

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>)

QP First Initial & Last Name

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

QP Signature: _____ Date: _____

Tailored Plan Assigned Consumer Record Number:

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Consumer Date of Birth:

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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)

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Medicaid County of Residence: _____

Provider Internal Consumer Record Number (optional)

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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, 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

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

- a. positive community/leisure 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

5. 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

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

- Extremely severe Mild
 Severe Not present
 Moderate

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

- No prescription Sometimes
 All or most of the time Rarely or never

8. For Adult Substance Use Disorder individual:
Did this consumer receive or was expected to receive methadone treatment?

Yes No → (skip to 10)

b. What was the last methadone dosage in the 60 days prior to this recovery follow-up?

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 mg (enter zero, if none and skip to 10)

9. For dosage level of Methadone greater than zero:
Please describe the last methadone dosing:

- Induction → (skip to 10)
 Stabilization → (skip to 10)
 Taper

b. Is the methadone withdrawal voluntary or administrative?
 Voluntary Administrative

10. For Adult Substance Use Disorder individual:
Did this consumer receive or was expected to receive buprenorphine (mono or combo products, such as Subutex, Zubsolv, Suboxone, Probuphine, etc.) treatment?

Yes No → (skip to 12)

b. How was the buprenorphine administered?

- Oral (tablets or film) Implant

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

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 (enter zero, if none and skip to 12)

11. For dosage level of Buprenorphine greater than zero:
Please describe the last buprenorphine dosing:

- Induction → (skip to 12)
 Stabilization → (skip to 12)
 Taper

b. Is the buprenorphine withdrawal voluntary or administrative?
 Voluntary Administrative

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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/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"/> <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

7=PCP-Phencyclidine

8=Other Hallucinogen

9=Methamphetamine/Speed

10=Other Amphetamine

11=Other Stimulant

12=Benzodiazepine

13=Other Tranquilizer

14=Barbiturate

15=Other Sedative or Hypnotic

16=Inhalant

17=Over-the-Counter medications

22=OxyContin (Oxycodone)

29=Ecstasy (MDMA)

57=Spice

58=Dilantin

59=GHB/GBL

60=Ketamine

62=Cannabinoids

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

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

21. Comments/Notes:

End of interview

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