NC-TOPPS Mental Health and Substance Use Disorder

Adolescent (Ages 12-17)

Recovery Follow-Up Interview

Use this form for backup only. <u>Do not mail.</u> Enter data into web-based system: (http://www.ncdhhs.gov/providers/provider-info/mental-health/nc-treatment-outcomes-and-program-performance-system)							
OP First Initial & Last Name I certify that I am the QP who has conducted and completed this							
	erview. Signature: Date:						
LME-MCO Assigned Consumer Record Number: 6. Since leaving treatment, how often have you participated in a. extracurricular activities?						ated in	
	☐ Never ☐ A few times	□Мо	re than a	few tim	es		
Consumer Date of Birth:	b. recovery support or mutual aid groups?						
	☐ Never ☐ A few times ☐ More than a few times 7. Since leaving treatment how often have your problems						
Consumer Gender Assigned at Birth:	interfered with work, school, or other daily activities?						
☐ Male ☐ Female	Never A few times More than a few times 8. Since leaving treatment, how would you describe your						
First three letters of consumer's last name: (If female, use consumer's maiden name)	mental health symptoms?				"		
	☐ Extremely severe☐ Severe						
First letter of consumer's first name:	☐ Moderate						
Consumer County of Residence:	☐ Mild ☐ Not present						
CNDS ID Number	9. If you have a current						
	medications, how often prescribed?					as	
Medicaid ID Number (optional)	No prescription						
	☐ All or most of the time ☐ Sometimes						
Medicaid County of Residence:	Rarely or never						
Provider Internal Consumer Record Number (optional)	10. Since leaving treatm time?	ent, <u>wh</u>	<u>ere</u> have	e you liv	ed most	of the	
	Ime? In a family setting (priva	ate or fos	ster home	e)			
	Residential program (gro			contor/i	iail)		
Local Area Code (Reporting Unit Number) (optional)				renrei/i	jaii <i>)</i>		
Total Area code (Reporting offic Humber) (optional)	Homeless	spical of t	accontrol		,		
Total Alea code (Reporting one Number) (optional)	☐ Homeless ☐ Temporary housing			-	·	stances	
Were you able to contact the individual by telephone or	☐ Homeless			-	·	stances	
Were you able to contact the individual by telephone or in-person to complete this interview?	☐ Homeless ☐ Temporary housing 11. Since leaving treatm	ent, wh	ich of th	e follow	·		
Were you able to contact the individual by telephone or	☐ Homeless ☐ Temporary housing 11. Since leaving treatm have you used?	ent, wh	t Month	- Frequ	ency of		
Were you able to contact the individual by telephone or in-person to complete this interview? ☐ Yes ☐ No → (answer only questions 1 and 2)	☐ Homeless ☐ Temporary housing 11. Since leaving treatm have you used?	ent, wh	t Month	- Frequ	ency of 3-6 times weekly	Use Daily	
Were you able to contact the individual by telephone or in-person to complete this interview? ☐ Yes ☐ No → (answer only questions 1 and 2)	Homeless Temporary housing 11. Since leaving treatm have you used? Substance Tobacco use (any tobacco products)	Pas Not Used	t Month	- Frequ	ency of	Use	
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12. Since leaving treatment, how many times have you been arrested or had a petition filed for any offense including DWI? (enter zero, if none)	16. What help in any of the following areas is now important to you? (mark all that apply) □ Educational improvement					
13. Since leaving treatment, have you had a Court Counselor	Finding or keeping a job					
or have you been under the supervision of the justice system (adult or juvenile)?	☐ Housing (basic shelter or rent subsidy)					
☐ Yes ☐ No	☐ Transportation					
14. Since leaving treatment, how well have you been doing in the following areas of your life? Excellent Good Fair Poor	☐ Food supply ☐ Child care ☐ Medical care ☐ Dental care ☐ Legal issues ☐ Volunteer opportunities ☐ None of the above 17. Comments/Notes:					
b. had <u>visits</u> to a hospital emergency room? Yes No c. spent <u>nights</u> in a medical/surgical hospital? (excluding birth delivery) Yes No d. spent <u>nights</u> in a psychiatric inpatient hospital? Yes No e. spent <u>nights</u> homeless? (sheltered or unsheltered) Yes No f. spent <u>nights</u> in detention, jail, or prison? (adult or juvenile system) Yes No						
End of i	nterview					
Enter data into web-based system: http://www.ncdhhs.gov/providers/provider-info/mental-health/ nc-treatment-outcomes-and-program-performance-system						
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