or guardian issues (controlling spouse/partner, family illness, \square Stabilization \rightarrow (skip to 12) child/elder care, domestic violence, family cooperation) \square Taper -> (answer b) b. If 'Taper', is the buprenorphine withdrawal voluntary or Issues with treatment being offered (availability of appropriate administrative? services, type of treatment wanted by consumer not available, engagement issues, service locations, etc.) ■ Voluntary ☐ Administrative 12. Did this consumer receive or was expected to receive Cost or financial reasons naltrexone (such as Revia, Vivitrol, etc.) treatment? ☐ Stigma/Embarrassment \square Yes -> (answer b and c) \square No -> (skip to 14) Treatment/Authorization access issues (insurance problems, red b. If 'Yes', how was the naltrexone administered? tape, etc.) ☐ Oral ☐ Injectable Language or communication issues (foreign language issues, lack of c. If 'Yes', what was the last naltrexone dosage in the 60 days prior to this aftercare follow-up? interpreter, etc.) (enter zero, if none and skip to 14) ☐ Legal reasons (arrest, incarceration) ☐ Transportation issues/Distance to provider 13. For dosage level of Naltrexone greater than zero: Scheduling issues (potential work conflicts, appointment times not Please describe the last naltrexone dosing: working with schedule) ☐ Induction → (skip to 14) Lack of stable housing ☐ Stabilization —> (skip to 14) \square Taper -> (answer b) NA (not receiving outpatient services) b. If 'Taper', is the naltrexone withdrawal voluntary or 18. Comments/Notes: administrative? ☐ Voluntary ☐ Administrative 14. Since leaving treatment, how many times have you been arrested for any offense including **DWI? (enter zero, if none) □ Deferred **Enter data into web-based system:** https://nctopps.ncdmh.net/adatc.htm

Do not mail this form