NC-TOPPS
ADATC Initial Interview

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Clinician First Initial & Last Name

Please provide the following information about the individual:

Consumer Record Number (HEARTS #)

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

First letter of consumer's first name:

Date of Birth ___ / ___ / ___

County of Residence: _____

Gender Assigned at Birth:

☐ Male ☐ Female

1. Type of Admission:

☐ Crisis
☐ Inpatient Treatment

2. Voluntary or Involuntary Admission:

☐ Voluntary SA
☐ Involuntary SA

3. Date of Admission ___ / ___ / ___

4. Referral Source: *(mark all that apply)*

☐ DSS
☐ Behavioral Health Provider
☐ Tailored Plan
☐ MD/Family Medicine
☐ Methadone
☐ Opioid Based Outpatient Treatment
☐ Mobile Crisis
☐ OB-GYN
☐ Private Hospital
☐ Probation and Parole
☐ Self-Referral/Walk-In
☐ State Agency

5. Please select the appropriate disability category for which the individual will be receiving services and supports: *(mark only one)*

☐ Substance Abuse
☐ Mental Health/Substance Abuse

6. Please indicate the referral ICD-10-CM diagnosis code(s) for this individual: *(See Attachment I)*

7. Are you currently serving or have you ever served on active duty in the U.S. Armed Forces, National Guard or Military Reserves?

☐ Yes –> *(answer b)*
☐ No –> *(skip to 8)*

b. During your military service, did you experience any traumatic event(s)?

☐ Yes
☐ No

8. Special Populations *(mark all that apply)*

☐ Criminal Justice
☐ HIV
☐ Homeless
☐ Injection Drug Use (IDU)
☐ Methadone
☐ Mom with child (WBJ only)
☐ Pregnant
☐ SSI/SSDI
☐ TBI
☐ None of the above

9. Please indicate your Primary (required), Secondary (if applicable), and Tertiary (if applicable) substance problems by entering a "1" for Primary, "2" for Secondary, and "3" for Tertiary.

☐ Alcohol	☐ Marijuana/ hashish	☐ Cocaine/Crack	☐ Methamphetamine	☐ Heroin
☐ Fentanyl	☐ Other Opiates/ Opioids	☐ Non-Prescription Methadone	☐ PCP-Phencyclidine	☐ Other Hallucinogen
☐ Other Amphetamine	☐ Other Stimulant	☐ Benzodiazepine	☐ Other Non-Benzodiazepine Tranquilizer	☐ Barbiturate
☐ Other Non-Barbiturate Sedative or Hypnotic	☐ Inhalant	☐ Over-the-Counter	☐ Oxycodone (OxyContin, Percocet, Percodan)	☐ MDMA (Ecstasy)
☐ Other Prescription Med	☐ Spice	☐ Dilantin	☐ GHB/GBL	☐ Ketamine
☐ Cannabinoids, Delta THC/Other Synthetic	☐ Other Drug			

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10. Please mark the frequency of use for each substance in the past 12 months and past month.

Substance	Past 12 Months - Frequency of Use					Past Month - Frequency of Use				
	Not Used	1-3 times monthly or less	1-2 times weekly	3-6 times weekly	Daily	Not Used	1-3 times monthly or less	1-2 times weekly	3-6 times weekly	Daily
Tobacco/vaping use *(any tobacco/vaping products)*	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Heavy alcohol use *(>=5(4) drinks per sitting)*	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Less than heavy alcohol use	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Marijuana or hashish use	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Cocaine or crack use	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Heroin use	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Fentanyl use	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Other opiates/opioids use	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Other drug use ☐☐ (enter code from list below)	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐

Other Drug Codes

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

11. Is this consumer receiving or expected to receive methadone treatment?

☐ Yes –> *(answer b)* ☐ No –> *(skip to 12)*

b. What is the current methadone dosage?

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

c. For dosage level of Methadone greater than zero:
Please describe the current methadone dosing:

☐ Induction
☐ Stabilization
☐ Taper

12. Is this consumer receiving or expected to receive buprenorphine (mono or combo products, such as Subutex, Zubsolv, Suboxone, Probuphine, etc.) treatment?

☐ Yes –> *(answer b and c)* ☐ No –> *(skip to 13)*

b. How will the buprenorphine be administered?

☐ Oral (tablets or film)
☐ Implant

c. What is the current buprenorphine dosage?

☐☐☐ mg *(enter zero, if none and skip to 13)*

d. For dosage level of Buprenorphine greater than zero:
Please describe the current buprenorphine dosing/phase of care:

☐ Induction
☐ Stabilization
☐ Taper

13. Is this consumer receiving or expected to receive naltrexone (such as Revia, Vivitrol, etc.) treatment?

☐ Yes –> *(answer b and c)* ☐ No –> *(skip to 14)*

b. How will the naltrexone be administered?

☐ Oral ☐ Injectable

c. What is the current naltrexone dosage?

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

d. For dosage level of Naltrexone greater than zero:
Please describe the current naltrexone dosing/phase of care:

☐ Induction
☐ Stabilization
☐ Taper

14. Are you of Hispanic, Latino, or Spanish origin?

☐ Yes –> *(answer b)*
☐ No –> *(skip to 15)*

b. *If* 'Yes', please specify origin:

☐ Hispanic, Mexican American
☐ Hispanic, Puerto Rican
☐ Hispanic, Cuban
☐ Hispanic, Other

15. Which of these groups best describes you?

☐ African American/Black
☐ White/Anglo/Caucasian
☐ Multiracial
☐ American Indian/Native American
☐ Alaska Native
☐ Asian
☐ Pacific Islander
☐ Other

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16. Do you consider yourself to be transgender?
- ☐ Yes, Transgender, male-to-female
- ☐ Yes, Transgender, female-to-male
- ☐ Yes, Transgender, gender non-conforming
- ☐ No
- ☐ Don't know/Not sure
- ☐ Deferred

17. What is the highest grade you completed or degree you received in school?
- ☐ Grade 1
- ☐ Grade 2
- ☐ Grade 3
- ☐ Grade 4
- ☐ Grade 5
- ☐ Grade 6
- ☐ Grade 7
- ☐ Grade 8
- ☐ Grade 9
- ☐ Grade10
- ☐ Grade 11
- ☐ Grade 12 (no diploma)
- ☐ High School diploma/GED
- ☐ Some college or technical school
- ☐ 2-year college/assoc. degree
- ☐ 4-year college degree
- ☐ Graduate work, no degree
- ☐ Professional degree or more

18. What best describes your employment status in the past year? *(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)

19. Where were you living prior to admission? *(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

20. How well have you been doing in the following areas of your life in the past year?

	Excellent	Good	Fair	Poor
a. Emotional well-being	☐	☐	☐	☐
b. Physical health	☐	☐	☐	☐
c. Relationships with family or significant others	☐	☐	☐	☐

21. To what extent do you need services to help...

	Not at all	Some what	A great deal	NA
a. Decrease your drug use	☐	☐	☐	☐
b. Decrease your alcohol use	☐	☐	☐	☐
c. Decrease your tobacco use	☐	☐	☐	☐
d. Identify goals for your recovery	☐	☐	☐	☐
e. Decrease suicidal thoughts	☐	☐	☐	☐
f. Decrease homicidal thoughts	☐	☐	☐	☐
g. Manage your other mental health symptoms	☐	☐	☐	☐
h. Deal with your history of trauma or abuse	☐	☐	☐	☐
i. Improve your physical health	☐	☐	☐	☐
j. Obtain medical care	☐	☐	☐	☐
k. Obtain outpatient treatment in your community	☐	☐	☐	☐
l. Encourage your participation in self-help group(s)	☐	☐	☐	☐
m. Improve relationships with your family and friends	☐	☐	☐	☐
n. Improve your housing or living situation	☐	☐	☐	☐
o. Obtain transportation services	☐	☐	☐	☐
p. Increase the quality of your life	☐	☐	☐	☐
q. Increase your hope for the future	☐	☐	☐	☐
r. Gain control over your life	☐	☐	☐	☐

22. Have you *ever* had a prescription for psychotropic medications?
- ☐ Yes –> *(answer b and c)*
- ☐ No –> *(skip to 23)*

b. How recently have you had a prescription for psychotropic medications?
- ☐ I had a prescription 1-3 months ago
- ☐ I had a prescription 3-6 months ago
- ☐ I had a prescription 6-12 months ago
- ☐ I had a prescription more than a year ago

c. Do you feel that your prescription medications help(ed) you?
- ☐ Yes
- ☐ No

23. Have you ever used medications, prescribed to you by a physician, in any manner and/or amount other than the way they were prescribed on the label?
- ☐ Yes –> *(answer b)*
- ☐ No –> *(skip to 24)*

b. What kind of medications have you misused? *(mark all that apply)*
- ☐ Anxiety medications (ativan, valium, klonopin, xanax)
- ☐ Pain medications/Opiates (tramadol, ultram, morphine, codeine, hydrocodone, oxycodone, methadone, fentanyl)
- ☐ Other

24. Have you ever taken someone else's prescription?
- ☐ Yes
- ☐ No
- ☐ Deferred

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25. Have you given/sold your prescription(s) to others?
- ☐ Yes
- ☐ No
- ☐ Deferred

26. In the past month, how would you describe your mental health symptoms?
- ☐ Extremely Severe
- ☐ Severe
- ☐ Moderate
- ☐ Mild
- ☐ Not present

27. Are you interested in having someone talk with you about Nicotine Replacement Therapy (NRT)?
- ☐ Yes
- ☐ No
- ☐ NA (non-smoker)

28. In the past 3 months, how often did you participate in recovery-related support or self-help groups?
- ☐ Never
- ☐ A few times
- ☐ More than a few times

29. Have you ever experienced childhood sexual abuse?
- ☐ Yes
- ☐ No
- ☐ Deferred

30. Have you ever experienced…?
- ☐ Physical abuse –> *(answer b)*
- ☐ Emotional/verbal abuse –> *(answer b)*
- ☐ Sexual abuse –> *(answer b)*
- ☐ None of the above –> *(skip to 31)*
- ☐ Deferred –> *(skip to 31)*

b. *If 'Physical abuse', Emotional/verbal abuse', and/or 'Sexual abuse',* when was the most recent time this occurred?
- ☐ Within the past 3 months
- ☐ Within the past year
- ☐ Within the past 5 years
- ☐ More than 5 years ago

31. In your lifetime, have you tried to hurt yourself or cause yourself pain on purpose (such as cut, burned, or bruised self)?
- ☐ Never
- ☐ A few times
- ☐ More than a few times

32. In your lifetime, have you had thoughts of suicide?
- ☐ Never
- ☐ A few times
- ☐ More than a few times

33. In your lifetime, have you attempted suicide?
- ☐ Never –> *(skip to 34)*
- ☐ A few times –> *(answer b)*
- ☐ More than a few times –> *(answer b)*

b. *If 'A few times' or 'More than a few times',* when did your most recent suicide attempt(s) occur? *(mark only one)*
- ☐ Within the past 3 days
- ☐ Within the past week
- ☐ More than a week ago

34. At the moment, do you have a plan to kill yourself?
- ☐ Yes
- ☐ No

35. In your lifetime, have you had thoughts of killing someone?
- ☐ Never –> *(skip to 36)*
- ☐ A few times –> *(answer b)*
- ☐ More than a few times –> *(answer b)*

b. *If 'A few times' or 'More than a few times',* when did the most recent thoughts of killing someone occur? *(mark only one)*
- ☐ Within the past 3 days
- ☐ Within the past week
- ☐ More than a week ago

36. At the moment, do you have a plan to kill someone?
- ☐ Yes
- ☐ No

37. <u>Females only</u>: Are you currently pregnant?
- ☐ Yes
- ☐ No
- ☐ Unsure

38. Do you have children under the age of 18?
- ☐ Yes
- ☐ No

39. Was your admission to treatment required by Child Welfare Services of DSS?
- ☐ Yes
- ☐ No

40. In your lifetime, have you been arrested for any offense including DWI?
- ☐ Yes –> *(answer b and c)*
- ☐ No –> *(skip to 42)*

b. *If 'Yes',* how many times have you been arrested for a misdemeanor offense including DWI? ☐☐

c. *If 'Yes',* how many times have you been arrested for a felony offense? ☐☐

41. In the past month, have you been arrested for any offense including DWI?
- ☐ Yes –> *(answer b and c)*
- ☐ No –> *(skip to 42)*

b. *If 'Yes',* in the past month, how many times have you been arrested for a misdemeanor offense including DWI? ☐☐

c. *If 'Yes',* in the past month, how many times have you been arrested for a felony offense? ☐☐

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42. Are you currently under any type of correctional/legal supervision?

☐ Yes –> *(answer b)*

☐ No –> *(End of Interview)*

b. *If 'Yes',* what type of correctional/legal supervision are you currently under? *(mark all that apply)*

☐ Probation

☐ Pending court date

☐ Jail post-discharge

☐ Other

Enter data into web-based system:

https://nctopps.ncdmh.net/adatc.htm

Do not mail this form

Attachment I:
ICD-10-CM Diagnosis Codes

Neurodevelopmental Disorders

- ☐ Learning Disorders (F81.0, F81.2, F81.81, F81.89)
- ☐ Communication Disorders (F80.81, F80.89, F80.9)
- ☐ Intellectual Disabilities (F70, F71, F72, F73, F79, F88)
- ☐ Motor and Tic Disorders (F82, F95.0, F95.1, F95.2, F95.9, F98.4)
- ☐ Autism Spectrum Disorder (F84.0)
- ☐ Attention-Deficit/Hyperactivity Disorder (F90.0, F90.1, F90.2, F90.9)
- ☐ Other Neurodevelopmental Disorders (F81.9, F88, F89)

Substance-Related and Addictive Disorders

- ☐ Alcohol-Related Disorders (F10.10, F10.20)
- ☐ (Other) Drug-Related Disorders (F11.10, F11.20, F12.10, F12.20, F13.10, F13.20, F14.10, F14.20, F15.10, F15.20, F16.10, F16.20, F18.10, F19.20)
- ☐ Gambling Disorder (F63.0)

Schizophrenia Spectrum and Other Psychotic Disorders

- ☐ Schizophrenia and Other Psychotic Disorders (F06.0, F06.1, F06.2, F20.81, F20.9, F22, F23, F25.9, F29)

Bipolar and Related Disorders

- ☐ Bipolar I Disorder (F31.10, F31.11, F31.12, F31.13, F31.30, F31.31, F31.32, F31.4, F31.5, F31.73, F31.74, F31.75, F31.76, F31.9)
- ☐ Bipolar II Disorder (F31.81)
- ☐ Cyclothymic Disorder (F34.0)

Depressive Disorders

- ☐ Major Depressive Disorder (F32.0, F32.1, F32.2, F32.3, F32.4, F32.5, F32.9, F33.0, F33.1, F33.2, F33.3, F33.41, F33.42, F33.9)
- ☐ Persistent Depressive Disorder (Dysthymia) (F34.1)
- ☐ Other Depressive Disorders (F32.9, F34.8, N94.3)

Anxiety Disorders

- ☐ Anxiety Disorders (F40.02, F40.10, F40.218, F40.240, F40.241, F40.8, F41.0, F41.1, F41.8, F41.9, F91.2, F93.0)

Obsessive-Compulsive and Related Disorders

- ☐ Obsessive-Compulsive and Other Related Disorders (F42, F45.21, F45.22, F63.3, F63.89, L98.1)

Trauma- and Stressor-Related Disorders

- ☐ Posttraumatic Stress Disorder (PTSD) (F43.10, F43.12)
- ☐ Adjustment Disorders (F43.21, F43.22, F43.23, F43.24, F43.25)
- ☐ Other Trauma- and Stressor-Related Disorders (F43.0, F43.20, F43.8, F93.8, F94.1, F98.8)

Dissociative Disorders

- ☐ Dissociative disorders (F44.0, F44.1, F44.81, F44.9, F48.1)

Disruptive, Impulse-Control, and Conduct Disorders

- ☐ Conduct Disorder (F91.1, F91.2, F91.8)
- ☐ Oppositional Defiant Disorder (F91.3)
- ☐ Impulse Control Disorders (F63.1, F63.2, F63.81)
- ☐ Other Disruptive Behavior Disorders (F91.8, F91.9)

Gender Dysphoria Disorders

- ☐ Gender Dysphoria Disorders (F64.1, F64.2)

Neurocognitive Disorders

- ☐ Delirium Disorders (F05, F19.921, R40.0, R40.1)
- ☐ Major and Mild Neurocognitive Disorders (F01.50, F02.80, F02.81, G31.84, G31.9, R41.89)

Personality Disorders

- ☐ Cluster A Personality Disorders (F21, F60.0, F60.1)
- ☐ Cluster B Personality Disorders (F60.2, F60.3, F60.4, F60.81)
- ☐ Cluster C Personality Disorders (F60.5, F60.6, F60.7)
- ☐ Other Personality Disorders (F60.89, F60.9)

Feeding and Eating Disorders

- ☐ Anorexia Nervosa (F50.00)
- ☐ Other Feeding and Eating Disorders (F50.2, F50.8, F50.9, F98.21, F98.29, F98.3)

Other Disorders

- ☐ Somatic Symptom and Related Disorders (F44.4, F45.1, F45.21, F45.22, F45.8, F45.9, F48.8, F54, F68.8)
- ☐ Elimination Disorders (F98.0, F98.1, N39.498, R15.9, R32)
- ☐ Sexual Dysfunction Disorders (F52.0, F52.1, F52.21, F52.31, F52.32, F52.4, F52.6, F52.8, R37)
- ☐ Sleep-Wake Disorders (F51.3, F51.8, G25.81, G47.00, G47.10, G47.30, G47.31, G47.33, G47.34, G47.35, G47.36, G47.411, G47.419, G47.52, G47.8, R06.3)
- ☐ Paraphilic Disorders (F65.0, F65.1, F65.2, F65.3, F65.4, F65.51, F65.52, F65.81, F65.89, F65.9, F66)
- ☐ Other Conditions That May Be a Focus of Clinical Attention
- ☐ Other Mental Disorders and Conditions (any codes not listed above)