NC-TOPPS

NORTH CAROLINA TREATMENT OUTCOMES AND PROGRAM PERFORMANCE SYSTEM

SFY 2021-2022

NC-TOPPS RESOURCE GUIDE:
Interview Question Descriptors and Codebook

Interview Item	Item Description, Definition or Entry Instructions	Interview Type	Age/ Disability Category	Codebook Identifier: Question	Codebook Identifier: Response
Interview Type & Demographics					
Type of Interview Initial 3 month Update 6 month Update 12 month Update Other Bi-Annual Update Episode Completion Recovery Follow-Up	**Initial** – populates automatically when user selects Initial Interview **Update** – populates automatically when user selects an Update for type of interview 　**3 month Update** – complete 90 days following Initial Interview, plus or minus two weeks 　**6 month Update** – complete 180 days following Initial Interview, plus or minus two weeks. 　**12 month Update** – complete 365 days following Initial Interview, plus or minus two weeks. 　**Other Bi-Annual Update (18, 24, 30, etc. months)** – complete in associated time frame following Initial Interview, plus or minus two weeks. **Episode Completion** – complete at end of episode of care (QP should conduct an in-person interview with consumer just prior to the end of services) **Recovery Follow-Up** (optional) – complete after episode of care to follow up on a consumer's progress after treatment	Initial, Update, Episode Completion & Recovery Follow-Up	All	intAssessmentType	Initial = 0 3 month Update = 1 6 month Update = 2 12 month Update = 3 Other Bi-Annual Update = 4 Episode Completion = 5 Recovery Follow-Up = 9
Date Interview Started: _ _ / _ _ / _ _	Automatically populates when user starts interview.	Initial, Update, Episode Completion & Recovery Follow-Up	All	datetimeSubmitStart	MM/DD/YYYY
Date Interview Submitted: _ _ / _ _ / _ _	Automatically populates when user submits interview.	Initial, Update, Episode Completion & Recovery Follow-Up	All	datetimeSubmitEnd	MM/DD/YYYY

Interview Item	Item Description, Definition or Entry Instructions	Interview Type	Age/ Disability Category	Codebook Identifier: Question	Codebook Identifier: Response
Interview Type & Demographics					
LME-MCO Code: _ _ _ _ _	Associated with user's login, automatically populates LME-MCO code.	Initial, Update, Episode Completion & Recovery Follow-Up	All	intFacility	**LME-MCOs** Alliance Health = 23141 — Sandhills Center = 33031 Cardinal Innovations = 13121 — Vaya Health = 13010 Eastpointe = 43081 — Trillium Health Resources = 43071 Partners Health Management = 13141 **OTPs** Addiction Recovery Medical Services (ARMS) = 53052 ALEF Behavioral Group = 53080 ATS of North Carolina = 53011 BAART Community Health Care (Methadone) = 53050 Behavioral Health Group = 53054 Charlotte Treatment Center = 53019 Chatham Recovery = 53057 Crossroads Treatment Center – Asheville = 53030 Crossroads Treatment Center – Cleveland County = 53074 Crossroads Treatment Center – Greensboro = 53032 Crossroads Treatment Center – Weaverville = 53037 Durham Metro Treatment Center = 53014 Elizabeth City Treatment Center = 53061 Euphoria Enterprises, Inc. dba Pisgah Recovery Services = 53083 Fayetteville Treatment Center = 53020 Gastonia Treatment Center = 53060 Greensboro Metro Treatment Center = 53012 Greenville Recovery Center = 53028 Hazelwood Healthcare = 53084 Hickory Metro Treatment Center = 53038 Hillsborough Recovery Solutions = 53064 Jacksonville Treatment Center = 53027 Johnston Recovery Services = 53035 Katharos Sanctuary = 53067 Lexington Treatment Associates = 53031 Lumberton Treatment Center = 53053 McLeod Center = 53025 Morehead City Treatment Center = 53076 Morse Clinic of Dunn = 53071 Morse Clinic of North Raleigh = 53059 Morse Clinic of Roanoke Rapids = 53073 Morse Clinic of Zebulon = 53063 Mountain Health Solutions = 53036 Nags Head Treatment Center = 53082 New Hanover Metro Treatment Center = 53013 New Season Morganton = 53079 New Season North Charlotte = 53077 New Season Raleigh = 53078 October Road, Inc. = 53085 Pieridae Treatment Centers = 53075 PORT Health Services = 53088 Premier Treatment Specialists = 53070 Queen City Treatment Center/Rowan Treatment Center = 53015 Raleigh Methadone Treatment Center = 53010 Reflections of Hope, LLP = 53065 Rocky Mount Treatment Center = 53029 Rowan Treatment Center = 53021 Sanford Treatment Center = 53023 Sea Coast Recovery = 53086 Shallotte Treatment Associates = 53062 Stepping Stone of Boone = 53034 Thomasville Treatment Associates = 53069 Vance Recovery = 53055 Walter B. Jones Outpatient Services = 53081 Western Carolina Treatment Center = 53016 Western Wake Treatment Center = 53058 Wilson Professional Services Treatment Center = 53056 Winston-Salem CTC = 53066

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Interview Type & Demographics					
Provider agency: _ _ _ _ _	Associated with user's login, automatically populates unique provider agency ID.	Initial, Update, Episode Completion & Recovery Follow-Up	All	intFacilityIDdb	Available upon request: ProviderAgencies table
Primary Clinician ID: _ _ _ _ _	Associated with user's login, automatically populates unique clinician ID.	Initial, Update, Episode Completion & Recovery Follow-Up	All	intClinician	Available upon request: Users table
LME-MCO Assigned Consumer Record Number	Length must be 6 digits, except for Cardinal Innovations and Trillium Health Resources LME-MCOs (6 or 7 digits allowed) and private methadone agencies (up to 10 digits allowed).	Initial, Update, Episode Completion & Recovery Follow-Up	All	varcharClientRecordNumber	
CNDS ID Number	Limit to 9 numbers and 1 alpha at end. LME-MCO should provide the CNDS ID number to the provider agency at admission.	Initial, Update, Episode Completion & Recovery Follow-Up	All	varcharCNDSIDNumber	
Medicaid ID Number	*Optional* Limit to 9 numbers and 1 alpha at end.	Initial, Update, Episode Completion & Recovery Follow-Up	All	varcharMedicaidIDNumber	
Medicaid County of Residence	Answer if varcharMedicaidIDNumber is populated.	Initial, Update, Episode Completion & Recovery Follow-Up	All	intMedicaidCountyResidence	See Consumer County of Residence (below)
Provider Internal Consumer Record Number	*Optional* Number assigned by the provider agency (up to 10 digits).	Initial, Update, Episode Completion & Recovery Follow-Up	All	varcharInternalRecordNumber	

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Interview Type & Demographics					
Local Area Code	*Optional* Reporting Unit Number used by the provider agency	Initial, Update, Episode Completion & Recovery Follow-Up	All	varcharReportingUnitNumber	
First three letters of consumer's last name	If female, use consumer's first 3 letters of her maiden name. Automatically populates what was entered on Initial interview for Update, Episode Completion, and Recovery Follow-Up interview.	Initial, Update, Episode Completion & Recovery Follow-Up	All	varcharLastNm	
First letter of consumer's first name	Automatically populates what was entered on Initial interview for Update, Episode Completion, and Recovery Follow-Up interview.	Initial, Update, Episode Completion & Recovery Follow-Up	All	varcharFirstInitial	
Consumer Date of Birth: _ _ / _ _ / _ _	Enter the month, day, and year of the consumer's date of birth. Automatically populates what was entered on Initial interview for Update, Episode Completion, and Recovery Follow-Up interview.	Initial, Update, Episode Completion & Recovery Follow-Up	All	dateBirth	MM/DD/YYYY
Consumer Gender Male Female	Enter the consumer's gender at birth. Automatically populates what was entered on Initial interview for Update, Episode Completion, and Recovery Follow-Up interview.	Initial, Update, Episode Completion & Recovery Follow-Up	All	intGender	Male = 1 Female = 2

Interview Item	Item Description, Definition or Entry Instructions	Interview Type	Age/ Disability Category	Codebook Identifier: Question	Codebook Identifier: Response			
Interview Type & Demographics								
Consumer County of Residence	Enter the legal county of residence of the individual. If outside of North Carolina, choose the appropriate state.	Initial, Update, Episode Completion & Recovery Follow-Up	All	intCountyResidence	COUNTY	CODE	COUNTY	CODE
					Alamance	1	Lenoir	54
					Alexander	2	Lincoln	55
					Allegheny	3	McDowell	56
					Anson	4	Macon	57
					Ashe	5	Madison	58
					Avery	6	Martin	59
					Beaufort	7	Mecklenburg	60
					Bertie	8	Mitchell	61
					Bladen	9	Montgomery	62
					Brunswick	10	Moore	63
					Buncombe	11	Nash	64
					Burke	12	New Hanover	65
					Cabarrus	13	Northampton	66
					Caldwell	14	Onslow	67
					Camden	15	Orange	68
					Carteret	16	Pamlico	69
					Caswell	17	Pasquotank	70
					Catawba	18	Pender	71
					Chatham	19	Perquimans	72
					Cherokee	20	Person	73
					Chowan	21	Pitt	74
					Clay	22	Polk	75
					Cleveland	23	Randolph	76
					Columbus	24	Richmond	77
					Craven	25	Robeson	78
					Cumberland	26	Rockingham	79
					Currituck	27	Rowan	80
					Dare	28	Rutherford	81
					Davidson	29	Sampson	82
					Davie	30	Scotland	83
					Duplin	31	Stanly	84
					Durham	32	Stokes	85
					Edgecombe	33	Surry	86
					Forsyth	34	Swain	87
					Franklin	35	Transylvania	88
					Gaston	36	Tyrrell	89
					Gates	37	Union	90
					Graham	38	Vance	91
					Granville	39	Wake	92
					Greene	40	Warren	93
					Guilford	41	Washington	94
					Halifax	42	Watauga	95
					Harnett	43	Wayne	96
					Haywood	44	Wilkes	97
					Henderson	45	Wilson	98
					Hertford	46	Yadkin	99
					Hoke	47	Yancey	0
					Hyde	48	VA	100
					Iredell	49	TN	101
					Jackson	50	SC	102
					Johnston	51	GA	103
					Jones	52	Other state not listed	104
					Lee	53	None Selected	999

Interview Item	Item Description, Definition or Entry Instructions	Interview Type	Age/ Disability Category	Codebook Identifier: Question	Codebook Identifier: Response
Interview Type & Demographics					
Please select the appropriate age/disability category(ies) for which the individual will be receiving services and supports. Child Mental Health, age 6-11 Adolescent Mental Health, age 12-17 Adult Mental Health, age 18 and up Adolescent Substance Use Disorder, age 12-17 Adult Substance Use Disorder, age 18 and up	*Mark all that apply* Enter the consumer's appropriate age/disability	Initial, Update, Episode Completion & Recovery Follow-Up	All	intScreenMH intScreenSA	Child Mental Health, age 6-11 = 1 Adolescent Mental Health, age 12-17 = 2 Adult Mental Health, age 18 and up = 3 Adolescent Substance Use Disorder, age 12-17 = 2 Adult Substance Use Disorder, age 18 and up = 3
Admission Date: _ _ / _ _ / _ _	Enter the month, day, and year the consumer received their first paid service for the current episode of care.	Initial	All	dateAdmission	MM/DD/YYYY
Discharge Date: _ _ / _ _ / _ _	Enter the month, day, and year of the consumer's last paid service for the current episode of care.	Episode Completion	All	dateDischarge	MM/DD/YYYY
Date(s) contact attempted: _ _ / _ _ / _ _	Enter the month, day, and year (up to 3 dates) the consumer was contacted	Recovery Follow-Up	All	datetimeContacted1 datetimeContacted2 datetimeContacted3	MM/DD/YYYY
Comments – reason not contacted:	Answer if ynInPerson = 'No'	Recovery Follow-Up	All	varcharComments	
(Initial) **Please select the services the consumer is currently receiving.** (Update & Episode Completion) **Please select all services the consumer is currently receiving or has previously received for this episode of care.** <u>Periodic Services</u> Psychotherapy - 90832--90838 Family Therapy without Patient - 90846 Family Therapy with Patient - 90847 Group Therapy (multiple family group) - 90849 Group Therapy (non-multiple family group) - 90853 Behavioral Health Counseling - Individual Therapy - H0004 Behavioral Health Counseling - Group Therapy - H0004 HQ Behavioral Health Counseling - Family Therapy with Consumer - H0004 HR Behavioral Health Counseling (non-licensed provider) - YP831	*Mark all that apply* Substance Use only: Periodic Services Adult only: Assertive Community Treatment Team (ACTT) – H0040 Community Support Team (CST) – H2015 HT SA Non-Medical Community Residential Treatment - Adult - H0012 HB Alcohol and Drug Abuse Treatment Center Adult MH only: Transition Management Services (TMS) - YM120 Adult & Adolescent only: Supported Employment - Individual - YP630 Supported Employment - H2023 U4 Adolescent & Child only: Intensive In-Home Services (IIH) - H2022 Multisystemic Therapy Services (MST) - H2033	Initial, Update & Episode Completion	All	ynServicesPsychotherapy ynServicesFamTherapywoPatient ynServicesFamTherapywPatient ynServicesGroupTherapyMulti ynServicesGroupTherapyNonMulti ynServicesBHCIndTherapy ynServicesBHCGroupTherapy ynServicesBHCFamwConsumer ynServicesBHCNonLicProvider ynServicesBHCGroupNonLicProv ynServicesBHCFamwConsNonLicProv ynServicesBHCFamwoConsNonLicProv ynServicesAlcDrugGroup ynServicesAlcDrugGroupNonLicProv ynServicesSAIOP ynServicesACTT ynServicesCST ynServicesIIH ynServicesMST ynServicesSACOT ynServicesSupportedEmployIndiv ynServicesSupportedEmploy ynServicesTMS	Choice selected = 1 Choice not selected = 0

Periodic Services (cont.) Behavioral Health Counseling - Group Therapy (non-licensed provider) - YP832 Behavioral Health Counseling - Family Therapy with Consumer (non-licensed provider) - YP833 Behavioral Health Counseling - Family Therapy without Consumer (non-licensed provider) - YP834 Alcohol and/or Drug Group Counseling - H0005 Alcohol and/or Drug Group Counseling (non-licensed provider) - YP835 Community Based Services Substance Abuse Intensive Outpatient Program (SAIOP) - H0015 Assertive Community Treatment Team (ACTT) - H0040 Community Support Team (CST) – H2015, H2015 HT Intensive In-Home Services (IIH) - H2022 Multisystemic Therapy Services (MST) - H2033 Substance Abuse Comprehensive Outpatient Treatment (SACOT) - H2035 Individual Placement and Support (IPS) Supported Employment - YP630 Supported Employment - H2023 U4 Transition Management Services (TMS) - YM120 Facility Based Day Services Mental Health - Partial Hospitalization - H0035 Child and Adolescent Day Treatment - H2012 HA Opioid Services Opioid Treatment - H0020 Residential Services SA Non-Medical Community Residential Treatment - Adult - H0012 HB SA Medically Monitored Community Residential Treatment - H0013 Behavioral Health - Level III - Long Term Residential - H0019 Residential Treatment - Level II - Program Type (Therapeutic Behavioral Services) - H2020 Psychiatric Residential Treatment Facility - YA230 Group Living - High - YP780 Therapeutic Foster Care Services Residential Treatment - Level II - Family Type (Foster Care Therapeutic Child) - S5145 ADATC Services Alcohol and Drug Abuse Treatment Center Other Services Service Code and Service Description				ynServicesMHPartialHosp ynServicesChildAdolDayTrtmt ynServicesOpioidTrtmt ynServicesResSANoMedCommTrt ynServicesResSAMedCommTrtmt ynServicesResBHLongTerm ynServicesResTBS ynServicesResPsychTrtmt ynServicesResGroupLivingHigh ynServicesResFosterCareChild ynServicesADATC varcharServicesOther	

Interview Item	Item Description, Definition or Entry Instructions	Interview Type	Age/ Disability Category	Codebook Identifier: Question	Codebook Identifier: Response
Interview Type & Demographics					
Is the treatment at this time mainly provided by a… qualified professional in substance use disorders qualified professional in mental health both	Answer if both intScreenMH <u>and</u> intScreenSA are selected Qualified professional specialty should match the treatment provided for this episode of care.	Initial, Update & Episode Completion	Adult and Adolescent	intMainTx	qualified professional in substance use disorders = 1 qualified professional in mental health = 2 both = 3
Please indicate reason for Episode Completion: Completed treatment Discharged at program initiative Refused treatment Did not return as scheduled within 60 days Changed to service not required for NC-TOPPS Incarcerated Institutionalized Died Moved out of area or changed to different LME-MCO Never received any treatment or services (Superusers only) Other **Administrative Discharge by CUACS	*Mark only one* **Completed treatment** – completed treatment outcomes for this episode of care. **Discharged at program initiative** – consumer discharged from service at provider's request **Refused treatment** – consumer will not engage in treatment **Did not return as scheduled within 60 days** – consumer has not been provided a billable service that requires NC-TOPPS participation for more than 60 days *(skip to end of interview)* **Changed to service not required for NC-TOPPS** – consumer no longer receives a service required for NC-TOPPS or a consumer changes health plans and no longer receives services through the LME-MCO **Incarcerated or Institutionalized** – if a consumer continues to receive qualified services in a community setting, an Episode Completion should not be submitted and an NC-TOPPS should still be completed by the provider agency responsible for case management functions (i.e. developing the treatment plan.) **Died** – *(skip to end of interview)* **Moved out of area or changed to different LME-MCO** **Never received any treatment or services** (Superuser option only) – *(skip to end of interview)* **Other** – Episode Completion reason not listed above ****Administrative Discharge by CUACS** – periodically completed by CUACS or per request by LME-MCO	Episode Completion	All	intSuspendTreatmentReason	Completed treatment = 1 Discharged at program initiative = 2 Refused treatment = 4 Did not return as scheduled within 60 days = 5 Changed to service not required for NC-TOPPS = 10 Incarcerated = 6 Institutionalized = 8 Died = 7 Moved out of area or changed to different LME-MCO = 11 Never received any treatment or services (Superusers only) = 9 Other = 15 **Administrative Discharge by CUACS = 99

Interview Item	Item Description, Definition or Entry Instructions	Interview Type	Age/ Disability Category	Codebook Identifier: Question	Codebook Identifier: Response
Interview Type & Demographics					
Please indicate the DSM-5 diagnostic classification(s) for this individual. Neurodevelopmental Disorders Learning Disorders (315.00, 315.1, 315.2) Communication Disorders (307.9, 315.35, 315.39) Intellectual Disabilities (315.8, 317, 318.0, 318.1, 318.2, 319) Motor and Tic Disorders (307.2, 307.21, 307.22, 307.23, 307.3, 315.4) Autism Spectrum Disorder (299.00) Attention-Deficit/Hyperactivity Disorder (314.00, 314.01) Other Neurodevelopmental Disorders (315.8, 315.9) Substance-Related and Addictive Disorders Alcohol-related Disorders (303.90, 305.00) (Other) Drug-related Disorders (304.00, 304.10, 304.20, 304.30, 304.40, 304.50, 304.60, 305.20, 305.30, 305.40, 305.50, 305.60, 305.70, 305.90) Gambling Disorder (312.31) Schizophrenia Spectrum and Other Psychotic Disorders Schizophrenia and Other Psychotic Disorders (293.81, 293.82, 293.89, 295.40, 295.70, 295.90, 297.1, 298.8, 298.9) Bipolar and Related Disorders Bipolar I Disorder (296.40, 296.41, 296.42, 296.43, 296.44, 296.45, 296.46, 296.50, 296.51, 296.52, 296.53, 296.54, 296.55, 296.56, 296.7) Bipolar II Disorder (296.89) Cyclothymic Disorder (301.13) Depressive Disorders Major Depressive Disorder (296.20, 296.21, 296.22, 296.23, 296.24, 296.25, 296.26, 296.30, 296.31, 296.32, 296.33, 296.34, 296.35, 296.36) Persistent Depressive Disorder (Dysthymia) (300.4) Other Depressive Disorders (296.99, 311, 625.4) Anxiety Disorders Anxiety Disorders (300.00, 300.01, 300.02, 300.09, 300.22, 300.23, 300.29, 309.21, 312.23) Obsessive-Compulsive and Related Disorders Obsessive-Compulsive and Other Related Disorders (300.3, 300.7, 312.39, 698.4)	*Mark all that apply* **Effective August 1, 2014**	Initial, Update & Episode Completion	All	ynDiagLearning ynDiagCommunication ynDiagMental ynDiagMotorSkills ynDiagAutism ynDiagADD ynDiagOtherNeuro ynDiagAlcohol ynDiagDrug ynDiagGambling ynDiagSchizo ynDiagBipolar ynDiagBipolarII ynDiagCyclothymic ynDiagDepression ynDiagDysthymia ynDiagOtherDepression ynDiagAnxiety ynDiagOCD ynDiagPTSD ynDiagAdjustment ynDiagOtherTrauma ynDiagDissociative ynDiagConduct ynDiagOppositional ynDiagImpulse ynDiagDisruptive ynDiagIdentity ynDiagDelirium ynDiagNeurocognitive ynDiagPersonalityA ynDiagPersonalityB ynDiagPersonalityC ynDiagOtherPersonality ynDiagAnorexia ynDiagOtherEating ynDiagSomatoform ynDiagElimination ynDiagSexualDysfunction ynDiagSleepWake ynDiagParaphillic ynDiagOtherClinical ynDiagOtherMental	Choice selected = 1 Choice not selected = 0

(cont.) Trauma- and Stressor-Related Disorders Posttraumatic Stress Disorder (PTSD) (309.81) Adjustment Disorders (309.0, 309.24, 309.28, 309.3, 309.4) Other Trauma- and Stressor–related Disorders (308.3, 309.89, 309.9, 313.89) Dissociative Disorders Dissociative Disorders (300.12, 300.13, 300.14, 300.15, 300.6) Disruptive, Impulse-Control, and Conduct Disorders Conduct Disorder (312.81, 312.82, 312.89) Oppositional Defiant Disorder (313.81) Impulse Control Disorders (312.32, 312.33, 312.34) Other Disruptive Behavior Disorders (312.89,312.9) Gender Dysphoria Gender Dysphoria Disorders (302.6,302.85) Neurocognitive Disorders Delirium Disorders (292.81, 293.0, 780.09) Major and Mild Neurocognitive Disorders (290.40, 294.10, 294.11, 331.83, 331.9, 799.59) Personality Disorders Cluster A Personality Disorders (301.0, 301.20,301.22) Cluster B Personality Disorders (301.50, 301.7, 301.81, 301.83) Cluster C Personality Disorders (301.4, 301.6, 301.82) Other Personality Disorders (301.89, 301.9) Feeding and Eating Disorders Anorexia Nervosa (307.1) Other Feeding and Eating Disorders (307.50, 307.51, 307.52, 307.53, 307.59) Other Disorders Somatic Symptom and Related Disorders (300.11, 300.19, 300.7, 300.82, 300.89, 316) Elimination Disorders (307.6, 307.7, 787.60, 788.30, 788.39) Sexual Dysfunction Disorders (302.70, 302.71, 302.72, 302.73, 302.74, 302.75, 302.76, 302.79) Sleep-Wake Disorders (307.45, 307.46, 307.47, 327.21, 327.23, 327.24, 327.25, 327.26, 327.42, 333.94, 347.00, 347.01, 780.52, 780.54, 780.57, 780.59, 786.04) Paraphilic Disorders (302.2, 302.3, 302.4, 302.81, 302.82, 302.83, 302.84, 302.89, 302.9) Other Conditions That May Be a Focus of Clinical Attention (V codes, 999.xx codes) Other Mental Disorders and Conditions (any codes not listed above)				

Interview Item	Item Description, Definition or Entry Instructions	Interview Type	Age/ Disability Category	Codebook Identifier: Question	Codebook Identifier: Response
Interview Type & Demographics					
(Adult & Adolescent wording) **Are you of Hispanic, Latino, or Spanish origin?** (Child wording) **Is your child of Hispanic, Latino, or Spanish origin?** Yes No	Ethnicity is different from race. Do not assume any ethnicity (e.g., if the consumer is white, do not assume s/he is not of Hispanic origin. Hispanic ethnic background is defined as having Spanish-speaking parents/ancestors or from a Spanish speaking country, including the countries of Portugal and Brazil.	Initial	All	ynLatinoHispanic	Yes = 1 No = 2
(Adult & Adolescent wording) **Which of these groups best describes you?** (Child wording) **Which of these groups best describes your child?** African American/Black White/Anglo/Caucasian Multiracial American Indian/Native American Alaska Native Asian Pacific Islander Other	*Mark only one* **African American/Black** – origins in any of the black racial groups of Africa **White/Anglo/Caucasian** – origins in any of the people of Europe, North Africa, or the Middle East **Multiracial** – use only if the consumer insists they identify with more than one racial group **American Indian/Native American** (Other than Alaska Native) – origins in any of the original people of North America and South America (including Central America) and who maintain cultural identification through tribal affiliation or community recognition. **Alaska Native** (Aleut, Eskimo, Indian) – origins in any of the original people of Alaska **Asian** – origins in any of the original people of the Far East, the Indian subcontinent, or Southeast Asia. **Pacific Islander** – origins in any of the people of the Pacific Islands. **Other** – a default category for use in instances in which the consumer does not identify with any of the races listed or whose origin group, because of area customs, is regarded as a racial class distinct from the above categories.	Initial	All	intEthnic	African American/Black = 1 White/Anglo/Caucasian = 2 Multiracial = 3 American Indian/Native American = 4 Alaska Native = 5 Asian = 6 Pacific Islander = 8 Other = 7
Which of the following best describes your sexual orientation? Straight Lesbian or Gay Bisexual Other Don't know/Not sure Deferred	**Straight** – attraction to members of the opposite sex **Lesbian or Gay** – attraction to members of the same sex **Bisexual** – attraction to members of either sex **Other** **Don't know/Not sure** **Deferred** – consumer does not want to answer question at this time	Initial, Update & Episode Completion	Adult and Adolescent only	intSexualOrientation	Straight = 1 Lesbian or Gay = 2 Bisexual = 3 Other = 4 Don't know/Not sure = 5 Deferred = 6

Interview Item	Item Description, Definition or Entry Instructions	Interview Type	Age/ Disability Category	Codebook Identifier: Question	Codebook Identifier: Response
Interview Type & Demographics					
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		Initial, Update & Episode Completion	Adult and Adolescent only	intTransgender	Yes, Transgender, male-to-female = 1 Yes, Transgender, female-to-male = 2 Yes, Transgender, gender non-conforming = 3 No = 4 Don't know/Not sure = 5 Deferred = 6
Is this consumer currently receiving Work First cash assistance? Yes No	The Work First/CPS Substance Use Disorder Initiative is to provide early identification of Work First recipients that have substance use disorder problems, funding to support this initiative is managed through the LME-MCO.	Initial, Update & Episode Completion	Adult SUD only	ynWorkfirst	Yes = 1 No = 2
(Adult wording) **Are you or a member of your immediate family or household currently serving in or has served in the Military, Military Reserve or National Guard?** (Adolescent wording) **Is a member of your immediate family or household currently serving in or has served in the Military, Military Reserve or National Guard?** (Child wording) **Is a member of your child's immediate family or household currently serving in or has served in the Military, Military Reserve or National Guard?** Yes, active Military, Military Reserve or National Guard Yes, veteran or prior service member Yes, family member No	Adult only: Yes, active Military, Military Reserve or National Guard Yes, veteran or prior service member	Initial	All	intVeteran	Yes, active Military, Military Reserve or National Guard = 1 Yes, veteran or prior service member = 3 Yes, family member = 4 No = 2
(Adult and Adolescent wording) **At any time in the past, have you been suspected of having a head or brain injury?** (Child wording:) **At any time in the past, has your child been suspected of having a head or brain injury?** Yes No Not sure		Initial	All	ynTBI	Yes = 1 No = 2 Not sure = 3

Interview Item	Item Description, Definition or Entry Instructions	Interview Type	Age/ Disability Category	Codebook Identifier: Question	Codebook Identifier: Response
Interview Type & Demographics					
(Adult & Adolescent wording) **What kind of benefits and/or insurance do you have?** (Child wording) **What kind of benefits and/or insurance does your child have?** None SSI SSDI Private insurance/health plan TRICARE/Military Coverage Health Choice Medicaid Medicare Other Unknown	*Mark all that apply* **None** – consumer has no health insurance coverage **SSI** – Supplemental Security Income (SSI) is a United States government program that provides income supplements to low-income/limited resources people who are either aged (65 or older), blind, or disabled. **SSDI** – Social Security Disability Insurance (SSD or SSDI) is a payroll tax-funded, federal insurance program that provides income supplements to people who are physically restricted in their ability to be employed because of a notable disability, usually a physical disability. **Private insurance/health plan** – consumer has coverage by a health plan provided through an employer or union or purchased by an individual from a private health insurance company. **TRICARE/Military Coverage** – consumer has a health care insurance system for military dependents and members of the military services **Health Choice** – health care coverage for children age 6-18 who have low income families and who are not eligible for Medicaid, or other federal government insurance or covered by comprehensive private health insurance **Medicaid** – health care coverage program for low income individuals and families who cannot afford health care costs. Medicaid serves low-income parents, children, seniors, and people with disabilities and consumer has a Medicaid card. **Medicare** – Medicare is a Federal health insurance program that pays for hospital and medical care for elderly and certain disabled Americans and consumer has Medicare card **Other** – benefits or insurance not listed above **Unknown** – the consumer and the LME-MCO is unsure if the consumer has health insurance coverage	Initial	All	ynInsuranceNone ynInsuranceSSI ynInsuranceSSDI ynInsurancePrivate ynInsuranceCHAMPs ynInsuranceHealthChoice ynInsuranceMedicaid ynInsuranceMedicare ynInsuranceOther ynInsuranceUnknown	Choice selected = 1 Choice not selected = 0

Interview Item	Item Description, Definition or Entry Instructions	Interview Type	Age/ Disability Category	Codebook Identifier: Question	Codebook Identifier: Response
Pregnant & Maternal Status					
(Initial) (Adult wording) **Is this consumer being admitted to a Pregnant/Maternal program?** (Adolescent wording) **Is this consumer being admitted to a specialty program for maternal, pregnant, perinatal, or post-partum?** (Update & Episode Completion) (Adult wording) **Is this consumer enrolled in a Pregnant/Maternal program?** (Adolescent wording) **Is this consumer enrolled in a specialty program for maternal, pregnant, perinatal, or post-partum?** Yes No	The Perinatal and Maternal Substance Use Disorder Initiative is composed of 21 specialized programs for pregnant and parenting women with a substance related disorder and their children.	Initial, Update & Episode Completion	Adult SUD and Adolescent SUD Females only	ynMaternal	Yes = 1 No = 2
Which Pregnant/Maternal program is this consumer being admitted to? Community Choices – CASCADE – Charlotte Community Choices – CASCADE – Durham Community Choices – Outpatient Program – Charlotte Community Choices – Outpatient Program – Durham Community Choices – WISH Program Daymark Clean Start Program Insight Human Services – Perinatal Health Partners NC PPW – Columbus County NC PPW – Project CARA – Buncombe County NC PPW – Project CARA – Wilkes County PORT Health – Kelly House RHA – Mary Benson House RHCC – Cambridge Court – Perinatal/Maternal RHCC – Crystal Lake – Perinatal/Maternal RHCC – Grace Court RHCC – Our House RHCC – The Village – Perinatal/Maternal Southlight – Perinatal Residential UNC Horizons – Day Break UNC Horizons – Outpatient Program UNC Horizons – Sunrise Perinatal/Maternal UNC Horizons – Wake	Answer if ynMaternal = 'Yes'	Initial, Update & Episode Completion	Adult SUD and Adolescent SUD Females only	intMaternalProgram	Community Choices – CASCADE – Charlotte = 1 Community Choices – CASCADE – Durham = 2 Community Choices – Outpatient Program – Charlotte = 3 Community Choices – Outpatient Program – Durham = 6 Community Choices – WISH Program = 4 Daymark Clean Start Program = 5 Insight Human Services – Perinatal Health Partners = 7 NC PPW – Columbus County = 20 NC PPW – Project CARA – Buncombe County = 22 NC PPW – Project CARA – Wilkes County = 23 PORT Health – Kelly House = 8 RHA – Mary Benson House = 9 RHCC – Cambridge Court – Perinatal/Maternal = 10 RHCC – Crystal Lake – Perinatal/Maternal = 11 RHCC – Grace Court = 12 RHCC – Our House = 13 RHCC – The Village – Perinatal/Maternal = 14 Southlight – Perinatal Residential = 15 UNC Horizons – Day Break = 16 UNC Horizons – Outpatient Program = 17 UNC Horizons – Sunrise Perinatal/Maternal = 18 UNC Horizons – Wake = 19
(Initial) **Is this consumer being admitted to a CASAWORKS Residential program?** (Update & Episode Completion) **Is this consumer enrolled in a CASAWORKS Residential program?** Yes No	The NC CASAWORKS for Families Residential Initiative supports 8 comprehensive residential substance use disorder programs for women receiving Work First cash assistance and their children.	Initial, Update & Episode Completion	Adult SUD Females only	ynCasaworks	Yes = 1 No = 2

Interview Item	Item Description, Definition or Entry Instructions	Interview Type	Age/ Disability Category	Codebook Identifier: Question	Codebook Identifier: Response
Pregnant & Maternal Status					
Which CASAWORKS Residential program is this consumer being admitted to? Community Choices – CASCADE CASAWORKS – Charlotte Community Choices – CASCADE CASAWORKS – Durham RHCC – Cambridge Court – CASAWORKS RHCC – Crystal Lake – CASAWORKS RHCC – The Village – CASAWORKS Southlight – CASAWORKS UNC Horizons – Sunrise CASAWORKS	Answer if ynCasaworks = 'Yes'	Initial, Update & Episode Completion	Adult SUD Females only	intCasaworksProgram	Community Choices – CASCADE CASAWORKS – Charlotte = 1 Community Choices – CASCADE CASAWORKS – Durham = 2 RHCC – Cambridge Court – CASAWORKS = 3 RHCC – Crystal Lake – CASAWORKS = 4 RHCC – The Village – CASAWORKS = 5 Southlight – CASAWORKS = 6 UNC Horizons – Sunrise CASAWORKS = 7
***Are you currently pregnant? Yes No Unsure	Enter whether or not the consumer is pregnant	Initial, Update & Episode Completion	Adult and Adolescent Females only	intPregnant	Yes = 1 No = 2 Unsure = 3
***How many weeks have you been pregnant? _ _	Answer if intPregnant = 'Yes'	Initial, Update & Episode Completion	Adult and Adolescent Females only	intPregnantWeeks	
***Have you been referred to prenatal care? Yes No	Answer if intPregnant = 'Yes'	Initial, Update & Episode Completion	Adult and Adolescent Females only	ynPregnantPrenatalCare Referred	Yes = 1 No = 2
***Are you receiving prenatal care? Yes No	Answer if intPregnant = 'Yes'	Initial, Update & Episode Completion	Adult and Adolescent Females only	ynPregnantPrenatalCare Received	Yes = 1 No = 2
***Have you given birth in the past year? Yes No	Indicate if consumer has given birth in the past year.	Update & Episode Completion	Adult and Adolescent Females only	ynBirth	Yes = 1 No = 2
***How long ago did you give birth? Less than 3 months ago 3 to 6 months ago 7 to 12 months ago	Answer if ynBirth = 'Yes'	Update & Episode Completion	Adult SUD and Adolescent SUD Females only	intBirthRecency	Less than 3 months ago = 1 3 to 6 months ago = 2 7 to 12 months ago = 3
***Did you receive prenatal care during pregnancy? Yes No	Answer if ynBirth = 'Yes'	Update & Episode Completion	Adult and Adolescent Females only	ynReceivedPrenatalCare	Yes = 1 No = 2

***Section III item – only answer on Update & Episode Completion if ynInPerson= 'Yes'

Interview Item	Item Description, Definition or Entry Instructions	Interview Type	Age/ Disability Category	Codebook Identifier: Question	Codebook Identifier: Response
Pregnant & Maternal Status					
***What was the # of weeks gestation?** _ _	Answer if ynBirth = 'Yes'	Update & Episode Completion	Adult SUD and Adolescent SUD Females only	intGestationWeeks	
***What was the birth weight?** pounds _ _ ounces _ _	Answer if ynBirth = 'Yes'	Update & Episode Completion	Adult SUD and Adolescent SUD Females only	intBirthWeightPounds intBirthWeightOunces	
***How would you describe the baby's current health?** Good Fair Poor Baby is deceased Baby is not in your custody	Answer if ynBirth = 'Yes'	Update & Episode Completion	Adult and Adolescent Females only	intBabyHealth	Good = 1 Fair = 2 Poor = 3 Baby is deceased = 4 Baby is not in your custody = 5
***Is the baby receiving regular Well Baby/Health Check services?** Yes No	Answer if ynBirth = 'Yes'	Update & Episode Completion	Adult and Adolescent Females only	intBabyHealthCare	Yes = 1 No = 2

***Section III item** – only answer on Update & Episode Completion if ynInPerson= 'Yes'

Interview Item	Item Description, Definition or Entry Instructions	Interview Type	Age/ Disability Category	Codebook Identifier: Question	Codebook Identifier: Response
Substance Use					
(Initial & Update) **Is this consumer receiving or expected to receive methadone treatment?** (Episode Completion) **Did the consumer receive or was expected to receive methadone treatment?** Yes No	Consumer is currently enrolled or expected to be enrolled in a methadone treatment program.	Initial, Update, Episode Completion & Recovery Follow-Up	Adult SUD only	ynMethProgram	Yes = 1 No = 2
(Initial & Update) **What is the current methadone dosage?** _ _mg (Episode Completion) **What was the last methadone dosage in the 60 days prior to episode completion?** _ _mg	Answer if ynMethProgram = 'Yes' Record the most current Methadone, in milligrams. Enter '0', if none.	Initial, Update, Episode Completion & Recovery Follow-Up	Adult SUD only	intDosageMethadone	
(Initial) **Please describe the current methadone dosing:** (Update & Episode Completion) **Please describe the last methadone dosing:** Induction Stabilization Taper	Answer if intDosageMethadone > 0 ***Mark only one*** **Induction** – the introduction/initiation of methadone **Stabilization** – the maintenance phase of methadone **Taper** – the adjustment phase associated with coming off methadone	Initial, Update, Episode Completion & Recovery Follow-Up	Adult SUD only	intMethPhase	Induction = 1 Stabilization = 2 Taper = 3
Is the methadone withdrawal voluntary or administrative? Voluntary Administrative	Answer if intDosageMethadone > 0 <u>and</u> intMethPhase = 'Taper' **Voluntary** – describes a consumer who has a planned schedule for detoxification as an agreed in the plan for treatment. **Administrative** – describes a consumer who has a planned schedule for detoxification from methadone due to program non-compliance.	Update, Episode Completion & Recovery Follow-Up	Adult SUD only	intMethWithdrawal	Voluntary = 1 Administrative = 2
Is methadone being given in a split dosage (e.g., 2 or more doses per day)? Yes No	Answer if intDosageMethadone > 0	Update	Adult SUD only	ynMethSplitDose	Yes = 1 No = 2
What is the consumer's take home level? Level 1 (Sunday only) Level 2 Level 3 Level 4 Level 5 Level 6 Level 7 (30 days) No take home level	Answer if intDosageMethadone > 0	Update	Adult SUD only	intMethTakeHome	Level 1 (Sunday only) = 1 Level 2 = 2 Level 3 = 3 Level 4 = 4 Level 5 = 5 Level 6 = 6 Level 7 (30 days) = 7 No take home level = 0

Interview Item	Item Description, Definition or Entry Instructions	Interview Type	Age/ Disability Category	Codebook Identifier: Question	Codebook Identifier: Response
Substance Use					
(Initial & Update) **Is this consumer receiving or expected to receive buprenorphine (mono or combo products, such as Subutex, Zubsolv, Suboxone, Probuphine, etc.) treatment?** (Episode Completion) **Did this consumer receive or was expected to receive buprenorphine (mono or combo products, such as Subutex, Zubsolv, Suboxone, Probuphine, etc.) treatment?** Yes No	Consumer is currently enrolled or expected to be enrolled in a buprenorphine treatment program.	Initial, Update, Episode Completion & Recovery Follow-Up	Adult SUD only	ynBupren	Yes = 1 No = 2
(Initial & Update) **How will the buprenorphine be administered?** (Episode Completion) **How was the buprenorphine administered?** Oral (tablets or film) Implant	Answer if ynBupren = 'Yes'	Initial, Update, Episode Completion & Recovery Follow-Up	Adult SUD only	intAdministerBupren	Oral (tablets or film) = 1 Implant = 2
(Initial & Update) **What is the current buprenorphine dosage?** _ _ _mg (Episode Completion) **What was the last buprenorphine dosage in the 60 days prior to episode completion?** _ _ _mg	Answer if ynBupren = 'Yes' Record the most current buprenorphine, in milligrams. Enter '0', if none.	Initial, Update, Episode Completion & Recovery Follow-Up	Adult SUD only	intDosageBupren	
(Initial) **Please describe the current buprenorphine dosing/phase of care:** (Update & Episode Completion) **Please describe the last buprenorphine dosing:** Induction Stabilization Taper	Answer if intDosageBupren > 0 *Mark only one* **Induction** – the introduction/initiation of buprenorphine **Stabilization** – the maintenance phase of buprenorphine **Taper** – the adjustment phase associated with coming off buprenorphine	Initial, Update, Episode Completion & Recovery Follow-Up	Adult SUD only	intBuprenPhase	Induction = 1 Stabilization = 2 Taper = 3
Is the buprenorphine withdrawal voluntary or administrative? Voluntary Administrative	Answer if intDosageBupren > 0 and intBuprenPhase = 'Taper' **Voluntary** – describes a consumer who has a planned schedule for detoxification as an agreed in the plan for treatment. **Administrative** – describes a consumer who has a planned schedule for detoxification from buprenorphine due to program non-compliance.	Update, Episode Completion & Recovery Follow-Up	Adult SUD only	intBuprenWithdrawal	Voluntary = 1 Administrative = 2

Interview Item	Item Description, Definition or Entry Instructions	Interview Type	Age/ Disability Category	Codebook Identifier: Question	Codebook Identifier: Response
Substance Use					
(Initial & Update) **Is this consumer receiving or expected to receive naltrexone (such as Revia, Vivitrol, etc.) treatment?** (Episode Completion) **Did this consumer receive or was expected to receive naltrexone (such as Revia, Vivitrol, etc.) treatment?** Yes No	Consumer is currently enrolled or expected to be enrolled in a naltrexone treatment program.	Initial, Update, Episode Completion & Recovery Follow-Up	Adult SUD only	ynNaltrexone	Yes = 1 No = 2
(Initial & Update) **How will the naltrexone be administered?** (Episode Completion) **How was the naltrexone administered?** Oral Injectable	Answer if ynNaltrexone = 'Yes'	Initial, Update, Episode Completion & Recovery Follow-Up	Adult SUD only	intAdministerNaltrexone	Oral = 1 Injectable = 2
(Initial & Update) **What is the current naltrexone dosage?** _ _ _mg (Episode Completion) **What was the last naltrexone dosage in the 60 days prior to episode completion?** _ _ _mg	Answer if ynNaltrexone = 'Yes' Record the most current naltrexone, in milligrams. Enter '0', if none.	Initial, Update, Episode Completion & Recovery Follow-Up	Adult SUD only	intDosageNaltrexone	
(Initial) **Please describe the current naltrexone dosing/phase of care:** (Update & Episode Completion) **Please describe the last naltrexone dosing:** Induction Stabilization Taper	Answer if intDosageNaltrexone > 0 *Mark only one* **Induction** – the introduction/initiation of naltrexone **Stabilization** – the maintenance phase of naltrexone **Taper** – the adjustment phase associated with coming off naltrexone	Initial, Update, Episode Completion & Recovery Follow-Up	Adult SUD only	intNaltrexonePhase	Induction = 1 Stabilization = 2 Taper = 3
Is the naltrexone withdrawal voluntary or administrative? Voluntary Administrative	Answer if intDosageNaltrexone > 0 <u>and</u> intNaltrexonePhase = 'Taper' **Voluntary** – describes a consumer who has a planned schedule for detoxification as an agreed in the plan for treatment. **Administrative** – describes a consumer who has a planned schedule for detoxification from naltrexone due to program non-compliance.	Update, Episode Completion & Recovery Follow-Up	Adult SUD only	intNaltrexoneWithdrawal	Voluntary = 1 Administrative = 2

Interview Item	Item Description, Definition or Entry Instructions	Interview Type	Age/ Disability Category	Codebook Identifier: Question	Codebook Identifier: Response
Substance Use					
Substance use disorder treatment participation and service units in the past 3 months: Group Sessions: _ _ Attended Individual/family sessions: _ _ Attended	Answer if ynMethProgram = 'Yes' or ynBupren = 'Yes' or ynNaltrexone = 'Yes' Enter number of group and individual substance use disorder related sessions attended. Do not include screening or clinical evaluation of consumer. Includes substance use treatment participation only	Update & Episode Completion	Adult SUD only	intTreatmentGroupAttended intTreatmentIndividualAttended	
Does this consumer take Antabuse? Yes No	Consumer is currently taking Antabuse	Update & Episode Completion	Adult SUD only	ynAntabuse	Yes = 1 No = 2
Number of drug tests conducted and number positive in the past 3 months: **a. Number conducted _ _** **b. Number positive _ _** **c. How often did each substance appear for all tests conducted?** Alcohol _ _ THC _ _ Opiates _ _ Benzo. _ _ Cocaine _ _ Amphetamines _ _ Barbiturates _ _	Do not count if positive for Methadone only. Enter '0', if none. If intDrugTestConducted = '0' and/or intDrugTestPositive = '0', skip to next question.	Update & Episode Completion	Adult SUD and Adolescent SUD only	intDrugTestConducted intDrugTestPositive intDrugTestPositiveAlcohol intDrugTestPositiveTHC intDrugTestPositiveOpiates intDrugTestPositiveBenzo intDrugTestPositiveCocaine intDrugTestPositiveAmphetamine intDrugTestPositiveBarbiturate	
(Initial) (Adult wording) **In the past year, have you used tobacco/vaping products or alcohol?** (Adolescent wording) **Have you ever used tobacco/vaping products or alcohol?** (Child wording) **Has your child used tobacco/vaping products or alcohol?** (Update & Episode Completion) (Adult & Adolescent wording) **In the past 3 months, have you used tobacco/vaping products or alcohol?** (Child wording) **In the past 3 months, has your child used tobacco/vaping products or alcohol?** Yes No Don't know (Child only)	Any tobacco/vaping products including cigarettes, e-cigarettes (ex. JUUL, SMOK, Suorin, Vuse, blu), cigars/cigarillos/little cigars such as Black & Milds, smokeless tobacco/chewing tobacco/chew/snuff/snus, dissolvable tobacco as in strips/sticks/orbs, hookah, heated tobacco products, "tobacco free" nicotine pouches (ex: Zyn), blunts, or any other tobacco product. E-cigarettes are battery powered devices that usually contain a nicotine-based liquid that is vaporized and inhaled. They may also be known as e-cigs, vape-pens, e-hookahs, or mods. Any alcohol products including beer, wine or liquor.	Initial, Update & Episode Completion	Adult MH, Adolescent MH and Child only	ynUsedTobacco	Yes = 1 No = 2 Don't know = 3

Interview Item	Item Description, Definition or Entry Instructions	Interview Type	Age/ Disability Category	Codebook Identifier: Question	Codebook Identifier: Response
Substance Use					
(Initial) (Adult wording) **In the past year, have you used illicit drugs or other substances other than tobacco/vaping products and alcohol?** (Adolescent wording) **Have you ever used illicit drugs or other substances other than tobacco/vaping products and alcohol?** (Child wording) **Has your child used illicit drugs or other substances other than tobacco/vaping products and alcohol?** (Update & Episode Completion) (Adult & Adolescent wording) **In the past 3 months, have you used illicit drugs or other substances other than tobacco/vaping products and alcohol?** (Child wording) **In the past 3 months, has your child used illicit drugs or other substances other than tobacco/vaping products and alcohol?** Yes No Don't know (Child only)	Any illicit drugs (narcotics, stimulants, depressants (sedatives), hallucinogens, and cannabis) or other substances.	Initial, Update & Episode Completion	Adult MH, Adolescent MH and Child only	ynUsedDrugs	Yes = 1 No = 2 Don't know = 3
Please mark the frequency of use for each substance in the past 12 months. Not Used 1-3 times monthly or less 1-2 times weekly 3-6 times weekly Daily	Answer for MH consumers only if ynUsedTobacco <u>or</u> ynUsedDrugs = 'Yes' Enter the appropriate frequency of use for each substance in the past 12 months. QPs should use their best clinical judgment for marking the frequencies. For example, if a consumer responds that he/she has used a substance once in the past 12 months, an "x" should be marked under '1-3 times monthly or less' because that is the most accurate description of frequency of use. Substances prescribed by or taken under the advice of healthcare professionals such as physicians, nurses, or pharmacists, should <u>not</u> be included in any of the drug frequencies unless consumer is <u>not</u> taking the substance as ordered.	Initial	Adult and Adolescent only	intTobaccoUsePastYear intHeavyAlcoholUsePastYear intRegularAlcoholUsePastYear intMarijuanaUsePastYear intCocaineUsePastYear intHeroinUsePastYear intOpiatesUsePastYear intNonPrescMethUsePastYear intPCPUsePastYear intOtherHallUsePastYear intMethamphetamineUsePastYear intOtherAmphetamineUsePastYear intOtherStimulantUsePastYear intBenzoUsePastYear intOtherTranqUsePastYear intBarbiturateUsePastYear intOtherSedativeUsePastYear intInhalantUsePastYear intOverCounterUsePastYear intOxyContinUsePastYear intEcstasyUsePastYear intDilantinUsePastYear intGHBGBLUsePastYear intKetamineUsePastYear intSpiceUsePastYear	Not Used = 0 1-3 times monthly or less = 1 1-2 times weekly = 2 3-6 times weekly = 3 Daily = 4

Interview Item	Item Description, Definition or Entry Instructions	Interview Type	Age/ Disability Category	Codebook Identifier: Question	Codebook Identifier: Response
Substance Use					
(Initial, Update & Episode Completion) **Please mark the frequency of use for each substance in the past month.** (Recovery Follow-Up) **Since leaving treatment, which of the following substances have you used?** Not Used 1-3 times monthly or less 1-2 times weekly 3-6 times weekly Daily	Answer for MH consumers only if ynUsedTobacco or ynUsedDrugs = 'Yes' Enter the appropriate frequency of use for each substance during the past month. QPs should use their best clinical judgment for marking the frequencies. Substances prescribed by or taken under the advice of healthcare professionals such as physicians, nurses, or pharmacists, should <u>not</u> be included in any of the drug frequencies unless consumer is <u>not</u> taking the substance as ordered.	Initial, Update, Episode Completion & Recovery Follow-Up	Adult and Adolescent only	intTobaccoUsePastMonth intHeavyAlcoholUsePastMonth intRegularAlcoholUsePastMonth intMarijuanaUsePastMonth intCocaineUsePastMonth intHeroinUsePastMonth intOpiatesUsePastMonth intNonPrescMethUsePastMonth intPCPUsePastMonth intOtherHallUsePastMonth intMethamphetamineUsePastMonth intOtherAmphetamineUsePastMonth intOtherStimulantUsePastMonth intBenzoUsePastMonth intOtherTranqUsePastMonth intBarbiturateUsePastMonth intOtherSedativeUsePastMonth intInhalantUsePastMonth intOverCounterUsePastMonth intOxyContinUsePastMonth intEcstasyUsePastMonth intDilantinUsePastMonth intGHBGBLUsePastMonth intKetamineUsePastMonth intSpiceUsePastMonth	Not Used = 0 1-3 times monthly or less = 1 1-2 times weekly = 2 3-6 times weekly = 3 Daily = 4
Identify up to two of the most often used tobacco/vaping products: Cigarettes E-cigarettes Cigars/Cigarillos/Little Cigars Smokeless Tobacco/Chewing Tobacco/Chew/Snuff/Snus Dissolvable Tobacco as in Strips/Sticks/Orbs Hookah Heated Tobacco Products "Tobacco free" Nicotine Pouches (ex: Zyn) Blunts Other Tobacco Product	Answer if tobacco/vaping use is selected for intTobaccoUsePastYear and/or intTobaccoUsePastMonth Select up to two of the most often used tobacco/vaping product(s). Tobacco/vaping products including cigarettes, e-cigarettes (ex. JUUL, SMOK, Suorin, Vuse, blu), cigars/cigarillos/little cigars such as Black & Milds, smokeless tobacco/chewing tobacco/chew/snuff/snus, dissolvable tobacco as in strips/sticks/orbs, hookah, heated tobacco products, "tobacco free" nicotine pouches (ex: Zyn), blunts, or any other tobacco product. E-cigarettes are battery powered devices that usually contain a nicotine-based liquid that is vaporized and inhaled. They may also be known as e-cigs, vape-pens, e-hookahs, or mods.	Initial, Update, Episode Completion	Adult and Adolescent only	ynTobaccoCigarettes ynTobaccoEcigarettes ynTobaccoCigars ynTobaccoSmokeless ynTobaccoHookah ynTobaccoDissolvable ynTobaccoHeated ynTobaccoFreeNicotine ynTobaccoBlunts ynTobaccoOther	Choice selected = 1 Choice not selected = 0
Does anyone who cares for your child ever smoke or vape (including in your home, car, or other places)? Smoke Vape Neither	This includes any tobacco/vaping products including cigarettes, e-cigarettes, cigars/cigarillos/little cigars, smokeless tobacco/chewing tobacco/chew/snuff/snus, dissolvable tobacco as in strips/sticks/orbs, hookah, heated tobacco products, "tobacco free" nicotine pouches (ex: Zyn), blunts, or any other tobacco product.	Initial, Update & Episode Completion	Child only	intChildCareUsedTobacco	Smoke = 2 Vape = 1 Neither = 0

Interview Item	Item Description, Definition or Entry Instructions	Interview Type	Age/ Disability Category	Codebook Identifier: Question	Codebook Identifier: Response
Substance Use					
(Initial) **If ever, when is the last time you used a needle to get any drug injected under your skin, into a muscle, or into a vein for nonmedical reasons?** Never Within the past 3 months Within the past year More than a year ago Deferred (Update & Episode Completion) ***In the past 3 months, have you used a needle to get any drug injected under your skin, into a muscle, or into a vein for nonmedical reasons?** Yes No Deferred	Defined as injecting a drug for non-medically sanctioned use. If consumer does not want to respond on Initial Interview, mark deferred and let the consumer know the question will be asked at their next interview.	Initial, Update & Episode Completion	Adult SUD and Adolescent SUD only	intNeedleUseRecency (Initial) intNeedleUse (Update & Episode Completion)	(Initial) Never = 0 Within the past 3 months = 1 Within the past year = 2 More than a year ago = 3 Deferred = 4 (Update & Episode Completion) Yes = 1 No = 2 Deferred = 3
In the 3 months prior to your current admission, how many weeks were you enrolled in substance use disorder treatment (not including detox)? _ _	Enter how many weeks the consumer was enrolled in substance use disorder treatment (not including detox), in the 3 months prior to their current episode of care. Round up the number of weeks in treatment. For example, if consumer responds two and a half weeks, enter '3' for number of weeks. Enter '0' if none.	Initial	Adult SUD and Adolescent SUD only	intSatEnrolledWeeks	

 ***Section III item** – only answer on Update & Episode Completion if ynInPerson= 'Yes'

Interview Item	Item Description, Definition or Entry Instructions	Interview Type	Age/ Disability Category	Codebook Identifier: Question	Codebook Identifier: Response
Child Custody					
(Adult wording) **Do you have children under the age of 18?** (Adolescent wording) **Do you have children?** Yes No	Includes natural, adopted, step-, foster, or other children under the age of 18 that the consumer is legally responsible to raise.	Initial, Update & Episode Completion	Adult SUD and Adolescent SUD Females only	ynChildren	Yes = 1 No = 2
How many children do you have? _ _	Answer if ynChildren = 'Yes' Answer must be greater than '0'	Initial, Update & Episode Completion	Adult SUD and Adolescent SUD Females only	intNumberChildren	
How many children are in your legal custody? _ _	Answer if ynChildren = 'Yes' Answer cannot be greater than intNumberChildren	Initial	Adult SUD and Adolescent SUD Females only	intChildrenCustody	
How many children are in the legal custody of DSS? _ _	Answer if ynChildren = 'Yes' Answer cannot be greater than intNumberChildren or greater than intNumberChildren minus intChildrenCustody	Initial	Adult SUD and Adolescent SUD Females only	intChildrenCustodyDSS	
How many children are you currently seeking legal custody of? _ _	Answer if ynChildren = 'Yes' Answer cannot be greater than intNumberChildren or greater than intNumberChildren minus intChildrenCustody	Initial	Adult SUD and Adolescent SUD Females only	intChildrenCustodySeeking	
Since the last interview, how many children have you gained legal custody of? _ _	Answer if ynChildren = 'Yes' Answer cannot be greater than intNumberChildren	Update & Episode Completion	Adult SUD and Adolescent SUD Females only	intChildrenCustodyGained	
Since the last interview, how many children have you lost legal custody of? _ _	Answer if ynChildren = 'Yes' Answer cannot be greater than intNumberChildren	Update & Episode Completion	Adult SUD and Adolescent SUD Females only	intChildrenCustodyLost	
Since the last interview, how many children have you begun seeking legal custody of? _ _	Answer if ynChildren = 'Yes' Answer cannot be greater than intNumberChildren	Update & Episode Completion	Adult SUD and Adolescent SUD Females only	intChildrenCustodyBegunSeek	
Since the last interview, how many children have you stopped seeking legal custody of? _ _	Answer if ynChildren = 'Yes' Answer cannot be greater than intNumberChildren	Update & Episode Completion	Adult SUD and Adolescent SUD Females only	intChildrenCustodyStopSeek	

Interview Item	Item Description, Definition or Entry Instructions	Interview Type	Age/ Disability Category	Codebook Identifier: Question	Codebook Identifier: Response
Child Custody					
Since the last interview, how many children have you continued seeking legal custody of? _ _	Answer if ynChildren = 'Yes' Answer cannot be greater than intNumberChildren	Update & Episode Completion	Adult SUD and Adolescent SUD Females only	intChildrenCustodyStillSeek	
Since the last interview, how many newborn baby(ies) have been removed from your legal custody? _ _	Answer if ynChildren = 'Yes'	Update & Episode Completion	Adult SUD and Adolescent SUD Females only	intChildrenCustodyBabyRemoved	
Since the last interview, how many children have your parental rights been terminated from? _ _	Answer if ynChildren = 'Yes' Answer cannot be greater than intNumberChildren Termination of parental rights completely and permanently terminates all rights and obligations of the parent to the child and of the child to the parent.	Update & Episode Completion	Adult SUD and Adolescent SUD Females only	intParentRightsTerminated	
How many children in your legal custody are receiving preventive and primary health care? _ _	Answer if ynChildren = 'Yes' Answer cannot be greater than intNumberChildren	Initial, Update & Episode Completion	Adult SUD and Adolescent SUD Females only	intChildrenHealthCare	
How many children in your legal custody have been screened for mental health and/or substance use disorder prevention or treatment services? _ _	Answer if ynChildren = 'Yes' Answer cannot be greater than intNumberChildren	Initial, Update & Episode Completion	Adult SUD and Adolescent SUD Females only	intChildrenScreened	
(Initial) **In the past year, have you been investigated by DSS for child abuse or neglect?** (Update & Episode Completion) **Since the last interview, have you been investigated by DSS for child abuse or neglect?** Yes No	Answer if ynChildren = 'Yes'	Initial, Update & Episode Completion	Adult SUD and Adolescent SUD Females only	ynChildAbuseNeglect	Yes = 1 No = 2
Was the investigation due to an infant testing positive on a drug screen? Yes No NA	Answer if ynChildAbuseNeglect = 'Yes'	Initial, Update & Episode Completion	Adult SUD and Adolescent SUD Females only	intChildAbuseDrugScreen	Yes = 1 No = 2 NA = 3
Was your admission to treatment required by Child Welfare Services of DSS? Yes No	Answer if ynChildAbuseNeglect = 'Yes'	Initial	Adult SUD and Adolescent SUD Females only	ynTreatmentRequiredCSDSS	Yes = 1 No = 2

Interview Item	Item Description, Definition or Entry Instructions	Interview Type	Age/ Disability Category	Codebook Identifier: Question	Codebook Identifier: Response
Social Supports					
(Initial, Update, & Episode Completion) (Adult & Adolescent wording) **In the past 3 months, how often did you participate in…** (Child wording) **In the past 3 months, how often did your child participate in …** (Recovery Follow-Up) (Adult & Adolescent wording) **Since leaving treatment, how often have you participated in…** (Child wording) **Since leaving treatment, how often did your child participate in …** a. (Adult wording) **positive community/leisure activities?** (Child & Adolescent wording) **extracurricular activities?** Never A few times More than a few times b. **recovery support or mutual aid groups?** Never A few times More than a few times	**Positive community/leisure activities** – includes organized community activities (e.g., sporting events, shopping, library, youth training school, religious activities, or other activities in the community), club meetings, and/or non-credit courses. **Recovery support or mutual aid groups** – includes activities such as Alcoholics Anonymous (AA), Narcotics Anonymous (NA), self-help, self-advocacy, or other community peer support groups. **Never** – not at all **A few times** – about 1-3 times **More than a few times** – about 4 times or more	Initial, Update, Episode Completion & Recovery Follow-Up	Community Activities: All Recovery Support: Adult and Adolescent only	intCommunityActivities intRecoverySupport	Never = 0 A few times = 1 More than a few times = 4
In the past month, how many times did you attend recovery support or mutual aid groups? Did not attend in past month 1-3 times (less than once per week) 4-7 times (about once per week) 8-15 times (2 or 3 times per week) 16-30 times (4 or more times per week) Some attendance, but frequency unknown	Answer if intRecoverySupport = 'A few times' or 'More than a few times'	Initial, Update & Episode Completion	Adult and Adolescent only	intRecoverySupportPastMonth	Did not attend in past month = 0 1-3 times (less than once per week) = 1 4-7 times (about once per week) = 2 8-15 times (2 or 3 times per week) = 3 16-30 times (4 or more times per week) = 4 Some attendance, but frequency unknown = 5
***(Adolescent wording) **How many active, stable relationship(s) with adult(s) who serve as positive role models do you have**? *(i.e., member of clergy, neighbor, family member, coach)* ***(Child wording) **Other than yourself, how many active, stable relationship(s) with adult(s) who serve as positive role models does your child have?** *(i.e., member of clergy, neighbor, family member, coach)* None 1 or 2 3 or more	Indicate if consumer has an active, stable relationship with at least one adult who is a positive role model (i.e., member of clergy, neighbor, family member, coach).	Initial, Update & Episode Completion	Adolescent and Child only	intAdultRoleModel	None = 0 1 or 2 = 1 3 or more = 2

***Section III item** – only answer on Update & Episode Completion if ynInPerson= 'Yes'

Interview Item	Item Description, Definition or Entry Instructions	Interview Type	Age/ Disability Category	Codebook Identifier: Question	Codebook Identifier: Response
Social Supports					
***In the past month, if you have a sponsor, how often have you had contact with him or her?** Don't have a sponsor Never A few times More than a few times	Indicate if the consumer has a sponsor and how often they have contact with their sponsor.	Update & Episode Completion	Adult SUD only	intSponsorFrequency	Don't have a sponsor = 5 Never = 0 A few times = 1 More than a few times = 4
(Initial) **How supportive do you think your family and/or friends will be of your treatment and recovery efforts?** (Update & Episode Completion) ***How supportive has your family and/or friends been of your treatment and recovery efforts?** Not supportive Somewhat supportive Very supportive No family/friends	Support includes giving transportation to treatment services, household consideration for recovery, and/or participation in treatment sessions.	Initial, Update & Episode Completion	Adult and Adolescent only	intFamilyFriendsSupport	Not supportive = 0 Somewhat supportive = 1 Very supportive = 2 No family/friends = 3
(Adolescent wording) **In the past 3 months, has the individual's family, guardian, or significant other been involved in any contact with staff concerning any of the following?** (Child wording) **In the past 3 months, has the individual's family or guardian been involved in any contact with staff concerning any of the following?** Treatment services Person-centered planning None of the above	***Mark all that apply*** Mark whether or not the consumer's family, guardian or significant other has been involved in any contact with program staff concerning treatment planning, treatment services, person-centered planning, adult recovery team or child and family team meetings.	Update & Episode Completion	Adolescent and Child only	ynFamilyInvolvedTrtmtServices ynFamilyInvolvedPersonPlanning ynFamilyInvolvedNone	Choice selected = 1 Choice not selected = 0

***Section III item** – only answer on Update & Episode Completion if ynInPerson= 'Yes'

Interview Item	Item Description, Definition or Entry Instructions	Interview Type	Age/ Disability Category	Codebook Identifier: Question	Codebook Identifier: Response
Education					
What is the highest grade you completed or degree you received in school? Grade K, 1, 2, 3, 4, or 5 Grade 6, 7, or 8 Grade 9, 10, 11, or 12 (no diploma) HS diploma/GED Some college or technical/vocational school 2-year college/assoc. degree 4-year college degree (Adult only) Graduate work, no degree (Adult only) Professional degree or more (Adult only)	***Mark only one*** Consumer must have completed grade or received diploma or certificate. Otherwise, if the consumer has begun the grade/course and has not yet completed, record lower grade or lesser category. For example, if consumer has not yet completed Grade 6, enter 'Grade K, 1, 2, 3, 4, or 5' as choice.	Initial	Adult and Adolescent only	intAcademicAchievement	Grade K, 1, 2, 3, 4, or 5 = 1 Grade 6, 7, or 8 = 2 Grade 9, 10, 11, or 12 (no diploma) = 3 HS diploma/GED = 4 Some college or technical/vocational school = 5 2-year college/assoc. degree = 6 4-year college degree = 7 Graduate work, no degree = 8 Professional degree or more = 9
(Initial) **In the past year, have you been enrolled in school or taken any classes?** (Update & Episode Completion) **Since the last interview, have you been enrolled in school or taken any classes?** No Yes, high school or GED Yes, vocational school or certificate program Yes, college Yes, adult education/leisure/recreational classes	***Mark all that apply*** Mark whether or not the consumer is enrolled in school or taken any classes.	Initial, Update, Episode Completion	Adult only	ynEnrolledNone ynEnrolledHSGED ynEnrolledVocational ynEnrolledCollege ynEnrolledAdultClass	Choice selected = 1 Choice not selected = 0
(Initial, Update, & Episode Completion) (Adolescent wording) **Are you currently enrolled in school or courses that satisfy requirements for a certification, diploma or degree? (Enrolled includes school breaks, suspensions, and expulsions)** (Child wording) **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) (Recovery Follow-Up) (Adolescent wording) **Since leaving treatment, have you been enrolled in school or courses that satisfy requirements for a certification, diploma or degree? (Enrolled includes school breaks, suspensions, and expulsions)** (Child wording) **Since leaving treatment, has your child been enrolled in school or courses that satisfy requirements for a certification, diploma or degree? (Enrolled includes school breaks, suspensions, and expulsions)** Yes No	Enrolled includes school breaks, suspensions, and expulsions.	Initial, Update, Episode Completion & Recovery Follow-Up	Adolescent and Child only	ynAcademicProgramEnrolled	Yes = 1 No = 2

Interview Item	Item Description, Definition or Entry Instructions	Interview Type	Age/ Disability Category	Codebook Identifier: Question	Codebook Identifier: Response
Education					
(Adolescent wording) **If <u>yes</u>, what programs are you currently enrolled in for credit?** (Child wording) **If <u>yes</u>, what programs is your child currently enrolled in for credit?** Alternative Learning Program (ALP)/School Academic schools (K-12) Private Home School by parents/guardians Homebound Instruction by public/private school Incarceration/Detention/Youth Development Centers Technical/Vocational school (Adolescent Only) Early college high school (Adolescent Only) College (Adolescent Only) GED Program, Adult literacy (Adolescent Only) Other	Answer if ynAcademicProgramEnrolled = 'Yes' for Adolescent; Always ask for Child ***Mark all that apply*** **Alternative Learning Program (ALP)/School** – includes schools and programs with a wide array of activities, locations, and student characteristics. Serves selected at-risk students, suspended or expelled students, students whose learning styles are better served in an alternative program, or provides individualized programs outside of a standard classroom setting in a caring atmosphere which students learn the skills necessary to redirect their lives. Assists students in meeting requirements for graduation. **Academic schools (K-12)** – includes Kindergarten through 12th grade (private or public) and training school **Private Home School by parents/guardians** – home school by parents/guardians Kindergarten through 12th grade **Homebound Instruction by public/private school** – Any non-exceptional student that is confined for four (4) weeks or longer to a hospital/home for treatment or recuperation. Work shall be completed under the supervision of a licensed teacher, a person eligible to hold a North Carolina license, or other appropriately licensed professional employed by the local school board. **Incarceration/Detention/Youth Development Centers** – provide education services by teachers licensed by the N.C. Department of Public Instruction for youths who are adjudicated for offenses that occur prior to their 16th birthday **Technical/Vocational school (Adolescent Only)** – includes career-oriented, technology-based schools or private college systems focused on technology-oriented programs of study or schools that train for skilled jobs. **Early college high school (Adolescent Only)** – provides the opportunity for students in grades 9 – 12 to earn both a high school diploma and a two-year degree or two years of transferrable credit in four or five years, tuition free. It is designed to attract students who are often under-represented in college: minorities, students from low-income families and those whose parents never attended college. **College (Adolescent Only)** – includes private or public 2-year and 4-year colleges. **GED Program, Adult literacy (Adolescent Only)** – includes General Equivalency Degree program or other adult learning programs. **Other** – program not listed above	Initial, Update & Episode Completion	Adolescent and Child only	ynAcademicProgramALP ynAcademicProgramK12 ynAcademicProgramPrivateHomeSch ynAcademicProgramHomeInstruction ynAcademicProgramDetentionCenter ynAcademicProgramTech ynAcademicProgramEarlyCollege ynAcademicProgramCollege ynAcademicProgramGEDLiteracy ynAcademicProgramOther	Choice selected = 1 Choice not selected = 0

Interview Item	Item Description, Definition or Entry Instructions	Interview Type	Age/ Disability Category	Codebook Identifier: Question	Codebook Identifier: Response
Education					
(Adolescent wording) **Do you have an Individualized Education Program (IEP) (program or plan for special education and related services)?** (Child wording) **Does your child have an Individualized Education Program (IEP) (program or plan for special education and related services)?** Yes No	Answer if ynAcademicProgramALP and/or ynAcademicProgramK12 and/or ynAcademicProgramPrivateHomeSch and/or ynAcademicProgramHomeInstruction and/or ynAcademicProgramDetentionCenter is selected for Adolescent; Always ask for Child Each public school child who receives special education and related services must have an Individualized Education Program (IEP). Each IEP must be designed for one student and must be a truly *individualized* document. The IEP creates an opportunity for teachers, parents, school administrators, related services personnel, and students (when appropriate) to work together to improve educational results for children with disabilities. The IEP is the cornerstone of a quality education for each child with a disability.	Initial, Update & Episode Completion	Adolescent and Child only	ynIEP	Yes = 1 No = 2
(Adolescent wording) **What grade are you currently in?** _ _ (Child wording) **What grade is your child currently in?** _ _	Answer if ynAcademicProgramALP and/or ynAcademicProgramK12 and/or ynAcademicProgramPrivateHomeSch and/or ynAcademicProgramHomeInstruction and/or ynAcademicProgramDetentionCenter is selected for Adolescent; Always ask for Child Grade that the consumer is currently participating in and has not yet obtained promotion in.	Initial, Update & Episode Completion	Adolescent and Child only	intGrade	Enter 0-12
(Adolescent wording) **For your most recent reporting period, what grades did you get most of the time?** (Child wording) **For your child's most recent reporting period, what grades did s/he get most of the time?** As Bs Cs Ds Fs School does not use traditional grading system	Answer if ynAcademicProgramALP and/or ynAcademicProgramK12 and/or ynAcademicProgramPrivateHomeSch and/or ynAcademicProgramHomeInstruction and/or ynAcademicProgramDetentionCenter is selected for Adolescent; Always ask for Child ***Mark only one*** **As** – letter grade of As or numeric grade of 4 **Bs** – letter grade of Bs or numeric grade of 3 **Cs** – letter grade of Cs or numeric grade of 2 **Ds** – letter grade of Ds or numeric grade of 1 **Fs** – letter grade of Fs or numeric grade of 0 **School does not use traditional grading system**	Initial, Update & Episode Completion	Adolescent and Child only	intRecentGrades	As = 1 Bs = 2 Cs = 3 Ds = 4 Fs = 5 School does not use traditional grading system = 6

Interview Item	Item Description, Definition or Entry Instructions	Interview Type	Age/ Disability Category	Codebook Identifier: Question	Codebook Identifier: Response
Education					
(Adolescent wording) *If school does not use traditional grading system, for your most recent reporting period, did you pass or fail most of the time?* (Child wording) *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	Answer if ynAcademicProgramALP and/or ynAcademicProgramK12 and/or ynAcademicProgramPrivateHomeSch and/or ynAcademicProgramHomeInstruction and/or ynAcademicProgramDetentionCenter is selected and intRecentGrades = 'School does not use traditional grading system'; Always ask for Child **Pass** – learning was sufficient **Fail** – learning was insufficient	Initial, Update & Episode Completion	Adolescent and Child only	intPassFail	Pass = 1 Fail = 2
(Update & Episode Completion) (Adolescent wording) **Since beginning treatment, your school attendance has…** (Child wording) **Since beginning treatment, your child's school attendance has…** (Recovery Follow-Up) (Adolescent wording) **Since leaving treatment, your school attendance has…** (Child wording) **Since leaving treatment, your child's school attendance has…** improved stayed the same gotten worse	Answer if ynAcademicProgramALP and/or ynAcademicProgramK12 and/or ynAcademicProgramPrivateHomeSch and/or ynAcademicProgramHomeInstruction and/or ynAcademicProgramDetentionCenter is selected (Update & Episode Completion) ; Always ask for Child **Improved** – overall number of days consumer went to school increased **Stayed the same** – no change in the number of days the consumer went to school **Gotten worse** – overall the consumer went to school less days	Update, Episode Completion & Recovery Follow-Up	Adolescent and Child only	intSchoolAttend	Improved = 1 stayed the same = 2 gotten worse = 3
(Adolescent wording) **In the past 3 months, have you been…** (Child wording) **In the past 3 months, has your child been…** a. **suspended from school?** Yes No b. **expelled from school?** Yes No	Answer if ynAcademicProgramALP and/or ynAcademicProgramK12 and/or ynAcademicProgramPrivateHomeSch and/or ynAcademicProgramHomeInstruction and/or ynAcademicProgramDetentionCenter is selected; Always ask for Child **Suspended from school** – temporary exclusion of student in class participation as a form of punishment. **Expelled from school** – an indefinite exclusion of student from school enrollment as a form of punishment.	Initial, Update & Episode Completion	Adolescent and Child only	ynSuspended ynExpelled	Yes = 1 No = 2
Since the last interview, have you earned a… a. **GED?** Yes No b. **high school diploma?** Yes No	**GED earned** – "a state-issued certificate or diploma for successfully passing a designated high school equivalency assessment" (https://www.nccommunitycolleges.edu) **High school diploma** – document that certifies satisfactory completion of all state and local high school course requirements.	Update & Episode Completion	Adult only	ynGED ynHighSchoolDiploma	Yes = 1 No = 2

Interview Item	Item Description, Definition or Entry Instructions	Interview Type	Age/ Disability Category	Codebook Identifier: Question	Codebook Identifier: Response
Employment					
(Initial & Update) **In the past 3 months, what best describes your employment status?** (Episode Completion) **Currently, what best describes your employment status?** (Recovery Follow-Up) **Since leaving treatment, what best describes your employment status?** Full-time work (working 35 hours or more a week) Part-time work (working-11-34 hours a week) Part-time work (working less than 10 hours a week) Unemployed (seeking work or on layoff from a job) Not in labor force (not seeking work)	***Mark only one*** **Full-time work** (working 35 hours or more a week) – includes working 35 hours or more each week at a legitimate job (work for taxable income), including members of the uniformed services. May be a temporary job. **Part-time work** (working 11-34 hours a week) **Part-time work** (working less than 10 hours a week) **Unemployed** (seeking work or on layoff from a job) – seeking work during the past 30 days or on layoff from a job. **Not in labor force** (not seeking work) – not seeking work during the past 30 days or a homemaker, student, retired, disabled, or an inmate of an institution.	Initial, Update, Episode Completion & Recovery Follow-Up	Adult and Adolescent only	intEmploymentStatus	Full-time work (working 35 hours or more a week) = 1 Part-time work (working-11-34 hours a week) = 2 Part-time work (working less than 10 hours a week) = 5 Unemployed (seeking work or on layoff from a job) = 3 Not in labor force (not seeking work) = 4
If *employed*, what best describes your job classification? Professional, Technical or Managerial Clerical or Sales Service Occupation Agricultural or related Occupation Processing Occupation Machine Trades Bench work Structural Work Miscellaneous Occupation	Answer if intEmploymentStatus = 'Full-time work' or 'Part-time work' ***Mark only one*** **Job Classifications relate to the Dictionary of Occupational Titles by the USDOL** **Professional, Technical or Managerial** – management, health related, math, sciences, computers, art, or entertainment. **Clerical or Sales** – clerical, data entry, secretarial or retail **Service occupations** – food, lodging, recreation, building/grounds cleaning or maintenance, law enforcement, fire fighters, barber/beauty services **Agricultural** – farming, fishing or hunting **Processing** – processing or packaging **Machine Trades** – printing or metal working **Bench work** – Assembly or manufacturing **Structural Work** – painting, construction, handyman **Miscellaneous Occupation** – other	Initial, Update & Episode Completion	Adult and Adolescent only	intEmployedClassification	Professional, Technical or Managerial = 1 Clerical or Sales = 2 Service Occupation = 3 Agricultural or related Occupation = 4 Processing Occupation = 5 Machine Trades = 6 Bench work = 7 Structural Work = 8 Miscellaneous Occupation = 9

Interview Item	Item Description, Definition or Entry Instructions	Interview Type	Age/ Disability Category	Codebook Identifier: Question	Codebook Identifier: Response
Employment					
If *employed*, what employee benefits do you receive? Insurance Paid time off Meal/Retail discounts Other None	Answer if intEmploymentStatus = 'Full-time work' or 'Part-time work' ***Mark all that apply*** **Insurance** – group insurance (health, dental, life, etc.) **Paid time off** – vacation or sick leave **Meal/Retail discounts** – discounts for products or services **Other** – other various types of compensation provided to an employee in addition to their normal wages **None** – employer has no benefits	Initial, Update & Episode Completion	Adult and Adolescent only	ynEmployedBenefitsInsurance ynEmployedBenefitsPaidTimeOff ynEmployedBenefitsDiscounts ynEmployedBenefitsOther ynEmployedBenefitsNone	Choice selected = 1 Choice not selected = 0
If *employed*, what currently describes you rate of pay? Above minimum wage Minimum wage Lower than minimum wage	Answer if intEmploymentStatus = 'Full-time work' or 'Part-time work' **Above minimum wage** – more than $7.25 an hour **Minimum wage** – $7.25 an hour **Lower than minimum wage** – due to student status, piece work, working for tips or employer under sub-minimum wage certificate	Initial, Update & Episode Completion	Adult and Adolescent only	intRatePay	Above minimum wage = 1 Minimum wage = 2 Lower than minimum wage = 3
If *employed*, are you also enrolled in an educational program? Yes No	Answer if intEmploymentStatus = 'Full-time work' or 'Part-time work' **Enrolled in educational program** – registered and participating in courses for vocational or professional development. This would not include, for example, courses to learn a hobby or leisure skill.	Initial, Update, Episode Completion & Recovery Follow-Up	Adult and Adolescent only	ynEmployedEducationProgram	Yes = 1 No = 2
If *not seeking work*, what best describes your current status? Homemaker Student Retired Chronic medical condition which prevents employment Incarcerated (juvenile or adult facility) Institutionalized Day program services Volunteer None of the above	Answer if intEmploymentStatus = 'Not in labor force (not seeking work)' ***Mark only one*** **Homemaker** – keeping own household full-time with no outside paid work. **Student** – enrolled in public or private school, college, or trade school. Includes full-time or part-time. **Retired** – not looking for work and permanently left the labor force after working 20+ years. Worked full-time or part-time prior to retirement. **Chronic medical condition which prevents employment** – meets the criteria for physical or mental health disability that keeps the consumer from permanently participating in the workforce. This also includes a person applying for disability. (This category was previously known as Disabled) **Incarcerated** (juvenile or adult facility) – includes prison, local jail, juvenile detention center, youth development center (training school), or other correctional facility. **Institutionalized** – hospitalized for medical or psychiatric reasons, unable to live independently. Lives in an institution that restrains a person from the labor force (hospital, psychiatric hospital, Mental Health/Substance Use Disorder inpatient hospital or residential treatment facility, etc.). **Day program services** **Volunteer** – participates in service projects or activities that are done willingly and without pay.	Initial, Update & Episode Completion	Adult only	intCurrentStatus	Homemaker = 1 Student = 2 Retired = 3 Chronic medical condition which prevents employment = 4 Incarcerated (juvenile or adult facility) = 5 Institutionalized = 6 Day program services = 8 Volunteer = 9 None of the above = 7

Interview Item	Item Description, Definition or Entry Instructions	Interview Type	Age/ Disability Category	Codebook Identifier: Question	Codebook Identifier: Response
Housing					
(Initial) (Adult & Adolescent wording) **In the past year, how many times have you moved residences?** _ _ (Child wording) **In the past year, how many times has your child moved residences?** _ _ (Update & Episode Completion) (Adult & Adolescent wording) **In the past 3 months, how many times have you moved residences?** (Child wording) **In the past 3 months, how many times has your child moved residences?** _ _	Number of times the physical address location has changed. If the consumer is homeless, count movement from type of setting (i.e. homeless to temporary housing). Do not count homeless movement from place to place (i.e. under a bridge to park bench).	Initial, Update & Episode Completion	All	intTimesMoved	
(Initial & Update) (Adult & Adolescent wording) **In the past 3 months, where did you live most of the time?** (Child wording) **In the past 3 months, where did your child live most of the time?** (Episode Completion) (Adult & Adolescent wording) **Currently, where do you live?** (Child wording) **In the past 3 months, where does your child live?** (Recovery Follow-Up) (Adult & Adolescent wording) **Since leaving treatment, where have you lived most of the time?** (Child wording) **Since leaving treatment, where has your child lived most of the time?** Living independently (Adult wording) In a family setting (Adolescent & Child wording) Stable housing with friends or family at minimal or no cost Residential program Institutional setting Homeless Temporary housing	***Mark only one*** **Living independently** (for Adult) – own/rent home/apartment. Is a private or permanent residence – Individual, independent residence. Can be with or without subsidized rent **In a family setting** (for Adolescent & Child) – private or foster home **Stable housing with friends or family at minimal or no cost** (for Adult) – living with friends or relatives for little or no money with the understanding that it is the consumer's home for an agreed upon period of time. **Residential program** (for Adult) – halfway house, group home, alternative family living, family care home **Residential program** (for Adolescent & Child) – group home, PRTF **Institutional setting** (for Adult) – hospital or jail **Institutional setting** (for Adolescent & Child) – hospital or detention center/jail **Homeless** – no fixed address or shelter; Sleeping on the streets, in vehicle, in homeless shelter, or in domestic violence shelter **Temporary housing** – no fixed address; (e.g., sleeping at a motel, hotel or on a couch or floor in a private residence	Initial, Update, Episode Completion & Recovery Follow-Up	All	intHabitationPlace	Living independently = 5 In a family setting = 5 Stable housing with friends or family at minimal or no cost = 26 Residential program = 24 Institutional setting = 25 Homeless = 1 Temporary housing = 15

Interview Item	Item Description, Definition or Entry Instructions	Interview Type	Age/ Disability Category	Codebook Identifier: Question	Codebook Identifier: Response
Housing					
(Initial & Update) (Adult & Adolescent wording) **If *residential program*, please specify the type of residential program you lived in most of the time in the past 3 months.** (Child wording) **If *residential program*, please specify the type of residential program your child lived in most of the time in the past 3 months.** (Episode Completion) (Adult & Adolescent wording) **If *residential program*, please specify the type of residential program you currently live in.** (Child wording) **If *residential program*, please specify the type of residential program your child currently lives in.** Therapeutic foster home Level III group home Level IV group home State-operated residential treatment center Psychiatric Residential Treatment Facility (PRTF) Substance use residential treatment facility (Adolescent only) Halfway house (SUD only) Other	Answer if intHabitationPlace = 'Residential program' ***Mark only one*** **Therapeutic foster home** – consumer is placed in a private home providing them with structure, interventions, care and treatment. **Level III group home** – consumer is in a residential/inpatient service **Level IV group home** – consumer is in a medically managed intensive inpatient service **State-operated residential treatment center** **Psychiatric Residential Treatment Facility (PRTF)** – non-acute inpatient facility for children/adolescents with a mental illness or substance use disorder who need 24-hour supervision and specialized interventions. **Substance use residential treatment facility (Adolescent only)** **Halfway house (SUD only)** – consumer is in low intensity residential service rehabilitating under supervision **Other** – Residential program not listed above	Initial, Update & Episode Completion	Adolescent and Child only	intHabitationResidential	Therapeutic foster home = 8 Level III group home = 9 Level IV group home = 10 State-operated residential treatment center = 11 Psychiatric Residential Treatment Facility (PRTF) = 16 Substance use residential treatment facility = 12 Halfway house = 6 Other = 15
(Initial & Update) (Adult & Adolescent wording) **If *homeless*, please specify your living situation most of the time in the past 3 months.** (Child wording) **If *homeless*, please specify your child's living situation most of the time in the past 3 months.** (Episode Completion) (Adult & Adolescent wording) **If *homeless*, please specify your living situation currently.** (Child wording:) **If *homeless*, please specify your child's living situation currently.** Sheltered Unsheltered	Answer if intHabitationPlace = 'Homeless' ***Mark only one*** **Sheltered** – homeless shelter or domestic violence shelter **Unsheltered** – on the street, in a car, camp	Initial, Update & Episode Completion	All	intHabitationHomeless	Sheltered = 1 Unsheltered = 2

Interview Item	Item Description, Definition or Entry Instructions	Interview Type	Age/ Disability Category	Codebook Identifier: Question	Codebook Identifier: Response
Housing					
(Initial & Update) (Adult & Adolescent wording) **If *temporary housing*, please specify your living situation most of the time in the past 3 months.** (Child wording) **If *temporary housing*, please specify your child's living situation most of the time in the past 3 months.** (Episode Completion) (Adult & Adolescent wording) **If *temporary housing*, please specify your living situation currently.** (Child wording:) **If *temporary housing*, please specify your child's living situation currently.** Unstable housing with frequent moves to and from relative's/friend's homes Hotel/motel	Answer if intHabitationTempHousing = 'Temporary housing' ***Mark only one*** **Unstable housing with frequent moves to and from relative's/friend's homes** – living with friends or relatives for short periods of time with the understanding that it is time-limited and not permanent. **Hotel/motel** – "a commercial establishment providing lodging, meals, and other guest services" (www.businessdictionary.com/definition/hotel.html)	Initial, Update & Episode Completion	All	intHabitationTempHousing	Unstable housing with frequent moves to and from relative's/friend's homes = 1 Hotel/motel = 2
(Adolescent wording) **Was this living arrangement in your home community?** (Child wording) **Was this living arrangement in your child's home community?** Yes No	Home community is the place the consumer calls home and has family, support and/or social connectedness.	Initial, Update & Episode Completion	Adolescent and Child only	ynLivingArrange	Yes = 1 No = 2
(Adolescent wording) **In the past 3 months, have you received any residential services outside of your home community?** (Child wording) **In the past 3 months, has your child received any residential services outside of his/her home community?** Yes No	Outside the home community - outside the community that the consumer calls home and has family, support and/or social connectedness.	Update & Episode Completion	Adolescent and Child only	ynOutsideCommunity	Yes = 1 No = 2
If *housing*, what supports are needed to improve your current situation or would allow you to live more successfully in the community? Rental assistance Communication assistance Behavioral health supports Daily living skill development Other	Answer if intServiceValueHousing (Initial) is selected as 'Important' or ynServiceReceiveHousing (Update & Episode Completion) is marked as 'Yes' ***Mark all that apply*** **Rental assistance** – due to credit problems, criminal record, or no down payment **Communication assistance** – with landlord, housing management, or neighbors **Behavioral health supports** – with crisis management, medication compliance, environmental challenges, or problem solving **Daily living skill development** – for paying bills, housekeeping, transportation, meal preparation, or self-care **Other** – other types of supports not listed above	Initial, Update & Episode Completion	Adult only	ynHousingSupportsRental ynHousingSupportsCommunication ynHousingSupportsBehavior ynHousingSupportsLivingSkills ynHousingSupportsOther	Choice selected = 1 Choice not selected = 0

Interview Item	Item Description, Definition or Entry Instructions	Interview Type	Age/ Disability Category	Codebook Identifier: Question	Codebook Identifier: Response
Mental Health					
(Initial, Update, & Episode Completion) (Adult & Adolescent wording) **In the past month, how would you describe your mental health symptoms?** (Child wording) **In the past month, how would you describe your child's mental health symptoms?** (Recovery Follow-Up) (Adult & Adolescent wording) **Since leaving treatment, how would you describe your mental health symptoms?** (Child wording) **Since leaving treatment, how would you describe your child's mental health symptoms?** Extremely Severe Severe Moderate Mild Not present	QPs should use their best clinical judgment for assisting the consumer on rating symptoms. An example would be to use a Likert scale using zero as mental symptoms not being present and 4 equaling extremely severe mental health symptoms: Extremely Severe = 4 Severe = 3 Moderate = 2 Mild = 1 Not present = 0	Initial, Update, Episode Completion & Recovery Follow-Up	All	intSymptomsBother	Extremely Severe = 5 Severe = 4 Moderate = 3 Mild = 2 Not present = 1
(Initial, Update, & Episode Completion) (Adult & Adolescent wording) **In the past month, if you have a current prescription for psychotropic medications, how often have you taken this medication as prescribed?** (Child wording) **In the past month, if your child has a current prescription for psychotropic medications, how often has s/he taken this medication as prescribed?** (Recovery Follow-Up) (Adult & Adolescent wording) **If you have a current prescription for psychotropic medications, how often have you taken this medication as prescribed?** (Child wording) **If your child has a current prescription for psychotropic medications, how often has s/he taken this medication as prescribed?** No prescription All or most of the time Sometimes Rarely or never	**No prescription** – does not have a prescription from the doctor for medications **All or most of the time** – 6-7 days per week **Sometimes** – 3-5 days per week **Rarely or never** – less than 3 days per week	Initial, Update, Episode Completion & Recovery Follow-Up	All	intMedsTaken	No prescription = 3 All or most of the time = 2 Sometimes = 1 Rarely or never = 0

Interview Item	Item Description, Definition or Entry Instructions	Interview Type	Age/ Disability Category	Codebook Identifier: Question	Codebook Identifier: Response
Health & Safety					
(Initial) (Adult & Adolescent wording) **How long has it been since you last visited a physical health care provider for a routine checkup?** (Child wording) **How long has it been since your child last visited a physical health care provider for a routine checkup**? Never Within the past year Within the past 2 years Within the past 5 years More than 5 years ago (Update & Episode Completion) ***(Adult & Adolescent wording) **Since the last interview, have you visited a physical health care provider for a routine checkup?** ***(Child wording) **Since the last interview, has your child last visited a physical health care provider for a routine checkup**? Yes No	A routine checkup is a general physical exam, not an exam for a specific injury, illness or condition	Initial, Update & Episode Completion	All	intHealthProviderRecency (Initial) ynHealthProvider (Update & Episode Completion)	(Initial) Never = 0 Within the past year = 1 Within the past 2 years = 2 Within the past 5 years = 3 More than 5 years ago = 4 (Update & Episode Completion) Yes = 1 No = 2
(Initial) (Adult & Adolescent wording) **How long has it been since you last visited a dentist for a routine checkup?** (Child wording) **How long has it been since your child last visited a dentist for a routine checkup?** Never Within the past year Within the past 2 years Within the past 5 years More than 5 years ago (Update & Episode Completion) ***(Adult & Adolescent wording) **Since the last interview, have you visited a dentist for a routine checkup?** ***(Child wording) **Since the last interview, has your child visited a dentist for a routine checkup?** Yes No	A routine checkup is a general dental exam and/or dental cleaning, not an exam for a specific injury, illness or condition	Initial, Update & Episode Completion	All	intDentistVisitRecency (Initial) ynDentistVisit (Update & Episode Completion)	(Initial) Never = 0 Within the past year = 1 Within the past 2 years = 2 Within the past 5 years = 3 More than 5 years ago = 4 (Update & Episode Completion) Yes = 1 No = 2

***Section III item** – only answer on Update & Episode Completion if ynInPerson= 'Yes'

Interview Item	Item Description, Definition or Entry Instructions	Interview Type	Age/ Disability Category	Codebook Identifier: Question	Codebook Identifier: Response
Health & Safety					
****Would you say that in general your health is:** ***(Child wording:) **Would you say that in general your child's health is:** Excellent Very good Good Fair Poor Don't know/Not sure Refuse		Initial, Update & Episode Completion		intGeneralHealth	Excellent = 1 Very good = 2 Good = 3 Fair = 4 Poor = 5 Don't know/Not sure = 7 Refuse = 9
****Now thinking about your physical health, which includes physical illness and injury, for how many days during the past 30 days was your physical health not good?** ***(Child wording:) **Now thinking about your child's physical health, which includes physical illness and injury, for how many days during the past 30 days was your child's physical health not good?** Number of Days __ None Don't Know Refused		Initial, Update & Episode Completion		intPhysHealthNotGoodNumberDays	Number of Days __ (user should enter a number from 1-30) None = 88 Don't Know = 77 Refused = 99
****Now thinking about your mental health, which includes stress, depression, and problems with emotions, for how many days during the past 30 days was your mental health not good?** ***(Child wording:) **Now thinking about your child's mental health, which includes stress, depression, and problems with emotions, for how many days during the past 30 days was your child's mental health not good?** Number of Days __ None$_8$ Don't Know Refused		Initial, Update & Episode Completion		intMHNotGoodNumberDays	Number of Days __ (user should enter a number from 1-30) None = 88 Don't Know = 77 Refused = 99
****During the past 30 days, for about how many days did poor physical or mental health keep you from doing your usual activities, such as self-care, work, or recreation?** ***(Child wording:) **During the past 30 days, for about how many days did poor physical or mental health keep your child from doing his/her usual activities, such as self-care, school work, or recreation?** Number of Days __ None Don't Know Refused		Initial, Update & Episode Completion		intPoorPhysMHNumberDays	Number of Days __ (user should enter a number from 1-30) None = 88 Don't Know = 77 Refused = 99

****Initial interview and Section III item** – always answer on Initial; only answer on Update & Episode Completion if ynInPerson= 'Yes'

Interview Item	Item Description, Definition or Entry Instructions	Interview Type	Age/ Disability Category	Codebook Identifier: Question	Codebook Identifier: Response
Health & Safety					
(Initial) **If ever, when have you participated in any of the following activities without using a condom? had sex with someone who was <u>not your spouse or primary partner</u> [or] <u>knowingly</u> had sex with someone who injected drugs [or] traded, gave, or received sex for drugs, money, or gifts?** Never Within the past 3 months Within the past year More than a year ago Deferred (Update & Episode Completion) *****If the past 3 months, have you participated in any of the following activities without using a condom? had sex with someone who was <u>not your spouse or primary partner</u> [or] <u>knowingly</u> had sex with someone who injected drugs [or] traded, gave, or received sex for drugs, money, or gifts?** Yes No Deferred	Item refers to consumer's ability to make good choices regarding personal safety. Item does not include sexual crime. If the abuse is a reportable offense under NC law, the QP must follow the law for reporting abuse. If consumer does not want to respond on Initial Interview, mark 'Deferred' and let the consumer know the question will be asked at their next interview.	Initial, Update & Episode Completion	Adult SUD only	intSexualRiskRecency (Initial) intSexualRisk (Update & Episode Completion)	(Initial) Never = 0 Within the past 3 months = 1 Within the past year = 2 More than a year ago = 3 Deferred = 4 (Update & Episode Completion) Yes = 1 No = 2 Deferred = 3
(Adult & Adolescent wording) In the past 3 months, how often have you been hit, kicked, slapped, or otherwise physically hurt? **(Child wording) 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	**Never** – not at all in the past 3 months **A few times** – about 1-3 times **More than a few times** – about 4 times or more **Deferred** – consumer does not want to answer question at this time If the abuse is a reportable offense under NC law, the QP must follow the law for reporting abuse. If consumer does not want to respond on Initial Interview, mark 'Deferred' and let the consumer know the question will be asked at their next interview.	Initial, Update & Episode Completion	All	intAbuse	Never = 0 A few times = 1 More than a few times = 4 Deferred = 3
(Adult & Adolescent wording) In the past 7 days, have you been hit, kicked, slapped, or otherwise physically hurt? **(Child wording) In the past 7 days, has your child been hit, kicked, slapped, or otherwise physically hurt?** Yes No	Answer if intAbuse = 'A few times' or 'More than a few times'	Initial	All	ynAbuseRecency	Yes = 1 No = 2

Interview Item	Item Description, Definition or Entry Instructions	Interview Type	Age/ Disability Category	Codebook Identifier: Question	Codebook Identifier: Response
Health & Safety					
(Initial) **Do you currently have a restraining order in place against someone who is associated with these recent threats or acts of violence?** Yes No ***(Update & Episode Completion)** **In the past 3 months, have you had a restraining order in place against someone who is associated with these recent threats or acts of violence?** Yes No	Answer if intAbuse = 'A few times' or 'More than a few times' **Restraining order** – "If the court, including magistrates as authorized under G.S. 50B-2(c1), finds that an act of domestic violence has occurred, the court shall grant a protective order restraining the defendant from further acts of domestic violence." (Chapter 50B. Domestic Violence § 50B-3. Relief. (a))	Initial, Update & Episode Completion	Adult only	ynAbuseRestrainingOrder	Yes = 1 No = 2
***(Adult & Adolescent wording)** **In the past 3 months, how often have <u>you</u> hit, kicked, slapped, or otherwise physically hurt someone?** ***(Child wording)** **In the past 3 months, how often has <u>your child</u> hit, kicked, slapped, or otherwise physically hurt someone?** Never A few times More than a few times Deferred	**Never** – not at all in the past 3 months **A few times** – about 1-3 times **More than a few times** – about 4 times or more **Deferred** – consumer does not want to answer question at this time If the abuse is a reportable offense under NC law, the QP must follow the law for reporting abuse. If consumer does not want to respond on Initial Interview, mark 'Deferred' and let the consumer know the question will be asked at their next interview.	Initial, Update & Episode Completion	All	intAbuser	Never = 0 A few times = 1 More than a few times = 4 Deferred = 3
(Initial) **If ever, when have you been forced or pressured to do sexual acts?** Never Within the past 3 months Within the past year More than a year ago Deferred (Update & Episode Completion) ***In the past 3 months, have you been forced or pressured to do sexual acts?** Yes No Deferred	If the abuse is a reportable offense under NC law, the QP must follow the law for reporting abuse. If consumer does not want to respond on Initial Interview, mark 'Deferred' and let the consumer know the question will be asked at their next interview.	Initial, Update & Episode Completion	Adult SUD only	intSexualAbuseRecency (Initial) intSexualAbuse (Update & Episode Completion)	(Initial) Never = 0 Within the past 3 months = 1 Within the past year = 2 More than a year ago = 3 Deferred = 4 (Update & Episode Completion) Yes = 1 No = 2 Deferred = 3

***Section III item** – only answer on Update & Episode Completion if ynInPerson= 'Yes'

Interview Item	Item Description, Definition or Entry Instructions	Interview Type	Age/ Disability Category	Codebook Identifier: Question	Codebook Identifier: Response
Health & Safety					
(Initial) (Adult & Adolescent wording) **In the past 3 months, how often have you tried to hurt yourself or cause yourself pain on purpose (such as cut, burned, or bruised self)?** (Child wording) **In the past 3 months, how often has your child tried to hurt him/herself or cause him/herself pain on purpose (such as cut, burned, or bruised self)?** (Update & Episode Completion) ***(Adult & Adolescent wording) **Since the last interview, how often have you tried to hurt yourself or cause yourself pain on purpose (such as cut, burned, or bruised self)?** ***(Child wording) **Since the last interview, how often has your child tried to hurt him/herself or cause him/herself pain on purpose (such as cut, burned, or bruised self)?** Never A few times More than a few times	**Never** – not at all in the past 3 months **A few times** – about 1-3 times **More than a few times** – about 4 times or more	Initial, Update & Episode Completion	All	intHurtSelf	Never = 0 A few times = 1 More than a few times = 2
(Initial) (Adult & Adolescent wording) **In your lifetime, have you ever attempted suicide?** (Child wording) **In your child's lifetime, has s/he ever attempted suicide?** (Update & Episode Completion) ***(Adult & Adolescent wording) **Since the last interview, have you attempted suicide?** ***(Child wording) **Since the last interview, has your child ever attempted suicide?** Yes No	Indicate if consumer has ever attempted suicide in their lifetime (Initial) or since the last interview (Update & Episode Completion).	Initial, Update & Episode Completion	All	ynSuicideAttempted	Yes = 1 No = 2
(Initial) (Adult & Adolescent wording) **In the past 3 months, how often have you had thoughts of suicide?** (Child wording) **In the past 3 months, how often has your child had thoughts of suicide?** Never A few times More than a few times Don't know (Child only) (Update & Episode Completion) ***(Adult & Adolescent wording) **Since the last interview, how often have you had thoughts of suicide?** ***(Child wording) **Since the last interview, how often has your child had thoughts of suicide?** Never A few times More than a few times Don't know (Child only)	Indicate if consumer has had thoughts of suicide in the past 3 months (Initial) or since the last interview (Update & Episode Completion).	Initial, Update & Episode Completion	All	intSuicideThoughts	Never = 0 A few times = 1 More than a few times = 2 Don't know = 3

***Section III item – only answer on Update & Episode Completion if ynInPerson= 'Yes'

Interview Item	Item Description, Definition or Entry Instructions	Interview Type	Age/ Disability Category	Codebook Identifier: Question	Codebook Identifier: Response
Helpfulness of Program					
(Initial) (Adult & Adolescent wording) **What help in any of the following areas is important to you?** (Child wording) **What help in any of the following areas is important to your child?** Answer category: Important, Not important (Recovery Follow-Up) (Adult & Adolescent wording) **What help in any of the following areas are now important to you?** (Child wording) **What help in any of the following areas are now important to your child?** Answer category: Important, Not important (Update & Episode Completion) **Since the individual started services for this episode of treatment, which of the following areas has the individual received help?** Answer category: Yes, No Educational improvement Finding or keeping a job (Adult and Adolescent only) Housing (basic shelter or rent subsidy) Transportation Food supply Child care Medical care Dental care Screening/treatment referral for HIV/TB/HEP (Update & Episode Completion) Legal issues Volunteer opportunities None of the above	*Mark all that apply* **Educational improvement** – includes educational needs assessment or testing, adult basic education in reading or writing, preparation for GED or high school equivalency exam, GED classes or other educational courses, tutoring in reading, math, or other basic skills, referral to school, training, or vocational rehabilitation, general counseling about education plans or opportunities, or some other educational related service. **Finding and keeping a job** – includes job search workshop/counseling, resume writing, interviewing skills, job referral, referral to a public or private agency for help in finding a job, job placement, vocational or employment testing or assessment, or some other employment related service. **Housing** – includes basic shelter or rent subsidy **Transportation** – includes a vehicle or reliable mode of transportation, such as a bus to attend educational, employment, treatment or other activities. **Food supply** – having access to adequate food for the household **Child care** – includes a babysitter or other type of day care service **Medical care** – includes physical or dental exams and/or treatment, glasses, hearing aids, admission to hospital or clinic, medication (including dosage regulation, side effects, and their management), diet and nutritional advice, exercise or physical fitness, prenatal care, or some other medical service. **Dental care** – includes routine dental exams and/or treatment **Screening/treatment referral for HIV/TB/HEP** – includes referral for the screening or treatment related to human immunodeficiency virus *(HIV)*, tuberculosis (TB), hepatitis (HEP). **Legal issues** – includes representation in civil case (divorce, custody, etc.), representation in criminal case, assistance with probation and parole, assistance with legal matters not brought to court (will, deed, etc.), referral to lawyer or legal aid, or some other legal oriented service. **Volunteer opportunities** – service projects or activities that are done willingly and without pay. **None of the above** – none of the above are important to the consumer	Initial, Update, Episode Completion & Recovery Follow-Up	All	(Initial) intServiceValueEducation intServiceValueJob intServiceValueHousing intServiceValueTransportation intServiceValueFood intServiceValueChildCare intServiceValueMedical intServiceValueDental intServiceValueLegal intServiceValueVolunteer intServiceValueNone (Update & Episode Completion) ynServiceReceiveEducation ynServiceReceiveJob ynServiceReceiveHousing ynServiceReceiveTransportation ynServiceReceiveFood ynServiceReceiveChildCare ynServiceReceiveMedical ynServiceReceiveDental ynServiceReceiveHIVscreenRef ynServiceReceiveLegal ynServiceReceiveVolunteer ynServiceReceiveNone	Choice selected = 1 Choice not selected = 0
If *food supply*, how helpful have the program services been in supplying food as needed? Not helpful Somewhat helpful Very helpful NA	Answer ynServiceReceiveFood is marked as 'Yes'	Update & Episode Completion	All	intServicesHelpFood	Not helpful = 0 Somewhat helpful = 1 Very helpful = 2 NA = 3

Interview Item	Item Description, Definition or Entry Instructions	Interview Type	Age/ Disability Category	Codebook Identifier: Question	Codebook Identifier: Response
Helpfulness of Program					
(Initial, Update & Episode Completion) ***(Adult & Adolescent wording) **In the past 3 months, have you …** ***(Child wording) **In the past 3 months, has your child …** (Recovery Follow-Up) (Adult & Adolescent wording) **Since leaving treatment, have you …** (Child wording) **Since leaving treatment, has your child …** a. had <u>contacts</u> with an emergency crisis provider? b. had <u>visits</u> to a hospital emergency room? c. spent <u>nights</u> in a medical/surgical hospital? *(excluding birth delivery)* d. spent <u>nights</u> in a psychiatric inpatient hospital? e. spent <u>nights</u> homeless (sheltered or unsheltered)? f. spent <u>nights</u> in detention, jail, or prison? *(adult or juvenile system)* Yes No	Indicate whether or not consumer has had multiple types of medical contacts, spent nights homeless, or spent nights in detention, jail or prison.	Initial, Update, Episode Completion & Recovery Follow-Up	All	ynCrisisProviderContacts ynERVisits ynHospitalNights ynNightsPsychHospital ynNightsHomeless ynNightsJail	Yes = 1 No = 2
(Initial) (Adult & Adolescent wording) **How well have you been doing in the following areas of your life in the past year?** (Child wording) **How well has your child been doing in the following areas of his/her life in the past year?** (Update & Episode Completion) ***(Adult & Adolescent wording) **In the past 3 months, how well have you been doing in the following areas of your life?** ***(Child wording) **In the past 3 months, how well has your child been doing in the following areas of his/her life?** (Recovery Follow-Up) (Adult & Adolescent wording) **Since leaving treatment, how well have you been doing in the following areas of your life?** (Child wording) **Since leaving treatment, how well has your child been doing in the following areas of his/her life?** Answer categories: Excellent, Good, Fair, Poor a. Emotional well-being b. Physical health c. (Adult & Adolescent wording) Relationships with family or friends (Child wording) Relationships with family d. Living/Housing situation e. Employment/Education f. Getting out into my community g. Doing things I enjoy h. Feeling connected to others i. Spending time with people who support my recovery and wellness j. Seeking help or support when I need it	Indicate how well consumer has been doing in their emotional well-being, physical health, relationships with family or friends, living/housing situation, employment/education, community activities and realtionships in the past year (Initial), since the last interview (Update & Episode Completion), or since leaving treatment (Recovery Follow-Up). – Adult only e. Employment/Education f. Getting out into my community g. Doing things I enjoy h. Feeling connected to others i. Spending time with people who support my recovery and wellness j. Seeking help or support when I need it	Initial, Update, Episode Completion & Recovery Follow-Up	All	intRatingPsychHealth intRatingPhysicalHealth intRatingRelationships intRatingHousing intRatingEmployEducation intRatingCommunity intRatingEnjoy intRatingFeelConnected intRatingSupport intRatingSeekHelp	Excellent = 1 Good = 2 Fair = 3 Poor = 4

***Section III item** – only answer on Update & Episode Completion if ynInPerson= 'Yes'

Interview Item	Item Description, Definition or Entry Instructions	Interview Type	Age/ Disability Category	Codebook Identifier: Question	Codebook Identifier: Response
Helpfulness of Program					
***How helpful have the program services been in… **a.** (Adult & Adolescent wording) **improving the quality of your life?** (Child wording:) **improving the quality of your child's life?** **b.** (Adult & Adolescent wording) **decreasing your symptoms?** (Child wording:) **decreasing your child's symptoms?** **c.** (Adult & Adolescent wording) **increasing your hope about the future?** (Child wording:) **increasing your child's hope about the future?** **d.** (Adult & Adolescent wording) **increasing your control over your life?** (Child wording:) **increasing your child's control over his/her life?** **e.** (Adult & Adolescent wording) **improving your educational status?** (Child wording:) **improving your child's educational status?** **f.** (Adult only) **improving your housing status?** **g.** (Adult only) **improving your vocational/employment status?** Not helpful Somewhat helpful Very helpful NA		Update & Episode Completion	All	intServicesHelpLifeQuality intServicesHelpSymptoms intServicesHelpHope intServicesHelpControl intServicesHelpEducation intServicesHelpHousing intServicesHelpEmploy	Not helpful = 0 Somewhat helpful = 1 Very helpful = 2 NA = 3

***Section III item** – only answer on Update & Episode Completion if ynInPerson= 'Yes'

Interview Item	Item Description, Definition or Entry Instructions	Interview Type	Age/ Disability Category	Codebook Identifier: Question	Codebook Identifier: Response
Provider Related					
(Adult & Adolescent wording) **Did you receive a list or options, verbal or written, of places to receive services?** (Child wording) **Did you receive a list or options, verbal or written, of places for your child to receive services?** Yes, I received a list of options No, I came here on my own No, nobody gave me a list or options	Consumers must have a choice of service providers consistent with CMS waiver requirements and DMHDDSAS.	Initial	All	intProviderChoice	Yes, I received a list of options = 1 No, I came here on my own = 2 No, nobody gave me a list or options = 3
(Adult & Adolescent wording) **Was your first service in a time frame that met your needs?** (Child wording) **Was your child's first service in a time frame that met his/her needs?** Yes No	The consumer's perception of timely access to appropriate care is critical for promoting health and safety, consumer engagement in services and positive outcomes.	Initial	All	ynTimely	Yes = 1 No = 2
How are the next section's items being gathered? In-person interview (Preferred) Telephone interview Clinical record/notes	***Mark all that apply*** Indicate how the data for Section II of the interview are being gathered.	Update & Episode Completion	All	ynInPersonInterview ynTelephoneInterview ynClinicalRecord	Choice selected = 1 Choice not selected = 0
(Update & Episode Completion) (Adult & Adolescent wording) **Is the individual present for an in-person or telephone interview or have you directly gathered information from the individual within the past two weeks?** (Child wording) **Is the respondent present for an in-person or telephone interview or have you directly gathered information from the respondent within the past two weeks?** (Recovery Follow-Up) **Were you able to contact the individual by telephone or in-person to complete this interview?** Yes No	Indicate how the data for Section III of the interview are being gathered. There are certain items on the Update and Episode Completion Interview which are important in determining consumer outcomes that are required to be asked directly to the consumer either in-person or by telephone within the past two weeks of the NC-TOPPS interview. NC-TOPPS Interviews are intended to be fully integrated into the routine delivery of direct consumer service. If 'No' is answered on Recovery Follow-Up, only answer datetimeContacted1, datetimeContacted2, and/or datetimeContacted3, and varcharComments.	Update, Episode Completion & Recovery Follow-Up	All	ynInPerson	Yes = 1 No = 2
Do you have the printable interview form with the QP's signature? Yes No	Answer by Data Entry User (DEU) only A DEU will have the ability to enter interviews for other QPs located in their provider agency, if needed. If a DEU is entering an interview online for a QP, a signature is required to be on the printable version of the interview by the QP responsible for the consumer's NC-TOPPS. The signature certifies that the QP conducted and completed the interview. The signed printable version must be placed in the consumer's chart along with the summary page generated by the online system.	Initial Update & Episode Completion	All	ynHasSignaturePage	Yes = 1 No = 2

Interview Item	Item Description, Definition or Entry Instructions	Interview Type	Age/ Disability Category	Codebook Identifier: Question	Codebook Identifier: Response
Justice Related					
Is this consumer also a TASC client? Yes No	Indicate if consumer is in a Treatment Accountability for Safer Communities (TASC) program	Initial, Update & Episode Completion	Adult Only	ynTASC	Yes = 1 No = 2
(Initial) (Adult wording) **How many times have you been arrested for any offense including DWI….** (Adolescent wording) **How many times have you been arrested or had a petition filed for any offense including DWI….** (Child wording) **How many times has your child had a petition filed for any offense….** a. in the past month _ _ b. in the past year _ _ c. (Adult & Adolescent wording) in your lifetime _ _ (Child wording): in their lifetime _ _ (Update & Episode Completion) (Adult wording) **In the past month, how many times have you been arrested for any offense including DWI?** _ _ (Adolescent wording) **In the past month, how many times have you been arrested or had a petition filed for any offense including DWI?** _ _ (Child wording) **In the past month, how many times has your child had a petition filed for any offense?** _ _ (Recovery Follow-Up) (Adult wording) **Since leaving treatment, how many times have you been arrested for any offense including DWI?** _ _ (Adolescent wording) **Since leaving treatment, how many times have you been arrested or had a petition filed for any offense including DWI?** _ _ (Child wording) **Since leaving treatment, how many times has your child had a petition filed for any offense?** _ _	Indicate if consumer has been arrested or had a petition filed for adjudication (juvenile system) for any offense including DWI.	Initial, Update, Episode Completion & Recovery Follow-Up	All	intArrestsRecent intArrestsYear (Initial only – past year arrests) intArrests (Initial only – lifetime arrests)	

Interview Item	Item Description, Definition or Entry Instructions	Interview Type	Age/ Disability Category	Codebook Identifier: Question	Codebook Identifier: Response
Justice Related					
(Initial, Update & Episode Completion) (Adult wording) **Are you under the supervision of the criminal justice system?** (Adolescent wording) **Do you have a Court Counselor or are you under the supervision of the justice system (adult or juvenile)?** (Child wording) **Does your child have a Court Counselor or is your child currently under the supervision of the juvenile justice system?** (Recovery Follow-Up) (Adult wording) **Since leaving treatment, have you been under the supervision of the criminal justice system?** (Adolescent wording) **Since leaving treatment, have you had a Court Counselor or have you been under the supervision of the justice system (adult or juvenile)?** (Child wording) **Since leaving treatment, has your child had a Court Counselor or has your child been under the supervision of the juvenile justice system?** Yes No	Indicate if consumer is currently under any type of correctional supervision including pre-trial (prior to trial and/or plea bargain), sentenced (after trial and/or plea bargain, but prior to serving a sentence in prison or house arrest with no active supervision), or post-sentence supervision (includes probation, parole, or post-release).	Initial, Update, Episode Completion & Recovery Follow-Up	All	ynCorrectionalSupervision	Yes = 1 No = 2
In general, since entering treatment your involvement in the criminal/juvenile justice system has… increased decreased stayed the same	**Increased** – more involvement **Decreased** – less involvement **Stayed the same** – no change	Update & Episode Completion	Adult MH and Adolescent MH only	intCJSInvolve	Increased = 1 decreased = 2 stayed the same = 3

Interview Item	Item Description, Definition or Entry Instructions	Interview Type	Age/ Disability Category	Codebook Identifier: Question	Codebook Identifier: Response
Treatment Engagement & Participation					
What is your level of readiness (Stage of Change) for addressing your recovery/resiliency? Not ready for action (Pre-contemplation) Considering action sometime in the next few months (Contemplation) Seriously considering action this week (Preparation) Already taking action (Action) Maintaining new behaviors (Maintenance)	*Mark only one* Indicate consumer's level of readiness to engage in treatment.	Initial, Update & Episode Completion	Adult and Adolescent only	intReadiness	Not ready for action (Pre-contemplation) = 0 Considering action sometime in the next few months (Contemplation) = 1 Seriously considering action this week (Preparation) = 2 Already taking action (Action) = 3 Maintaining new behaviors (Maintenance) = 4
(Adult & Adolescent wording) **Do you have a need for any of the following?** (Child wording) **Does your child have a need for any of the following?** Wheelchair/Mobility equipment or services Equipment or services due to a physical disability Equipment or services due to being deaf/hard of hearing Sign language interpreter Foreign language interpreter Equipment or services due to being visually impaired Child care Equipment or services due to being a frail senior (Adult only) Other None of the above/NA	*Mark all that apply*	Initial	All	ynSpecialNeedWheelchair ynSpecialNeedSignLanguage ynSpecialNeedDeaf, ynSpecialNeedChildCare ynSpecialNeedVision ynSpecialNeedPhysicalDisability ynSpecialNeedSenior ynSpecialNeedForeignLanguage ynSpecialNeedOther ynSpecialNeedNone	Choice selected = 1 Choice not selected = 0

Interview Item	Item Description, Definition or Entry Instructions	Interview Type	Age/ Disability Category	Codebook Identifier: Question	Codebook Identifier: Response
Treatment Engagement & Participation					
(Initial) (Adult & Adolescent wording) **Did you have difficulty entering treatment because of problems with…** (Child wording) **Did your child and/or family have difficulty entering treatment because of problems with…** (Update & Episode Completion) (Adult & Adolescent wording) **Do you ever have difficulty in participating in treatment because of problems with…** (Child wording) **Does your child and/or family ever have difficulty entering treatment because of problems with…** No difficulties prevented you from entering treatment Active mental health symptoms Active substance use disorder symptoms Physical health problems Family or guardian issues Treatment offered did not meet needs Engagement issues Cost or financial reasons Stigma Discrimination Treatment/Authorization access Being deaf/hard of hearing Language or communications issues Legal reasons Transportation/Distance to provider Scheduling issues Lack of stable housing Personal safety	*Mark all that apply* **No difficulties prevented you from entering treatment** **Active mental health symptoms** – anxiety or fear, agoraphobia, paranoia, hallucinations **Active substance use disorder symptoms** – addiction, relapse **Physical health problems** – severe illness, hospitalization **Family or guardian issues** – controlling spouse, family illness, child or elder care, domestic violence, parent/guardian cooperation **Treatment offered did not meet needs** – availability of appropriate services, type of treatment wanted by consumer not available, favorite therapist quit, etc. **Engagement issues** – AWOL, doesn't think s/he has a problem, denial, runaway, oversleeps **Cost or financial reasons** – no money for cab, treatment cost **Stigma Discrimination** – race, gender, sexual orientation **Treatment/Authorization access issues** – insurance problems, waiting list, paperwork problems, red tape, lost Medicaid card, referral issues, citizenship, etc. **Deaf/Hard of hearing** – communicates only by using sign language or who requires assistive listening devices in order to communicate **Language or communications issues** – foreign language issues, lack of interpreter, etc. **Legal reasons** – incarceration, arrest **Transportation/Distance to provider** **Scheduling issues** – work or school conflicts, appointment times not workable, no phone **Lack of stable housing** **Personal safety** – domestic violence, intimidation or punishment	Initial, Update & Episode Completion	All	ynBarrierNone ynBarrierMH ynBarrierSA ynBarrierHealth ynBarrierFamily ynBarrierNeeds ynBarrierEngagement ynBarrierCost ynBarrierStigma ynBarrierAccess ynBarrierDeaf ynBarrierLanguage ynBarrierLegal ynBarrierTransportation ynBarrierSchedule ynBarrierHousing ynBarrierSafety	Choice selected = 1 Choice not selected = 0

Interview Item	Item Description, Definition or Entry Instructions	Interview Type	Age/ Disability Category	Codebook Identifier: Question	Codebook Identifier: Response
Treatment Engagement & Participation					
(Initial, Update, & Episode Completion) (Adult & Adolescent wording) **In the past 3 months, how often have your problems interfered with work, school, or other daily activities?** (Child wording) **In the past 3 months, how often have your child's problems interfered with play, school, or other daily activities?** (Recovery Follow-Up) (Adult & Adolescent wording) **Since leaving treatment, how often have your problems interfered with work, school, or other daily activities?** (Child wording) **Since leaving treatment, how often have your child's problems interfered with play, school, or other daily activities?** Never A few times More than a few times	**Never** – not at all in the past 3 months **A few times** – about 1-3 times **More than a few times** – about 4 times or more	Initial, Update, Episode Completion & Recovery Follow-Up	All	intProblemsInterfere	Never = 0 A few times = 1 More than a few times = 2
Since the last interview, the consumer has attended scheduled treatment sessions… All or most of the time Sometimes Rarely or never	**All or most of the time** – 6-7 days per week **Sometimes** – 3-5 days per week **Rarely or never** – less than 3 days per week	Update & Episode Completion	All	intAttendance	All or most of the time = 2 Sometimes = 1 Rarely or never = 0
Comments/Notes:	Text box	Recovery Follow-Up	All	varcharAdditionalQuestions	

For Additional Information Contact:

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