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

<table>
<thead>
<tr>
<th>Consumer Record Number (HEARTS #)</th>
</tr>
</thead>
</table>

Please provide the following information about the individual:

1. Date of Birth
   - Day
   - Month
   - Year

2. County of Residence of the Individual:
   - [ ]

3. Gender
   - [ ] Male
   - [ ] Female

4. Type of Admission
   - [ ] Acute
   - [ ] Acute Rehab

5. Voluntary or Involuntary Admission:
   - [ ] Voluntary SA
   - [ ] Involuntary SA

6. Date of Admission
   - Day
   - Month
   - Year

7. Referral Source: (mark all that apply)
   - [ ] LME
   - [ ] Healthcare Provider
   - [ ] MD
   - [ ] OB-GYN
   - [ ] Private Hospital
   - [ ] State Agency
   - [ ] Self-Referral
   - [ ] DSS
   - [ ] Probation and Parole

8. Date of Referral
   - Day
   - Month
   - Year

9. 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
   - [ ] Mental Retardation/Substance Abuse

10. Please indicate the referral DSM-IV TR diagnostic classification(s) for this individual: (See Attachment I)

11. Special Populations (mark all that apply)
    - [ ] SSI/SSDI
    - [ ] Criminal Justice
    - [ ] Injection Drug Use (IDU)
    - [ ] Pregnant
    - [ ] Methadone
    - [ ] None of these
    - [ ] Homeless
    - [ ] None of these

12. 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
   - [ ] Other Opiates/Opioids
   - [ ] Non-Prescription Methadone
   - [ ] PCP-Phencyclidine
   - [ ] Other Hallucinogens
   - [ ] Other Amphetamines
   - [ ] Other Stimulants
   - [ ] Benzodiazepine
   - [ ] Other Non-Benzodiazepine Tranquilizers
   - [ ] Barbiturates
   - [ ] Non-Barbital Sedatives or Hypnotics
   - [ ] Inhalants
   - [ ] Over-the-Counter
   - [ ] Other Drug

Confidentiality of SA and MH consumer-identifying information is protected under Federal regulations 42 CFR Part 2 and HIPAA, 45 CFR Parts 160 and 164. Consumer-identifying information may be disclosed without the individual's consent to the Division of Mental Health, Developmental Disabilities, and Substance Abuse Services (DHHS/DD/SAS) and to its authorized evaluation contractors under the audit or evaluation exception. Redisclosure of consumer-identifying information without the individual's consent is explicitly prohibited. Your questions may be directed to (919) 515-1310. Sponsored by the NC MH/DD/SAS.
**NC-TOPPS**  
**ADATC Initial Interview**

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

<table>
<thead>
<tr>
<th>Substance</th>
<th>Past 12 Months - Frequency of Use</th>
<th>Past Month - Frequency of Use</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Not Used</td>
<td></td>
</tr>
<tr>
<td></td>
<td>1-3 times monthly or less</td>
<td></td>
</tr>
<tr>
<td></td>
<td>1-2 times weekly</td>
<td></td>
</tr>
<tr>
<td></td>
<td>3-6 times weekly</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Daily</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Not Used</td>
<td></td>
</tr>
<tr>
<td></td>
<td>1-3 times monthly or less</td>
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<td></td>
</tr>
<tr>
<td></td>
<td>Daily</td>
<td></td>
</tr>
</tbody>
</table>

**Other Drug Codes**

5=Non-prescription Methadone  
7=PCP  
8=Other Hallucinogen  
9=Methamphetamine  
10=Other Amphetamine  
11=Other Stimulant  
12=Benzodiazepine  
13=Other Tranquilizer  
14=Barbiturate  
15=Other Sedative or Hypnotic  
16=Inhalant  
17=Over-the-Counter  
22=Oxycodeone (OxyContin, Percocet, Percodan)  
29=Methylenedioxymethamphetamine (Ecstasy, MDMA)

14. Are you of Hispanic, Latino, or Spanish origin?  
- Y  
- N → (skip to 15)

b. If yes, please specify origin:
- Hispanic, Mexican American
- Hispanic, Cuban
- Hispanic, Puerto Rican
- Hispanic, Other

15. Which of these groups best describes you?  
- African American/Black
- Alaska Native
- White/Anglo/Caucasian
- Asian
- Multiracial
- Pacific Islander
- American Indian/Native American
- Other

16. 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
- Graduated
- 2-year college/assoc. degree
- 4-year college degree
- Graduate work, no degree
- Professional degree or more

17. How do you rate your ability to read?  
- I find that I am always able to read printed material
- I have minor difficulty in reading printed material
- I have difficulty in reading printed material
- I am unable to read printed material

18. Are you currently enrolled in school or courses that satisfy requirements for a certification, diploma or degree?  
- Y  
- N → (skip to 19)

b. If yes, what programs are you currently enrolled in for credit?  
- GED Program
- Technical/Vocational school
- Adult literacy
- College

19. What best describes your employment status in the past year?  
- Y  
- N → (skip to 19)

b. If not in labor force (not seeking work), what best describes your current status?  
- (mark only one)
- Homemaker
- Student
- Retired
- Chronic medical condition which prevents employment
- None of the above

20. Where were you living prior to admission?  
- Y  
- N → (skip to 20)

b. If not in labor force (not seeking work), what best describes your current status?  
- (mark only one)
- Group Home
- Residential Treatment Center
- Correctional Facility
- Oxford House
- Private Facility/Institution
- CASAWORKS
- Other
- Halfway House

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Socrates 8A - Ask questions to individual if Primary, Secondary, or Tertiary substance problem(s) include alcohol.

1. I really want to make changes in my drinking.
2. Sometimes I wonder if I am an alcoholic.
3. If I don't change my drinking soon, my problems are going to get worse.
4. I have already started making some changes in my drinking.
5. I was drinking too much at one time, but I've managed to change my drinking.
6. Sometimes I wonder if my drinking is hurting other people.
7. I am a problem drinker.
8. I'm not just thinking about changing my drinking, I'm already doing something about it.
9. I have already changed my drinking, and I am looking for ways to keep from slipping back to my old pattern.
10. I have serious problems with drinking.
11. Sometimes I wonder if I am in control of my drinking.
12. My drinking is causing a lot of harm.
13. I am actively doing things now to cut down or stop drinking.
14. I want help to keep from going back to the drinking problems that I had before.
15. I know that I have a drinking problem.
16. There are times when I wonder if I drink too much.
17. I am an alcoholic.
18. I am working hard to change my drinking.
19. I have made some changes in my drinking, and I want some help to keep from going back to the way I used to drink.

Socrates 8D - Ask questions to individual if Primary, Secondary, or Tertiary substance problem(s) include any type of drug.

1. I really want to make changes in my use of drugs.
2. Sometimes I wonder if I am an addict.
3. If I don't change my drug use soon, my problems are going to get worse.
4. I have already started making some changes in my use of drugs.
5. I was using drugs too much at one time, but I've managed to change that.
6. Sometimes I wonder if my drug use is hurting other people.
7. I have a drug problem.
8. I'm not just thinking about changing my drug use, I'm already doing something about it.
9. I have already changed my drug use, and I am looking for ways to keep from slipping back to my old pattern.
10. I have serious problems with drugs.
11. Sometimes I wonder if I am in control of my drug use.
12. My drug use is causing a lot of harm.
13. I am actively doing things now to cut down or stop my use of drugs.
14. I want help to keep from going back to the drug problems that I had before.
15. I know that I have a drug problem.
16. There are times when I wonder if I use drugs too much.
17. I am a drug addict.
18. I am working hard to change my drug use.
19. I have made some changes in my drug use, and I want some help to keep from going back to the way I used before.

**Scoring automatically calculated online**
21. What is your level of readiness for addressing your substance use?
- Not ready for action (Precontemplation)
- Considering action sometime in the next few months (Contemplation)
- Seriously considering action this week (Preparation)
- Already taking action (Action)
- Maintaining new behaviors (Maintenance)

22. What is your level of confidence in your ability to make this change in your substance use?
- Not at all confident (Precontemplation)
- Unsure of confidence level (Contemplation)
- Fairly confident (Preparation)
- Working on confidence level (Action)
- Very confident (Maintenance)

23. How convinced are you that you need to make change(s) in your substance use?
- Not at all convinced (Precontemplation)
- Unsure of level of conviction (Contemplation)
- Fairly convinced (Preparation)
- Already taking action that expresses conviction that now is the time to address substance use (Action)
- Very convinced (Maintenance)

24. How well have you been doing in the following areas of your life in the past year?
- a. Emotional well-being
- b. Physical health
- c. Relationships with family or significant others

25. To what extent do you need services to help...
- Decrease your drug use
- Decrease your alcohol use
- Decrease your tobacco use
- Identify goals for your recovery
- Decrease suicidal thoughts
- Decrease homicidal thoughts
- Manage your other mental health symptoms
- Deal with your history of trauma or abuse
- Improve your physical health
- Obtain medical care
- Obtain outpatient treatment in your community
- Encourage your participation in self-help group(s)
- Improve relationships with your family and friends
- Improve your housing or living situation
- Obtain transportation services
- Increase the quality of your life
- Increase your hope for the future

26. Do you have a current prescription for psychotropic medications?
- Y  N → (skip to 27)

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

28. Do you smoke cigarettes?
- Y  N → (skip to 29)

29. Have you ever used a needle to get any drug injected under your skin, into a muscle, or into a vein for nonmedical reasons?
- Y  N → (skip to 30)

30. Have you ever participated in any of the following activities?
- had sex with someone who was not your spouse or primary partner [or] knowingly had sex with someone who injected drugs [or] traded, gave, or received sex for drugs, money, or gifts?
- Y  N → (skip to 31)
**Use this form for backu

31. In the past 3 months, how often did you participate in ... 
   a. positive community/leisure activities? 
      - Never  
      - A few times  
      - More than a few times  
   b. recovery-related support or self-help groups? 
      - Never  
      - A few times  
      - More than a few times  

32. Have you ever experienced childhood sexual abuse? 
   - Y  
   - N (skip to 33)  
   - Deferred (skip to 33)  
   b. By whom were you abused? (mark all that apply) 
      - Parent  
      - Other adult 
      - Sibling  
      - Other child 
      - Your child  
      - Gang member(s) 
   c. Have you received counseling for the sexual abuse? 
      - Y  
      - N  

33. In your lifetime, have you ever experienced domestic violence? 
   - Y  
   - N (skip to 34)  
   - Deferred (skip to 34)  
   b. What type of domestic violence? (mark all that apply) 
      - Physical  
      - Emotional/verbal  
      - Sexual  
   c. By whom were you abused? (mark all that apply) 
      - Spouse/partner  
      - Other adult  
      - Parent  
      - Other child  
      - Sibling  
      - Gang member(s)  
   d. What is 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  
   e. Have you received counseling for the physical, emotional/verbal or sexual abuse? 
      - Y  
      - N  

34. In your lifetime, have you tried to hurt yourself or cause yourself pain on purpose (such as cut, burned, or bruised self)? 
   - Never (skip to 35)  
   - A few times  
   - More than a few times  
   b. When was the most recent time you tried to hurt yourself or cause yourself pain on purpose? (mark only one) 
      - Within the past 3 days  
      - Within the past week  
      - More than a week ago  

35. In your lifetime, have you had thoughts of suicide? 
   - Never (skip to 36)  
   - A few times  
   - More than a few times  
   b. When was the most recent time you had thoughts of suicide? (mark only one) 
      - Within the past 3 days  
      - Within the past week  
      - More than a week ago  

36. In your lifetime, have you attempted suicide? 
   - Never → (skip to 37)  
   - A few times  
   - More than a few times  
   b. 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  

37. At the moment, do you have a plan to kill yourself? 
   - Y  
   - N  

38. In your lifetime, have you had thoughts of killing someone? 
   - Never → (skip to 39)  
   - A few times  
   - More than a few times  
   b. 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  

39. At the moment, do you have a plan to kill someone? 
   - Y  
   - N  

40. Females only: Are you currently pregnant? 
   - Y  
   - N  
   - Unsure (skip to 41)  
   b. How many weeks have you been pregnant? 
   - Within the past 3 months  
   - Within the past week  
   - More than a week ago  
   c. Have you been referred to prenatal care? 
      - Y  
      - N  

41. Do you have children under the age of 18? 
   - Y  
   - N (skip to 42)  
   b. Do you have legal custody of all, some, or none of your children? 
      - All (skip to e & f)  
      - Some  
      - None  
   c. Does DSS have legal custody of all, some, or none of your children? 
      - All (skip to 41)  
      - Some  
      - None  
   d. Are you currently seeking legal custody of all, some or none of your children? 
      - All  
      - Some  
      - None  
   e. Are all, some, or none of the children in your legal custody receiving preventive and primary health care? 
      - All  
      - Some  
      - None  
      - NA (no children in legal custody)  
   f. How many of the children in your legal custody have been screened for mental health and/or substance abuse prevention or treatment services? 
      - All  
      - Some  
      - None  
      - NA
42. In the past year, have you been investigated by DSS for child abuse or neglect?  
☐ Y  ☐ N → (skip to 43)  
b. Was the investigation due to an infant testing positive on a drug screen?  
☐ Y  ☐ N  ☐ NA  

43. Was your admission to treatment required by Child Welfare Services of DSS?  
☐ Y  ☐ N  

44. In your lifetime, have you been arrested for any offense including DWI?  
☐ Y  ☐ N → (skip to 45)  
b. How many times have you been arrested for a misdemeanor offense including DWI?  
☐ ☐  
c. How many times have you been arrested for a felony offense?  
☐ ☐  

45. Are you currently under any type of correctional/legal supervision?  
☐ Y  ☐ N → (skip to 46)  
b. What type of correctional/legal supervision are you currently under?  (mark all that apply)  
☐ Probation  
☐ Pending court date  
☐ Jail post-discharge  
☐ Other  

46. Did you have difficulty entering treatment because of problems with...  (mark all that apply)  
☐ Child care  
☐ Health problems  
☐ Cost  
☐ Service locations  
☐ Transportation  
☐ No barriers  
☐ Scheduling  
☐ Other (please list reason)  

47. COUNSELOR ASSESSMENT:  
Identify the individual's current "Stage of Change" based on clinical impression during this assessment as s/he is entering treatment.  
☐ Precontemplation  
☐ Contemplation  
☐ Determination  
☐ Action  
☐ Maintenance  

Enter data into web-based system:  
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## Attachment I: DSM-IV TR Diagnostic Classifications

### Childhood Disorders
- Learning Disorders (315.00, 315.10, 315.20, 315.90)
- Motor skills disorders (315.40)
- Communication disorders (307.00, 307.90, 315.31, 315.39)
- Childhood disorders-other (307.30, 309.21, 313.23, 313.89, 313.90)
- Mental Retardation (317, 318.00, 318.10, 318.20, 319)
- Autism and pervasive development (299.00, 299.10, 299.80)
- Attention deficit disorder (314.xx, 314.90)
- Conduct disorder (312.80)
- Disruptive behavior (312.90)
- Oppositional defiant disorder (313.81)

### Substance-Related Disorders
- Alcohol abuse (305.00)
- Alcohol dependence (303.90)
- Drug abuse (305.20, 305.30, 305.40, 305.50, 305.60, 305.70, 305.90)
- Drug dependence (304.00, 304.10, 304.20, 304.30, 304.40, 304.50, 304.60, 304.80, 304.90)

### Schizophrenia and Other Psychotic Disorders
- Schizophrenia and other psychotic disorders (293.xx, 295.xx, 297.10, 297.30, 298.80, 298.90)

### Mood Disorders
- Dysthymia (300.40)
- Bipolar disorder (296.xx)
- Major depression (296.xx)

### Anxiety Disorders
- Anxiety disorders (other than PTSD) (293.89, 300.00, 300.01, 300.02, 300.21, 300.22, 300.23, 300.29, 300.30, 308.30)
- Posttraumatic Stress Disorder (PTSD) (309.81)

### Adjustment Disorders
- Adjustment disorders (309.xx)

### Personality, Impulse Control, and Identity Disorders
- Personality disorders (301.00, 301.20, 301.22, 301.40, 301.50, 301.60, 301.70, 301.81, 301.82, 301.83, 301.90)
- Impulse control disorders (312.31, 312.32, 312.33, 312.34, 312.39)
- Sexual and gender identity disorders (302.xx, 306.51, 607.84, 608.89, 625.00, 625.80)

### Delirium, Dementia, & Other Cognitive Disorders
- Delirium, dementia, and other cognitive disorders (290.xx, 290.10, 293.00, 294.10, 294.80, 294.90, 780.09)

### Disorders Due to Medical Condition and Medications
- Mental disorders due to medical condition (306, 316)
- Medication induced disorders (332.10, 333.10, 333.70, 333.82, 333.90, 333.92, 333.99, 995.2)

### Somatoform, Eating, Sleeping & Factitious Disorders
- Somatoform, eating, sleeping, and factitious disorders (300.xx, 300.11, 300.70, 300.81, 307.xx)

### Dissociative Disorders
- Dissociative disorders (300.12, 300.13, 300.14, 300.15, 300.60)

### Other Disorders
- Other mental disorders (Codes not listed above)
- Other clinical issues (V-codes)