

# NC-TOPPS Mental Health and Substance Use Disorder

## Adolescent (Ages 12-17)

## 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>)

QP First Initial & Last Name

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

I certify that I am the QP who has conducted and completed this interview.

QP Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Tailored Plan Assigned Consumer Record Number:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Consumer Date of Birth:

--	--	--	--	--	--	--	--	--

Consumer Gender Assigned at Birth:

Male  Female

First three letters of consumer's last name:  
 (If female, use consumer's maiden name)

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First letter of consumer's first name:

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Consumer County of Residence:

CNDS ID Number

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Medicaid ID Number (optional)

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Medicaid County of Residence:

Provider Internal Consumer Record Number (optional)

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Local Area Code (Reporting Unit Number) (optional)

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Were you able to contact the individual by telephone or in-person to complete this interview?

Yes  No → (answer only questions 1 and 2)

1. Date(s) contact attempted:


2. If individual was not able to be contacted by telephone or in-person, Comments - reason not contacted:

3. 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)

Yes  No → (skip to 5)

4. Since leaving treatment, your school attendance has...

improved  stayed the same  gotten worse

5. Since leaving treatment, what best describes your employment status? (mark only one)

- Full-time work (working 35 hours or more a week) → (answer b)  
 Part-time work (working 11-34 hours a week) → (answer b)  
 Part-time work (working less than 10 hours a week) → (answer b)  
 Unemployed (seeking work or on layoff from a job)  
 Not in labor force (not seeking work)

b. If employed, are you also enrolled in an educational program?

Yes  No

6. Since leaving treatment, how often have you participated in...

a. 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

7. Since leaving treatment how often have your problems interfered with work, school, or other daily activities?

Never  A few times  More than a few times

8. Since leaving treatment, how would you describe your mental health symptoms?

Extremely severe

Severe

Moderate

Mild

Not present

9. If you have a current prescription for psychotropic medications, how often have you taken this medication as prescribed?

No prescription

All or most of the time

Sometimes

Rarely or never

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

In a family setting (private or foster home)

Residential program (group home, PRTF)

Institutional setting (hospital or detention center/jail)

Homeless

Temporary housing

11. 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/vaping use (any tobacco/vaping 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"/>
Fentanyl 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" value=" "/> (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 | 62=Cannabinoids |
| 11=Other Stimulant           | 22=OxyContin (Oxycodone)        |                 |
| 12=Benzodiazepine            | 29=Ecstasy (MDMA)               |                 |

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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)

13. Since leaving treatment, have you had a Court Counselor or have you been under the supervision of the justice system (adult or juvenile)?

Yes  No

14. 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"/>

15. 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

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

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

17. Comments/Notes:

End of interview

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