

NC-TOPPS Mental Health and Substance Use Disorder

Adult (Ages 18 and up)

Recovery Follow-Up Interview

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

(<http://www.ncdhhs.gov/providers/provider-info/mental-health/nc-treatment-outcomes-and-program-performance-system>)

12. For Adult Substance Use Disorder individual: Did this consumer receive or was expected to receive naltrexone (such as Revia, Vivitrol, etc.) treatment?

Yes No → (skip to 14)

b. How was the naltrexone administered?

Oral Injectable

c. What was the last naltrexone dosage in the 60 days prior to episode completion?

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

13. For dosage level of Naltrexone greater than zero: Please describe the last naltrexone dosing:

Induction → (skip to 14)

Stabilization → (skip to 14)

Taper

b. Is the naltrexone withdrawal voluntary or administrative?

Voluntary Administrative

14. Since leaving treatment, where have you lived most of the time?

Living independently (own/rent home/apartment)

Stable housing with friends or family at minimal or no cost

Residential program (halfway house, group home, alternative family living, family care home)

Institutional setting (hospital or jail)

Homeless

Temporary housing

15. Since leaving treatment, which of the following substances have you used?

Substance	Past Month - Frequency of Use				
	Not Used	1-3 times monthly	1-2 times weekly	3-6 times weekly	Daily
Tobacco use (any tobacco products)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Heavy alcohol use (>=5(4) drinks per sitting)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Less than heavy alcohol use	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Marijuana or hashish use	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cocaine or crack use	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Heroin use	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other opiates and synthetics	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other Drug Use <input type="text"/> <input type="text"/> (enter code from list below)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Other Drug Codes

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

16. Since leaving treatment, how many times have you been arrested for any offense including DWI? (enter zero, if none)

17. Since leaving treatment, have you been under the supervision of the criminal justice system?

Yes No

18. Since leaving treatment, how well have you been doing in the following areas of your life?

	Excellent	Good	Fair	Poor
a. Emotional well-being _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Physical health _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Relationships with family or friends _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Living/Housing situation _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Employment/Education _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Getting out into my community _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Doing things I enjoy _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Feeling connected to others _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. Spending time with people who support my recovery and wellness _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j. Seeking help or support when I need it _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

19. Since leaving treatment, have you...

a. had **contacts** with an emergency crisis provider?

Yes No

b. had **visits** to a hospital emergency room?

Yes No

c. spent **nights** in a medical/surgical hospital? (excluding birth delivery)

Yes No

d. spent **nights** in a psychiatric inpatient hospital?

Yes No

e. spent **nights** homeless? (sheltered or unsheltered)

Yes No

f. spent **nights** in detention, jail, or prison? (adult or juvenile system)

Yes No

20. What help in any of the following areas is now important to you? (mark all that apply)

- Educational improvement Medical care
 Finding or keeping a job Dental care
 Housing (basic shelter or rent subsidy) Legal issues
 Transportation Volunteer opportunities
 Food supply None of the above
 Child care

21. Comments/Notes:

End of interview

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