

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 Name

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Please provide the following information about the individual:

Consumer Record Number (HEARTS #)

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First three letters of consumer's last name:
(If female, use consumer's maiden name)

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First letter of consumer's first name:

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Date of Birth:

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Gender Assigned at Birth:

☐ Male ☐ Female

County of Residence: _____

1. Were you able to contact the individual by telephone or in-person to complete this interview?

☐ Yes ☐ No → (answer only questions 2 and 3)

2. Date(s) contact attempted:

3. If individual was not able to be contacted by telephone or in-person, Comments - reason not contacted:

4. Since leaving treatment, what best describes your employment status? (mark only one)

- ☐ Full-time work (working 35 hours or more a week)
- ☐ Part-time work (working less than 35 hours a week)
- ☐ Unemployed (seeking work or on layoff from a job)
- ☐ Not in labor force (not seeking work)
- ☐ Deferred

5. Since leaving treatment, how often have you participated in ...

a. positive community/leisure activities?

- ☐ Never
- ☐ A few times
- ☐ More than a few times
- ☐ Deferred

b. recovery-related support or self-help groups?

- ☐ Never
- ☐ A few times
- ☐ More than a few times
- ☐ Deferred

6. Since leaving treatment, where have you lived most of the time? (mark only one)

- ☐ Homeless (no fixed address)
- ☐ Homeless (living temporarily with others)
- ☐ In your own home/apartment
- ☐ In family or friend's home/apartment
- ☐ Therapeutic Community (TC)
- ☐ Public Facility/Institution
- ☐ Private Facility/Institution
- ☐ Halfway House
- ☐ Group Home
- ☐ Residential Treatment Center
- ☐ Correctional Facility
- ☐ Oxford House
- ☐ CASAWORKS
- ☐ CASP
- ☐ Other ☐ Deferred

7. Since leaving treatment, which of the following substances have you used? ☐ Deferred

Substance	Past Month - Frequency of Use				
	Not Used	1-3 times monthly	1-2 times weekly	3-6 times weekly	Daily
Tobacco/vaping use (any tobacco/vaping products)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Heavy alcohol use (≥5(4) drinks per sitting)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Less than heavy alcohol use	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Marijuana or hashish use	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cocaine or crack use	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Heroin use	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fentanyl use	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other opiates/opioids	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other Drug Use <input style="width: 40px;" type="text"/> (enter code from list below)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Other Drug Codes

- | | | |
|------------------------------|-------------------------------|----------------------------|
| 5=Non-prescription Methadone | 14=Barbiturate | 57=Spice |
| 7=PCP | 15=Other Sedative or Hypnotic | 58=Other Prescription Meds |
| 8=Other Hallucinogen | 16=Inhalant | 59=GHB/GBL |
| 9=Methamphetamine | 17=Over-the-Counter | 60=Dilantin |
| 10=Other Amphetamine | 22=OxyContin (Oxycodone) | 61=Cannabinoids |
| 11=Other Stimulant | 29=MDMA (Ecstasy) | |
| 12=Benzodiazepine | 46=Ketamine | |
| 13=Other Tranquilizer | | |

8. Did this consumer receive or was expected to receive methadone treatment?

☐ Yes → (answer b) ☐ No → (skip to 10)

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

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mg

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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

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

- ☐ Yes → (answer b and c) ☐ No → (skip to 12)
- b. If 'Yes', how was the buprenorphine administered?
- ☐ Oral (tablets or film) ☐ Injection
- 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)

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

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

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

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

- ☐ Substance Use Disorder
- ☐ Mental Health
- ☐ Not receiving SUD or MH treatment

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 use disorder 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)

18. Comments/Notes:

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