**Use this form for backup only. Do not mail. Enter data into web-based system.**

**NC-TOPPS Mental Health and Substance Abuse**

**Child (Ages 6-11) Initial Interview**

Please provide the following information about the individual:

1. **Date of Birth**
   
2. **County of Residence:**
   
3. **Gender**
   - [ ] Male
   - [ ] Female

4. **Is this a LME enrolled consumer?**
   - [ ] Y
   - [ ] N
   - [ ] Don't know

5. **Please select the appropriate age/disability category(ies) for which the individual will be receiving services and supports:**
   - [ ] Child Mental Health, age 6-11
   - [ ] CSMAJ
   - [ ] CSSAD
   - [ ] CSIP
   - [ ] CSSP
   - [ ] CSWOM
   - [ ] CSCJO
   - [ ] CSDWI
   - [ ] None of the above

6. **IPRS Target Populations (mark all that apply)**
   - [ ] CSMAJ
   - [ ] CMSED
   - [ ] CSSAD
   - [ ] CMMED
   - [ ] CSIP
   - [ ] CMDEF
   - [ ] CSSP
   - [ ] CMPAT
   - [ ] CSWOM
   - [ ] CDECI
   - [ ] CSCJO
   - [ ] CDSN
   - [ ] None of the above

7. **Assessments of Functioning**
   a. **Current Global Assessment of Functioning (GAF) Score**

8. **Please indicate the DSM-IV TR diagnostic classification(s) for this individual.**
   (See Attachment I)

9. **Special Populations (mark all that apply)**
   - [ ] Homeless
   - [ ] Blind
   - [ ] Sex Offender
   - [ ] Outpatient Commitment
   - [ ] Child discharged from state-operated facility
   - [ ] Non-English Speaking
   - [ ] Therapeutic Foster Care
   - [ ] Sexually Reactive Youth
   - [ ] None of these

10. **Special Programs (mark all that apply)**
    - [ ] Multi-Systemic Therapy (MST)
    - [ ] Intensive in-home
    - [ ] Methamphetamine Treatment Initiative
    - [ ] None of these

11. **For Child discharged from state-operated facility only (from 'Special Populations,' question 9):**
    - Please specify (a) from which institution the individual was discharged and (b) the date of discharge:
      - (a) [ ] Broughton Hospital
      - (a) [ ] Cherry Hospital
      - (a) [ ] Dorothea Dix Hospital
      - (a) [ ] John Umstead Hospital
      - (a) [ ] Whitaker School
      - (a) [ ] Wright School
      - (b) **Date of Discharge**

12. **Who is the respondent?**
    - [ ] Parent
    - [ ] Other
    - [ ] Guardian

13. **Is your child of Hispanic, Latino, or Spanish origin?**
    - [ ] Y
    - [ ] N
    (skip to 14)
    b. If *yes*, please specify origin:
      - [ ] Hispanic, Mexican American
      - [ ] Hispanic, Puerto Rican
      - [ ] Hispanic, Cuban
      - [ ] Hispanic, Other

14. **Which of these groups best describes your child?**
    - [ ] African American/Black
    - [ ] Alaska Native
    - [ ] White/Anglo/Caucasian
    - [ ] Asian
    - [ ] Multiracial
    - [ ] Pacific Islander
    - [ ] American Indian/Native American
    - [ ] Other

15. **What kind of health/medical insurance does your child have?**
    (mark all that apply)
    - [ ] None
    - [ ] Medicaid
    - [ ] Private insurance/health plan
    - [ ] Medicare
    - [ ] CHAMPUS or CHAMPVA
    - [ ] Other
    - [ ] Health Choice
    - [ ] Unknown

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 (MH/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.
16. Is your child currently enrolled in school or courses that satisfy requirements for a certification, diploma or degree? (Enrolled includes school breaks, suspensions, and expulsions)
   □ Y  □ N → (skip to 17)
   b. If yes, what programs are your child currently enrolled in for credit? (mark all that apply)
   □ Alternative Learning Program (ALP) - at-risk students outside standard classroom
   □ Academic schools (K-12)

17. For K-12 only:
   a. What grade is your child currently in?  
   □ A's  □ B's  □ C's  □ D's  □ F's  □ School does not use traditional grading system
   b. For your child's most recent reporting period, what grades did s/he get most of the time? (mark only one)
   □ A's  □ B's  □ C's  □ D's  □ F's  □ School does not use traditional grading system
   c. If school does not use traditional grading system, for your child's most recent reporting period, did s/he pass or fail most of the time?  □ Pass  □ Fail

18. For K-12 only: In the past 3 months, how many days of school has your child missed due to...
   a. Expulsion
   □ Never  □ A few times  □ More than a few times
   b. Out-of-school suspension
   □ Never  □ A few times  □ More than a few times
   c. Truancy
   □ Never  □ A few times  □ More than a few times
   d. Is your child currently expelled from regular school?  □ Y  □ N

19. In the past 3 months, how often have your child's problems interfered with play, school, or other daily activities?
   □ Never  □ A few times  □ More than a few times

20. In the past year, how many times has your child moved residences?
   □ Never  □ A few times  □ More than a few times → (if none, skip to 21)
   b. What was the reason(s) for your child's most recent move? (mark all that apply)
   □ Moved closer to family/friends
   □ Moved in with roommate
   □ Moved to nicer location
   □ Moved to safer location
   □ Needed more supervision
   □ Needed more supports
   □ Moved to location with more independence
   □ Moved to location with better access to activities and/or services
   □ Evicted
   □ Could no longer afford previous location
   □ Other

21. In the past 3 months, where did your child live most of the time?
   □ Homeless → (skip to b)  □ Residential program → (skip to d)
   □ Temporary housing → (skip to c)  □ Facility/institution → (skip to e)
   □ In parent's/guardian's home/apt  □ Other → (skip to 22)
   b. If homeless, please specify your child's living situation most of the time in the past 3 months.
   □ Sheltered (homeless shelter)
   □ Unsheltered (on the street, in a car, camp)
   c. If temporary housing, please specify the type of temporary housing your child lived in most of the time in the past 3 months.
   □ Transitional housing (time-limited stay)
   □ Living temporarily with other(s)
   d. If residential program, please specify the type of residential program your child lived in most of the time in the past 3 months.
   □ Foster home
   □ Therapeutic foster home
   □ Level III group home
   □ Level IV group home
   □ State-operated residential treatment center
   e. If facility/institution, please specify the type of facility your child lived in most of the time in the past 3 months.
   □ Psychiatric Residential Treatment Facility (PRTF)
   □ Public institution
   □ Private institution
   □ Correctional facility

22. Was this living arrangement in your child's home community?  □ Y  □ N

23. In the past 3 months, who did your child live with most of the time? (mark all that apply)
   □ Mother/Stepmother  □ Sibling(s)
   □ Father/Stepfather  □ Other relative(s)
   □ Grandmother  □ Guardian
   □ Grandfather  □ Other
   □ Foster family

24. In the past 3 months, who was your child's primary caregiver? (mark only one)
   □ Parent(s)  □ Foster parents
   □ Grandparent(s)  □ Other relative(s)
   □ Sibling(s)  □ Other

25. Does your child have an identified public or private primary health care provider?  □ Y  □ N → (skip to 26)
   b. When was the last time your child saw this provider?
   □ Within the past year
   □ Within the past 2 years
   □ Within the past 5 years
   □ More than 5 years ago
26. In the past 3 months, how often did your child participate in...
   a. extracurricular activities?
      □ Never  □ A few times  □ More than a few times
   b. support or self-help groups?
      □ Never  □ A few times  □ More than a few times
   c. organized religious activities?
      □ Never  □ A few times  □ More than a few times
27. Has your child used tobacco or alcohol?
   □ Y  □ N  □ Don't know
28. Has your child used illicit drugs or other substances?
   □ Y  □ N  □ Don't know
29. In the past 3 months, how often has your child been hit, kicked, slapped, or otherwise physically hurt?
   □ Never  □ A few times  □ More than a few times  □ Deferred  → (skip to 30)
   b. By whom was your child physically hurt?
      (mark all that apply)
      □ Parent  □ Peer (other child)  □ Sibling  □ Gang member(s)  □ Other adult  □ Don't know
30. In the past 3 months, how often has your child hit, kicked, slapped, or otherwise physically hurt someone?
   □ Never  □ A few times  □ More than a few times  □ Deferred
31. Has your child ever been forced or pressured to do sexual acts?
   □ Y  □ N  □ Deferred  → (skip to 32)
   b. What is the most recent time that your child has been forced or pressured to do sexual acts?
      □ Within the past 3 months  □ Within the past year  □ Within the past 5 years  □ More than 5 years ago
32. In the past 3 months, how often has your child tried to hurt him/herself or caused him/herself pain on purpose (such as cut, burned, or bruised self)?
   □ Never  □ A few times  □ More than a few times
33. In your child's lifetime, has s/he ever attempted suicide?
   □ Y  □ N

**Use this form for backup only. Do not mail. Enter data into web-based system.** (https://nctopps.ncdmh.net)
**Use this form for backup only. Do not mail. Enter data into web-based system. (https://nctopps.ncdmh.net)**

<table>
<thead>
<tr>
<th>Question</th>
<th>Options</th>
<th>Review</th>
</tr>
</thead>
<tbody>
<tr>
<td>40. Other than yourself, how many active, stable relationship(s) with</td>
<td>adult(s) who serve as positive role models does your child have? (i.e., member of clergy,</td>
<td></td>
</tr>
<tr>
<td>adult(s) who serve as positive role models does your child have?</td>
<td>neighbor, family member, coach)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>□ None □ 1 or 2 □ 3 or more</td>
<td></td>
</tr>
<tr>
<td>41. How well has your child been doing in the following areas of</td>
<td></td>
<td></td>
</tr>
<tr>
<td>his/her life in the past year?</td>
<td>a. Emotional well-being</td>
<td></td>
</tr>
<tr>
<td></td>
<td>□ Excellent □ Good □ Fair □ Poor</td>
<td></td>
</tr>
<tr>
<td></td>
<td>b. Physical health</td>
<td></td>
</tr>
<tr>
<td></td>
<td>□ Excellent □ Good □ Fair □ Poor</td>
<td></td>
</tr>
<tr>
<td></td>
<td>c. Relationships with family</td>
<td></td>
</tr>
<tr>
<td></td>
<td>□ Excellent □ Good □ Fair □ Poor</td>
<td></td>
</tr>
<tr>
<td>42. Did you receive a list or options, verbal or written, of places</td>
<td>for your child to receive services?</td>
<td></td>
</tr>
<tr>
<td>for your child to receive services?</td>
<td>□ Yes, I received a list or options</td>
<td></td>
</tr>
<tr>
<td></td>
<td>□ No, I came here on my own</td>
<td></td>
</tr>
<tr>
<td></td>
<td>□ No, nobody gave me a list or options</td>
<td></td>
</tr>
<tr>
<td>43. Was your child's first service in a time frame that met his/her</td>
<td>needs?                                      □ Y □ N</td>
<td></td>
</tr>
<tr>
<td>needs?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>44. Did your child and/or family have difficulty entering treatment</td>
<td>because of problems with... (mark all that apply)</td>
<td></td>
</tr>
<tr>
<td>because of problems with... (mark all that apply)</td>
<td>□ No difficulties prevented your child from entering treatment</td>
<td></td>
</tr>
<tr>
<td></td>
<td>□ Active mental health symptoms (anxiety or fear, agoraphobia, paranoia, hallucinations)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>□ Active substance abuse symptoms (addiction, relapse)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>□ Physical health problems (severe illness, hospitalization)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>□ Family or guardian issues (controlling spouse, family illness, child or elder care,</td>
<td></td>
</tr>
<tr>
<td></td>
<td>domestic violence, parent/guardian cooperation)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>□ Treatment offered did not meet needs (availability of appropriate services, type of</td>
<td></td>
</tr>
<tr>
<td></td>
<td>treatment wanted by consumer not available, favorite therapist quit, etc.)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>□ Engagement issues (AWOL, doesn't think s/he has a problem, denial, runaway, oversleeps)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>□ Cost or financial reasons (no money for cab, treatment cost)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>□ Stigma/Embarrassment</td>
<td></td>
</tr>
<tr>
<td></td>
<td>□ Treatment/Authorization access issues (insurance problems, waiting list, paperwork</td>
<td></td>
</tr>
<tr>
<td></td>
<td>problems, red tape, lost Medicaid card, IPRS target populations, Value Options, referral</td>
<td></td>
</tr>
<tr>
<td></td>
<td>issues, citizenship, etc.)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>□ Language or communication issues (foreign language issues, lack of interpreter, etc.)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>□ Legal reason (incarceration, arrest)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>□ Transportation/Distance to provider</td>
<td></td>
</tr>
<tr>
<td></td>
<td>□ Scheduling issues (work or school conflicts, appointment times not workable, no phone)</td>
<td></td>
</tr>
<tr>
<td>45. How important is help or services for your child in any of the</td>
<td>following areas?</td>
<td></td>
</tr>
<tr>
<td>following areas?</td>
<td>a. Educational improvement</td>
<td></td>
</tr>
<tr>
<td></td>
<td>□ Not Important □ Somewhat Important □ Very Important □ NA</td>
<td></td>
</tr>
<tr>
<td></td>
<td>b. Food</td>
<td></td>
</tr>
<tr>
<td></td>
<td>□ Not Important □ Somewhat Important □ Very Important □ NA</td>
<td></td>
</tr>
<tr>
<td></td>
<td>c. Transportation</td>
<td></td>
</tr>
<tr>
<td></td>
<td>□ Not Important □ Somewhat Important □ Very Important □ NA</td>
<td></td>
</tr>
<tr>
<td></td>
<td>d. Child care</td>
<td></td>
</tr>
<tr>
<td></td>
<td>□ Not Important □ Somewhat Important □ Very Important □ NA</td>
<td></td>
</tr>
<tr>
<td></td>
<td>e. Family and/or peer relationships</td>
<td></td>
</tr>
<tr>
<td></td>
<td>□ Not Important □ Somewhat Important □ Very Important □ NA</td>
<td></td>
</tr>
<tr>
<td></td>
<td>f. Medical care</td>
<td></td>
</tr>
<tr>
<td></td>
<td>□ Not Important □ Somewhat Important □ Very Important □ NA</td>
<td></td>
</tr>
<tr>
<td></td>
<td>g. Psychological/emotional care</td>
<td></td>
</tr>
<tr>
<td></td>
<td>□ Not Important □ Somewhat Important □ Very Important □ NA</td>
<td></td>
</tr>
<tr>
<td></td>
<td>h. Legal issues</td>
<td></td>
</tr>
<tr>
<td></td>
<td>□ Not Important □ Somewhat Important □ Very Important □ NA</td>
<td></td>
</tr>
<tr>
<td></td>
<td>i. Interpreter (deaf or foreign language)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>□ Not Important □ Somewhat Important □ Very Important □ NA</td>
<td></td>
</tr>
<tr>
<td></td>
<td>j. Respite</td>
<td></td>
</tr>
<tr>
<td></td>
<td>□ Not Important □ Somewhat Important □ Very Important □ NA</td>
<td></td>
</tr>
<tr>
<td></td>
<td>k. Appropriate living setting</td>
<td></td>
</tr>
<tr>
<td></td>
<td>□ Not Important □ Somewhat Important □ Very Important □ NA</td>
<td></td>
</tr>
<tr>
<td></td>
<td>l. Crisis services</td>
<td></td>
</tr>
<tr>
<td></td>
<td>□ Not Important □ Somewhat Important □ Very Important □ NA</td>
<td></td>
</tr>
<tr>
<td></td>
<td>m. Housing (basic shelter or rent subsidy)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>□ Not Important □ Somewhat Important □ Very Important □ NA</td>
<td></td>
</tr>
<tr>
<td>46. In the past month, how would you describe your child's mental health</td>
<td></td>
<td></td>
</tr>
<tr>
<td>symptoms?</td>
<td>□ Extremely Severe</td>
<td></td>
</tr>
<tr>
<td></td>
<td>□ Severe</td>
<td></td>
</tr>
<tr>
<td></td>
<td>□ Moderate</td>
<td></td>
</tr>
<tr>
<td></td>
<td>□ Mild</td>
<td></td>
</tr>
<tr>
<td></td>
<td>□ Not present</td>
<td></td>
</tr>
</tbody>
</table>

End of interview

Enter data into web-based system: https://nctopps.ncdmh.net

Do not mail this form
# 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)