NC-TOPPS Mental Health and	d Substance Use Disorder				
Child (Ages 6-11) Epis	sode Completion 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)					
QP First Initial & Last Name I certa	ify that I am the QP who has conducted and completed this				
	ew. nature: Date:				
Please provide the following consumer information: Tailored Plan Assigned Consumer Record Number:	<ul> <li>5. Since the individual started services for this episode of treatment, which of the following areas has the individual received help? (mark all that apply)</li> <li>Educational improvement</li> </ul>				
Consumer Date of Birth:	Housing (basic shelter or rent subsidy)				
	Transportation				
	Food supply				
Consumer Gender Assigned at Birth:	Child care				
Male Female First three letters of consumer's last name:	Dental care				
	Screening/Treatment referral for HIV/TB/HEP				
First letter of consumer's first name:	Legal issues				
	Volunteer opportunities				
Consumer County of Residence:	<ul> <li>None of the above</li> <li>b. If <i>food supply</i>, how helpful have the program services been in</li> </ul>				
CNDS ID Number	supplying food as needed?				
	Not helpful Somewhat helpful Very helpful NA				
	6. In the past 3 months, has the individual's family or				
Medicaid ID Number (optional)	guardian been involved in any contact with staff concerning any of the following? (mark all that apply)				
	□ Treatment services □ None of the above				
	Person-centered planning				
Medicaid County of Residence: Provider Internal Consumer Record Number (optional)	Section II: Complete items 7-27 using information from the individual's interview (preferred) or consumer record				
	7. How are the next section's items being gathered?				
	(mark all that apply)				
Local Area Code (Reporting Unit Number) (optional)	□ In-person interview (preferred) □ Clinical record/notes □ Telephone interview				
	8. Does your child and/or family ever have difficulty participating in treatment because of problems with				
Please select the appropriate age/disability category(ies)	(mark all that apply)				
<b>for which the individual has received services and supports.</b>	No difficulties prevented your child from entering treatment				
Discharge Date (date of last paid service for this episode of care):	Active mental health symptoms (anxiety or fear, agoraphobia,				
	<ul> <li>paranoia, hallucinations)</li> <li>Active substance use disorder symptoms (addiction, relapse)</li> <li>Physical health problems (severe illness, hospitalization)</li> </ul>				
Begin Interview	Family or guardian issues (controlling spouse, family illness,				
1. Please select all services the consumer has received for this	child or elder care, domestic violence, parent/guardian cooperation)				
episode of care. (See Attachment I)	Treatment offered did not meet needs (availability of				
2. Please indicate reason for Episode Completion:	appropriate services, type of treatment wanted by consumer				
(mark only one) Completed treatment	not available, favorite therapist quit, etc.) Engagement issues (AWOL, doesn't think s/he has a problem,				
Discharged at program initiative	denial, runaway, oversleeps)				
Refused treatment	Cost or financial reasons (no money for cab, treatment cost)				
Did not return as scheduled within 60 days $\rightarrow$ ( <i>skip to end of</i>	Stigma/Discrimination (race, gender, sexual orientation) Treatment/Authorization access issues (insurance problems,				
<ul> <li>Changed to service not required for NC-TOPPS interview)</li> <li>Moved out of area or changed to different Tailored Plan</li> <li>Incarcerated</li> </ul>	<ul> <li>waiting list, paperwork problems, red tape, lost Medicaid card, referral issues, citizenship, etc.)</li> </ul>				
	Being deaf/hard of hearing				
Died -> (skip to end of interview)	Language or communication issues (foreign language issues, lack of interpreter, etc.)				
Other	Legal reasons (incarceration, arrest)				
<b>3. Please indicate the ICD-10-CM diagnosis code(s) for this individual.</b> (See Attachment I)	Transportation/Distance to provider				
4. Since the last interview, the consumer has attended	Scheduling issues (work or school conflicts, appointment times not workable, no phone)				
scheduled treatment sessions	Lack of stable housing				
All or most of the time Sometimes Rarely or never	Personal safety (domestic violence, intimidation or punishment)				

Confidentiality of SA and MH consumer-identifying information is protected under Federal regulations 42 CFR Part 2 and the Health Insurance Portability and Accountability Act of 1996, P.L. 104-91 (HIPAA) or implementing regulations, 45 CFR Parts 160 and 164. Consumer-identifying information may be disclosed without the individual's consent to the Division of Mental Health, Developmental Disabilities, and Substance Abuse Services (DMH/DD/SAS) and to its authorized evaluation contractors under the audit or evaluation exception. Redisclosure of consumer-identifying information without the individual's consent is explicitly prohibited. Your questions may be directed to the NC-TOPPS Help Desk: nctopps@ncsu.edu. Sponsored by the NC MH/DD/SAS.

## NC-TOPPS Mental Health and Substance Use Disorder

Child (Ages 6-11)	<b>Episode Completion Interview</b>
lice this form for back	n only Do not mail Enter data into web-based system;

grades did s/he get most of the time? (mark only one)       Index motion         a/s B/s C's D's 's School does not use traditional grading system, for your child's home community?       Yes No         b. If school does not use traditional grading system, for your child's home community?       Yes No         child's most recent reporting period, did s/he pass or fail most of the time?       Yes No         14. In the past 3 months, has your child been       a. suspended from school? Yes No         a. suspended from school? Yes No       Yes No         b. expelled from school? Yes No       Yes No         b. expelled from school? Yes No       Yes No         b. expelled from school? Yes No       Yes No         child's most, how often had your child's participate in extracurricular activities?       Yes No         child's most of the times       More than a few times       Z5. Does anyone who cares for your child ever smoke or vape (including in your home, car, or other places)?         rotrig metal health symptoms?       Smoke       Yes No         lextremely severe       Afew times More than a few times       Z6. In the past month, how would you describe your child's for any offense?         lextremely severe       Yape       Noe the supervision of the juvenile justice system?         Mid       Yape No       Section III: This next section includes questions which are important in determining consumer outcomes. These questions require that they be as		ealth/nc-treatment-outcomes-and-program-performance-system)
(Enrolled includes school breaks, suspensions, and expulsions)       Residential program (group home, PRTF) -> (answer b)         (Enrolled includes school breaks, suspensions, and expulsions)       Residential program (group home, PRTF) -> (answer b)         (Mark all that apply)       -> (Akb to 21)         (Includes school schools (A:12)       -> (Akb to 21)         (Includes school breaks, suspensions, and expulsions)       -> (Akb to 21)         (Includes school schools (A:12)       -> (Akb to 21)         (Includes school breaks, suspensions, and expulsions)       -> (Akb to 21)         (Includes school schools (A:12)       -> (Akb to 21)         (Includes school breaks, suspensions, and expulsions)       -> (Akb to 21)         (Includes school schools (A:12)       -> (Akb to 21)         (Includes school breaks, suspensions, and expulsions)       -> (Akb to 21)         (Includes school schools (A:12)       -> (Akb to 21)         (Includes school school breaks, suspensions, and expulsions)       -> (Akb to 21)         (Includes school school breaks, suspensions, and expulsions)       -> (Akb to 21)         (Includes school school breaks, suspensions, and expulsions)       -> (Akb to 21)         (Includes school school breaks, suspensions, and expulsions)       -> (Akb to 21)         (Includes school school breaks, suspensions)       -> (Akb to 21)         (Includes school school breaks, suspen		
Yes       No ~> (sky to 10)         b. What program(s) is your child currently enrolled in for credit (mark all that apply)       >> (sky to 21)         b. What program (sky to 21)       >>> (sky to 21)         chademic schools (k:12)       >> (sky to 21)         Private Home School ty parents/guardians       >>>> (sky to 21)         Incaccreation/Detention/Vout Development Centers       >>>>>>>>>>>>>>>>>>>>>>>>>>>>>>		$\Box$ In a family setting (private or foster home) $\rightarrow$ (skip to 21)
b. What program(s) is your child currently enrolled in for credit (mark ait had pphy)		$\Box$ Residential program (group home, PRTF) $\rightarrow$ (answer b)
(marke all this apply)       (markes => (answer c)         Alternative Learning Program (ALP)/School       (answer c)         Alternative Learning Program (ALP)/School       (answer c)         Private Home School by parents/guardians       (bnew School by parents/guardians)         Internative Contents       (answer c)         Internatinternative Contents       (answer c		
Atternative Learning Program (AEP)/School         Academic schools (K-12)         Private Home School by parents/guardians         Homebourd Instruction by public/private school         Incarcestrop/Detention/Youth Development Centers         10: Does your child have an Individualized Education and related services)?         Ther         10: Does your child currently in?         I: Since beginning treatment, your child's know         11: What grade is your child currently in?         I: Since beginning treatment, your child's school         attendance has         Improved         I: Since beginning treatment, your child's know often has         D: Affect the time?         3: For your child's most recent reporting period, what grades did s/he get most of the time?         1: At an the past 3 months, has your child schemas or all most of the time?         Didlef from school?       Yes         14: In the past 3 months, has your child schemas         15: In the past 3 months, how often have your child's word of the symet schemas         Not present         16: In the past 3 months, how worder have your child's word of schemas         Not present         14. In the past 3 months, how often have your child's problem schemas         15: In the past 3 months, how worder have your child's problemas         New relex 4 new times      <		
□ Addemic schools (K-12)       □ If residential program, please specify the type of residential program (PG) specify the type of residential treatment (PG) specify the type of residential freatment (PG) specify the type of residential services of the time (PG) specify the type of residential treatment (PG) specify the type of residential trest (PG) specify th		
□ Private Home School by parents/guardians         □ Homebound Instruction by public/private school         □ Incarceration/Detention/Youth Development Centers         □ Other         □ Other         □ Does your child have an Individualized Education and related services)?         □ Yes       □ No         □ It. What grade is your child currently in?       □         □ It. What grade is your child's school       □ State-operated residential Treatment Facility (PRTF)         □ Unsheltered (on the street, in a car, camp)       □ Instruction by our child's living situation currently.         □ It. What grade is your child's most recent reporting period, what grades dis //b egt emost of the time? (mark only one)       □ Unsheltered (on the street, in a car, camp)         □ As B's □ C's □ D's □ F's □ School does not use traditional grading system, for your child's mome community?       □ Nichel/motel         □ As B's □ C's □ D's □ F's □ School does not use traditional grading system, for your child's home community?       □ Nae this living arrangement in your child's home community?         □ Fasis □ Table       □ No the past 3 months, has your child been       □ No the past 3 months, how often has event child's problem interfered with play, school, or other daily activities?         □ Nee ast 3 months, how often has event with the set 3 months, how orden have your child's more care, in none?       □ Don't know         14. In the past 3 months, how orden have times       □ No the past 3 months, how orde		
□ Incarceration/Detention/Youth Development Centers       □ Level III group home         □ Obers your child have an Individualized Education and related services)?       □ State-operated residential treatment center         □ State operated residential treatment Facility (PRTF)       □ Obers your child's living situation currently.         11. What grade is your child's chool       □ State-operated residential treatment Facility (PRTF)         □ Cher       □ Thomeless, please specify your child's living situation currently.         13. Tor your child is most recent reporting period, what grades did s/he get most of the time? (mark only one)       □ It remporary houring, please specify your child's living situation most of the time in the past 3 months, and your child's living situation most of the time? (mark only one)         14. The past 3 months, has your child been       a. supended from school? □ Yes □ No         15. In the past 3 months, has your child been       a. supended from school? □ Yes □ No         16. In the past 3 months, has your child been       a. supended from school? □ Yes □ No         17. In the past 3 months, how often had your child's most recent reporting period, what grading system. If vou's □ No □ □ Don't know         16. In the past 3 months, how often had your child's experiment a libit of uses or fail most of the times?       □ Yes □ No □ □ Don't know         17. In the past 3 months, how often had your child's problems interfered with play, school, or other daily articlizet in actractional grading system. If vou' □ Child hase a current is your child's experiment an a f	Private Home School by parents/guardians	
Other       Level IV group home         10. Does your child have an Individualized Education Program (IEP) (program or plan for special education and related services)?       State-operated residential treatment center         11. What grade is your child currently in?       State-operated residential treatment Facility (PRTF)         12. Since beginning treatment, your child's school attendance has       Improved         13. For your child's most recent reporting period, what grades did s/he get most of the time? (mark only one)       J. Hered's homes traditional grading system.         A's (S B's) (C's)	Homebound Instruction by public/private school	Therapeutic foster home
10. Does your child have an Individualized Education Program (IEP) (program or plan for special education and related services)?       State-operated residential treatment center         Program (IEP) (program or plan for special education and related services)?       Psychiatric Residential treatment center         Program (IEP) (program or plan for special education and related services)?       Psychiatric Residential treatment center         Psychiatric Residential treatment center       Psychiatric Residential treatment center         Psychiatric Residential treatment Facility (PRTF)         Other       C. If homeless shelter of domestic violence shelter)         12. Since beginning treatment, your child's school attendance has       Distable housing, please specify your child's living situation most of the time? (mark only ond)         13. For your child's most recent reporting period, what grades did s/the get most of the time? (mark only ond)       Pass         b. J school does not use traditional grading system, for your of the time?       Pass         file most of the most of the time?       22. In the past 3 months, has your child been         a. suppended from school?       Yes         s. expeld from school?       Yes         Pass       No         Past 3 months, haw often did your child's problem school?       Yes         Never       A few times       More than a few times         14. In the past 3 months, how often has your child participate in ext	Incarceration/Detention/Youth Development Centers	Level III group home
10. Does your child have an Individualized Education and related services)?       State-operated residential treatment center         Program (IEP) (program or plan for special education and related services)?       Other         Yes       No         11. What grade is your child currently in?       Other         12. Since beginning treatment, your child's school attendance has       Other         13. For your child's most recent reporting period, what grades did s/he get most of the time? (mark only our buisdue) housing, please specify your child's home community?         14. Th the past 3 months, has your child been       C. If homeless the your child's home community?         14. In the past 3 months, has your child been       23. In the past 3 months, has your child been         a. suspended from school?       Yes         16. In the past 3 months, haw often did your child's Program (IEP)       State-operated residential reatment in your child used illicit drugs or other substances other than tobacco/vaping products and alcohol?         15. In the past 3 months, how often ha few times       25. Does anyone who cares for your child used illicit drugs or other substances other than tobacco/vaping products and alcohol?         16. In the past 1 month, how owell you describe your child's past or the supervision of the juvenile justice system?         Problem interfered with play, school, or other daily activities?       Pros         15. In the past 3 months, how often has ew times       27. Does anyone who cares for your child used i	☐ Other	Level IV group home
and related services)?       Other         Yes       No         Yes       No         11. What grade is your child currently in?       Sheltered (homeless shelter or domestic violence shelter)         Using relation of the services)?       Unsheltered (homeless shelter or domestic violence shelter)         12. Since beginning treatment, your child's school       If temporary housing, please specify your child's living situation unrently.         13. For your child's most recent reporting period, what grades did s/he get most of the time?       If temporary housing, please specify your child's living situation most of the time? (mark only one)         b. 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?       22. In the past 3 months, has your child been         a. suspended from school?       Yes       No         14. In the past 3 months, has your child been       23. In the past 3 months, has your child used illicit drugs or other subacco/vaping products or alcohol?         15. In the past 3 months, how often have your child's problems interfered with play, school, or other daily activities?       25. Does anyone who cares for your child used lilicit drugs or other subacco/vaping products and alcohol?         16. In the past 3 months, how often have your child's meet respristion for psychotropic medications, how often has your child has a current prescription for psychotropic medications, how often has your child have a Court Counselor or is your child currently under the supervision of the juvenile ju	10. Does your child have an Individualized Education	□ State-operated residential treatment center
Yes       No         11. What grade is your child currently in?		Psychiatric Residential Treatment Facility (PRTF)
11. What grade is your child currently in?		
12. Since beginning treatment, your child's school         112. Since beginning treatment, your child's school         112. Since beginning treatment, your child's school         113. For your child's most meeting periods, what grades did s/he get most of the time? (mark only one)         13. For your child's most recent reporting periods, what grades did s/he get most of the time? (mark only one)         14. In the past 3 months, how of the time? (mark only one)         14. In the past 3 months, has your child been         a. suspended from school? Yes         Pass         15. The your child's most recent reporting periods, did s/he pass or fail most of the time?         16. In the past 3 months, has your child been         a. suspended from school? Yes         Never       A few times         16. In the past 3 months, how often did your child's         17. In the past month, how would you describe your child's         18. In the past month, how would you describe your child's         19. Not present         18. In the past month, if your child has a current prescription for psychotropic medications, how often has your child's         10 most of the time         13. In the past month, if your child has a current prescription for psychotropic medications, how often has your childs         14. In the past 3 months, how often did your child's has a current prescription for psychotropic medications, how often has your child's		
12. Since beginning treatment, your child's school attendance has       d. If temporary hoursing, please specify your child's living situation most of the time in the past 3 months.         13. For your child's most recent reporting period, what grades did s/he get most of the time?       d. If temporary hoursing, please specify your child's living situation most of the time in the past 3 months.         14. In the past 3 months, has your child been       a. suspended from school?       Yes No         14. In the past 3 months, has your child been       a. suspended from school?       Yes No         15. In the past 3 months, has your child been       a. suspended from school?       Yes No         15. In the past 3 months, how often did your child's       Yes No       24. In the past 3 months, has your child used tobacco/vaping products and alcohol?         Past	11. What grade is your child currently in?	
artendance has       available for the same gotten worse improved improved impremany improved improved improved improved i		— , , , , ,
Improved       stayed the same       g otten worse         Improved       stayed the same       g otten worse         I3. For your child's most recent reporting period, what       Unstable housing with frequent moves to and from relative's/         I3. For your child's most recent reporting period, what       In the past 3 months, has your child deen         A's       B's       C's         D's chold dees not use traditional grading system, for your child's most recent reporting period, did s/he pass or fail most of the time?       I was this living arrangement in your child's home community?         I has at 3 months, has your child been       22. In the past 3 months, has your child been         a. suspended from school?       Yes       No         Best 3 months, how often did your child       Yes       No         Past       Fail       23. In the past 3 months, has your child used illicit drugs or other substances other than tobacco/vaping products and alcohol?         S. In the past 3 months, how often have your child's problems interfered with play, school, or other daily activities?       Z5. Does anyone who cares for your child ever smoke or vape (including in your home, car, or other places)?         Moderate       No in present       26. In the past month, how would you describe your child's may times has your child have a Court Counselor or is your child usen this medication as prescription for psychotropic medications, how often has your child have a Court Counselor or is your child usen this medication as prescribe		
13. For your child's most recent reporting period, what		$\Box$ Unstable housing with frequent moves to and from relative's/
grades did s/ne get most of the time?       Index 6 more set traditional grading system traditional grading system, for your child's most recent reporting period, did s/he pass or fail most of the time?       21. Was this living arrangement in your child's home community?         b. 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?       22. In the past 3 months, has your child been         a. suspended from school? Yes       No       23. In the past 3 months, has your child used tobacco/vaping products or alcohol?         b. expelled from school? Yes       No       24. In the past 3 months, has your child used illicit drugs or other substances other than tobacco/vaping products and alcohol?         comments       A set times       More than a few times       25. Does anyone who cares for your child ever smoke or vape (including in your home, car, or other places)?         in the past 3 months, how would you describe your child's mental health symptoms?       Smoke       Smoke         in the past month, how would you describe your child's mental health symptoms?       Severe       26. In the past month, how many times has your child currently under the supervision of the juvenile justice system?         Mid       Moderate       Section 1111: This next section includes questions which are important in determining consumer outcomes. These questions require that they be asked directly to the respondent within the past two weeks?         Moderate       Sometimes       Section 1111: This next section includes questions which are impo	13. For your child's most recent reporting period, what	
b. 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?       22. In the past 3 months, has your child received any residential services outside of his/her home community?         Id. In the past 3 months, has your child been       23. In the past 3 months, has your child used tobacco/vaping products or alcohol?         Is expelled from school?       Yes       No         Is in the past 3 months, how often did your child participate in extracurricular activities?       24. In the past 3 months, has your child used illicit drugs or other subced or vaping products or alcohol?         Is not past 3 months, how often did your child's problems interfered with play, school, or other daily activities?       25. Does anyone who cares for your child ever smoke or vaping products and alcohol?         Is not past 3 months, how often have your child's problems interfered with play, school, or other daily activities?       25. Does anyone who cares for your child ever smoke or vaping products and alcohol?         Is not past 3 month, how would you describe your child's mental health symptoms?       Smoke         Is not past month, how would you describe your child's mental health symptoms?       25. Does your child have a Court Counselor or is your child currently under the supervision of the juvenile justice system?         Is were       A few time       27. Does your child have a Section III: This next section includes questions which are important in determing consumer outcomes. These questions require that they be asked directly to the respondent either in-person or tot elephone.		
b. If school does not use traditional grading system, for your childs most recent reporting period, did s/he pass or fail most of the time?       22. In the past 3 months, has your child received any residential services outside of his/her home community?         Pass       Fail         14. In the past 3 months, has your child been       a. suspended from school?         a. suspended from school?       Yes         No       23. In the past 3 months, has your child used tobacco/vaping products or alcohol?         a. suspended from school?       Yes         No       24. In the past 3 months, has your child used illicit drugs or other substances other than tobacco/vaping products and alcohol?         participate in extracurricular activities?       Yes         Porblems interfered with play, school, or other daily activities?       No         Never       A few times       More than a few times         To. In the past month, how would you describe your child's metal health symptoms?       Someke         Extremely severe       (enter zero, if none)         Severe       26. In the past month, if your child has a current prescription for psychotropic medications, how often has your child taken this medication as prescribe?         Mild       Yes       No         More sent       Sometimes         Mild       Sometimes         All or most of the time       Sometimes         Sometimes		
child's most recent reporting period, did s/he pass or fail most of the time?       residential services outside of his/her home community?         Pass       Fail         14. In the past 3 months, has your child been       23. In the past 3 months, has your child used tobacco/vaping products or alcohol?         a. suspended from school?       Yes       No         b. expelled from school?       Yes       No         23. In the past 3 months, how often did your child participate in extracurricular activities?       Yes       No         15. In the past 3 months, how often have your child's problems interfered with play, school, or other daily activities?       Yes       No       Don't know         16. In the past 3 months, how often have your child's problems interfered with play, school, or other daily activities?       Somoke       Yes       No         Never       A few times       More than a few times       Somoke       No       Yes       No         17. In the past 3 month, how would you describe your child's mental health symptoms?       Somoke       Yes       No         26. Severe       27. Does your child have a Court Counselor or is your child currently under the supervision of the juvenile justice system?         Mild       Yes       No         Moderate       Section III: This next section includes questions which are important in determining consumer outcomes. These guestions require that they be asked directly to the	5 5 ,	
of the time?       Yes       No         Pass       Fail       23. In the past 3 months, has your child been         a. suspended from school?       Yes       No         b. expelled from school?       Yes       No         24. In the past 3 months, how often did your child       Pess       No         participate in extracurricular activities?       Pess       No         Never       A few times       More than a few times       25. Does anyone who cares for your child ever smoke or vape (including in your home, car, or other places)?         problems interfered with play, school, or other daily activities?       Smoke         Never       A few times       More than a few times         17. In the past month, how would you describe your child's mental health symptoms?       Smoke         Severe       More than a few times       Neither         27. Does your child had a petition filed for any offense?       (enter zero, if none)         28. Severe       Section IIII: This next section includes questions which are important in determining consumer outcomes. These questions require that they be asked directly to the respondent within the past two weeks?         Mild       Section IIII: This next section includes questions require that they be asked directly to the respondent within the past two weeks?         No prescription       Section full taken this medication as prescribed?		
Pass       Fail         14. In the past 3 months, has your child been       a. suspended from school?       Yes       No         a. suspended from school?       Yes       No       Preducts or alcohol?         b. expelled from school?       Yes       No       Pres       Don't know         15. In the past 3 months, how often did your child participate in extracurricular activities?       Pres       No       Don't know         16. In the past 3 months, how often have your child's problems interfered with play, school, or other daily activities?       So bes anyone who cares for your child ever smoke or vape (including in your home, car, or other places)?       So bes anyone who cares for your child ever smoke or vape (including in your home, car, or other places)?         Pres       A few times       More than a few times       So bes anyone who cares for your child ever smoke or vape (including in your home, car, or other places)?         Pres       A few times       More than a few times       So bes anyone who cares for your child ever smoke or vape (including in your home, car, or other places)?         Pres       A few times       More than a few times       So boes anyone who cares for your child had a petition file for any offense?         Bevere       Severe       Section III: This next section includes questions which are important in determining consumer outcomes. These questions require that they be asked directly to the respondent either in-person or telephone.         18. In	of the time?	
14. In the past 3 months, has your child been         a. suspended from school?       Yes         b. expelled from school?       Yes         15. In the past 3 months, how often did your child participate in extracurricular activities?       24. In the past 3 months, has your child used illicit drugs or other gubstances other than tobacco/vaping products and alcohol?         Press       No       24. In the past 3 months, how often did your child participate in extracurricular activities?         Never       A few times       More than a few times         16. In the past 3 months, how often have your child's problems interfered with play, school, or other daily activities?       Someke         17. In the past month, how would you describe your child's mental health symptoms?       Someke         17. In the past month, how would you describe your child's mental health symptoms?       Neither         17. In the past month, how would you describe your child's mental health symptoms?       Corr the past month, how many times has your child had a petition filed for any offense?         18. In the past month, if your child has a current prescription for psychotropic medications, how often has your child taken this medication as prescribed?       Section III: This next section includes questions which are important in determining consumer outcomes. These questions require that they be asked directly to the respondent within the past two weeks?         18. In the past 3 months, how many times has your child meet an important in determining consumeroutcomes. These important in determining consumer outc	🗖 Pass 🔲 Fail	
b. expelled from school?       Yes       No         15. In the past 3 months, how often did your child participate in extracurricular activities?       Yes       No         Never       A few times       More than a few times       Don't know         16. In the past 3 months, how often have your child's problems interfered with play, school, or other daily activities?       Smoke       Yes         Never       A few times       More than a few times       Smoke         17. In the past month, how would you describe your child's mental health symptoms?       Smoke       Weither         17. In the past month, how would you describe your child's mental health symptoms?       Neither       Severe         Severe       Severe       Control the supervision of the guvenile justice system?         Mild       Yes       No         No the past month, if your child has a current prescription for psychotropic medications, how often has your child taken this medication as prescribed?       Section III: This next section includes questions which are important in determining consumer outcomes. These questions require that they be asked directly to the respondent either in-person or by telephone.         18. In the past 3 months, how many times has your child moved residences?       Settion III: This next section includes questions require that they be asked directly to the respondent either in-person or by telephone.         18. In the past 3 months, how many times has your child move a residences?       Settin the p		
15. In the past 3 months, how often did your child participate in extracurricular activities?       Image: State Past 3 months of the did your child participate in extracurricular activities?         Never       A few times       More than a few times         16. In the past 3 months, how often have your child's problems interfered with play, school, or other daily activities?       Yes       No         Never       A few times       More than a few times       Smoke         Never       A few times       More than a few times       Smoke         Never       A few times       More than a few times       Smoke         It no the past month, how would you describe your child's pervise       Smoke       Smoke         Extremely severe       Neither       State Past month, how would you describe your child had a petition filed for any offense?         Mild       Moderate       Sector III: This next section includes questions which are important in determining consumer outcomes. These questions require that they be asked directly to the respondent either in-person or by telephone.         18. In the past month, if your child has a current prescription for psychotropic medications, how often has your child taken this medication as prescribed?       Section III: This next section includes questions which are important in determining consumer outcomes. These questions require that they be asked directly to the respondent either in-person or by telephone.         18. In the past 3 months, how many times has your child or most of the time	a. suspended from school? 🗌 Yes 🛛 🗋 No	Yes 🔲 No 🔲 Don't know
participate in extracurricular activities?          Yes No Don't know          Never       A few times       More than a few times         16. In the past 3 months, how often have your child's problems interfered with play, school, or other daily activities?       Smoke         Never       A few times       More than a few times       Smoke         Never       A few times       More than a few times       Smoke         Never       A few times       More than a few times       Smoke         Netther       No       No       No         17. In the past month, how would you describe your child's severe       Neither         Extremely severe       Severe       Severe         Midd       Yes       No         No present       Section III: This next section includes questions which are important in determining consumer outcomes. These questions require that they be asked directly to the respondent either in-person or by telephone.         No prescription       All or most of the time       Sometimes         Sometimes       Yes - Complete items 29-43       No - Stop here		24. In the past 3 months, has your child used illicit drugs or other
<ul> <li>Never A few times More than a few times</li> <li>Never A few times More than a few times</li> <li>Source (including in your home, car, or other places)?</li> <li>Source (including in your home, car, or other places)?</li> <li>Source (including in your home, car, or other places)?</li> <li>Source (including in your home, car, or other places)?</li> <li>Source (including in your home, car, or other places)?</li> <li>Source (including in your home, car, or other places)?</li> <li>Source (including in your home, car, or other places)?</li> <li>Source (including in your home, car, or other places)?</li> <li>Source (including in your home, car, or other places)?</li> <li>Source (including in your home, car, or other places)?</li> <li>Source (including in your home, car, or other places)?</li> <li>Source (including in your home, car, or other places)?</li> <li>Source (including in your home, car, or other places)?</li> <li>Source (including in your home, car, or other places)?</li> <li>Source (including in your home, car, or other places)?</li> <li>Source (including in your home, car, or other places)?</li> <li>Source (including in your home, car, or other places)?</li> <li>Source (including in your home, car, or other places)?</li> <li>Source (including in your home, car, or other places)?</li> <li>Source (including in your home, car, or other places)?</li> <li>Source (including in your home, car, or other places)?</li> <li>Source (including in your home, car, or other places)?</li> <li>Source (including in your home, car, or other places)?</li> <li>Source (including in your home, car, or other places)?</li> <li>Source (including in your home, car, or other places)?</li> <li>Source (including in your home, car, or other places)?</li> <li>Source (including in your home, car, or other places)?</li> <li>Source (including in your home, car, or other places)?</li> <li>Source (including in your home, car, or other places)?</li> <li>Source (including in your home, car, or other places)?</li> <li>Source (including i</li></ul>		
16. In the past 3 months, how often have your child's problems interfered with play, school, or other daily activities?       vape (including in your home, car, or other places)?         Never       A few times       More than a few times       Smoke         Never       A few times       More than a few times       Neither         7. In the past month, how would you describe your child's mental health symptoms?       Neither       Neither         Barrely severe       Ce. In the past month, how many times has your child had a petition filed for any offense? (enter zero, if none)       Provide the supervision of the juvenile justice system?         Mild       Yes       No         Not present       Section III: This next section includes questions which are important in determining consumer outcomes. These questions require that they be asked directly to the respondent either in-person or by telephone.         No prescription       All or most of the time       28. 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?         Sometimes       Yes - Complete items 29-43         No - Stop here       No - Stop here		
problems interfered with play, school, or other daily   activities?   Never   A few times   More than a few times     Vape   Neither     17. In the past month, how would you describe your child's   mental health symptoms?   Extremely severe   Severe   Severe   Moderate   Mild   Not present   18. In the past month, if your child has a current prescription for psychotropic medications, how often has your child taken this medication as prescribed?   No prescription   All or most of the time   Sometimes   Rarely or never   19. In the past 3 months, how many times has your child moved residences?   Smoke   Vape   No - Stop here   Smoke   State and the past a month, how would you describe your child has a current prescription     18. In the past month, if your child has a current prescription     No prescription     All or most of the time     Sometimes     Parely or never        19. In the past 3 months, how many times has your child                    Image: Problem is interviewed information from the respondent within the past two weeks?                                  <		
activities?   Never   A few times   More than a few times   Vape   Neither      17. In the past month, how would you describe your child's mental health symptoms?   Extremely severe   Severe   Moderate   Mild   Not present   18. In the past month, if your child has a current prescription for psychotropic medications, how often has your child taken this medication as prescribed?   No prescription   All or most of the time   Sometimes   Sometimes   19. In the past 3 months, how many times has your child moved residences?   Vape   No - Stop here   Vape   No and the past a month, how would you describe your childs   No - Stop here   Vape   No - Stop here		
<ul> <li>Never</li> <li>A few times</li> <li>More than a few times</li> <li>Neither</li> <li>In the past month, how would you describe your child's mental health symptoms?</li> <li>Extremely severe</li> <li>Severe</li> <li>Moderate</li> <li>Mild</li> <li>Not present</li> <li>18. In the past month, if your child has a current prescription for psychotropic medications, how often has your child taken this medication as prescribed?</li> <li>No prescription</li> <li>All or most of the time</li> <li>Sometimes</li> <li>Sometimes</li> <li>Rarely or never</li> <li>19. In the past 3 months, how many times has your child moved residences?</li> <li>Neither</li> <li>Neither</li> <li>Neither</li> <li>Neither</li> <li>Neither</li> <li>Section III: This next section includes questions which are important in determining consumer outcomes. These questions require that they be asked directly to the respondent either in-person or by telephone.</li> <li>28. 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?</li> <li>Yes - Complete items 29-43</li> <li>No - Stop here</li> </ul>	16. In the past 3 months, how often have your child's	vape (including in your home, car, or other places)?
mental health symptoms?   Extremely severe   Severe   Severe   Moderate   Mild   Not present   18. In the past month, if your child has a current prescription for psychotropic medications, how often has your child taken this medication as prescribed?   No prescription   All or most of the time   Sometimes   Rarely or never   19. In the past 3 months, how many times has your child moved residences?      26. In the past month, now many times has your child had a petition filed for any offense? (enter zero., if none) 27. Does your child have a Court Counselor or is your child currently under the supervision of the juvenile justice system? Yes No Section III: This next section includes questions which are important in determining consumer outcomes. These questions require that they be asked directly to the respondent either in-person or by telephone. 28. 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? Yes - Complete items 29-43 No - Stop here	16. In the past 3 months, how often have your child's problems interfered with play, school, or other daily	<pre>vape (including in your home, car, or other places)?</pre>
wind   Severe   Severe   Moderate   Mild   Not present   18. In the past month, if your child has a current prescription for psychotropic medications, how often has your child taken this medication as prescribed?   No prescription   All or most of the time   Sometimes   Rarely or never   19. In the past 3 months, how many times has your child moved residences? <th>16. In the past 3 months, how often have your child's problems interfered with play, school, or other daily activities?         □ Never       □ A few times       □ More than a few times</th> <th><pre>vape (including in your home, car, or other places)?   Smoke   Vape</pre></th>	16. In the past 3 months, how often have your child's problems interfered with play, school, or other daily activities?         □ Never       □ A few times       □ More than a few times	<pre>vape (including in your home, car, or other places)?   Smoke   Vape</pre>
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19. In the past 3 months, how many times has your child moved residences?	<ul> <li>16. In the past 3 months, how often have your child's problems interfered with play, school, or other daily activities?</li> <li>Never A few times More than a few times</li> <li>17. In the past month, how would you describe your child's mental health symptoms?</li> <li>Extremely severe</li> <li>Severe</li> <li>Moderate</li> <li>Mild</li> <li>Not present</li> <li>18. In the past month, if your child has a current prescription for psychotropic medications, how often has your child taken this medication as prescribed?</li> <li>No prescription</li> <li>All or most of the time</li> </ul>	<pre>vape (including in your home, car, or other places)? Smoke Vape Vape Neither 26. In the past month, how many times has your child had a petition filed for any offense? (enter zero, if none) 27. Does your child have a Court Counselor or is your child currently under the supervision of the juvenile justice system? Yes No Section III: This next section includes questions which are important in determining consumer outcomes. These questions require that they be asked directly to the respondent either in-person or by telephone. 28. 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?</pre>
	16. In the past 3 months, how often have your child's problems interfered with play, school, or other daily activities?         Never       A few times       More than a few times         17. In the past month, how would you describe your child's mental health symptoms?       Extremely severe         Severe       Moderate         Mild       Not present         18. In the past month, if your child has a current prescription for psychotropic medications, how often has your child taken this medication as prescribed?         No prescription         All or most of the time	<pre>vape (including in your home, car, or other places)? Smoke Vape Neither 26. In the past month, how many times has your child had a petition filed for any offense? (enter zero, if none) 27. Does your child have a Court Counselor or is your child currently under the supervision of the juvenile justice system? Yes No Section III: This next section includes questions which are important in determining consumer outcomes. These questions require that they be asked directly to the respondent either in-person or by telephone. 28. 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? Yes - Complete items 29-43</pre>
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Confidentiality of SA and MH consumer-identifying information is protected under Federal regulations 42 CFR Part 2 and the Health Insurance Portability and Accountability Act of 1996, P.L. 104-91 (HIPAA) or implementing regulations, 45 CFR Parts 160 and 164. Consumer-identifying information may be disclosed without the individual's consent to the Division of Mental Health, Developmental Disabilities, and Substance Abuse Services (DMH/DD/SAS) and to its authorized evaluation contractors under the audit or evaluation exception. Redisclosure of consumer-identifying information without the individual's consent is explicitly prohibited. Your questions may be directed to the NC-TOPPS Help Desk: nctopps@ncsu.edu. Sponsored by the NC MH/DD/SAS.

## NC-TOPPS Mental Health and Substance Use Disorder

## Child (Ages 6-11)

## **Episode Completion 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)					
29. Since the last interview, has your child visited a physical health care provider for a routine check up? ☐ Yes ☐ No	39. Since the last interview, how often has your child had thoughts of suicide?         □ Never       □ More than a few times				
<b>30. Since the last interview, has your child visited a dentist for a routine check up?</b> □ Yes □ No	A few times Don't know  40. Since the last interview, has your child attempted  aviaide2				
31. Would you say that in general your child's health is:	suicide?				
Excellent     Poor       Very good     Don't know/Not sure	41. In the past 3 months, how well has your child been doing in the following areas of his/her life?				
□ Good □ Refuse □ Fair	<u>Excellent</u> <u>Good</u> <u>Fair</u> <u>Poor</u> a. Emotional well-being				
32. 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	b. Physical health				
health not good?	d. Living/Housing situation				
Number of days:	<b>42. In the past 3 months, has your child</b> a. had <u>contacts</u> with an emergency crisis provider? □ Yes □ No				
33. 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?	<ul> <li>Lifes □ NO</li> <li>b. had <u>visits</u> to a hospital emergency room?</li> <li>□ Yes □ No</li> <li>c. spent <u>nights</u> in a medical/surgical hospital? (excluding birth delivery)</li> <li>□ Yes □ No</li> </ul>				
Number of days:	d. spent <u>nights</u> in a psychiatric inpatient hospital?				
34. 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?	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				
Number of days:	<b>43. How helpful have the program services been in</b> a. improving the quality of your child's life?				
35. 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	<ul> <li>□ Not helpful</li> <li>□ Somewhat helpful</li> <li>□ Very helpful</li> <li>□ NA</li> <li>b. decreasing your child's symptoms?</li> <li>□ Not helpful</li> <li>□ Somewhat helpful</li> <li>□ Very helpful</li> <li>□ NA</li> <li>c. increasing your child's hope about the future?</li> <li>□ Not helpful</li> <li>□ Somewhat helpful</li> <li>□ Very helpful</li> <li>□ NA</li> </ul>				
36. In the past 3 months, how often has your child been hit, kicked, slapped, or otherwise physically hurt?	d. increasing your child's control over his/her life?				
□ Never □ A few times □ More than a few times □ Deferred	Not helpful Somewhat helpful Very helpful NA e. improving your child's educational status?				
37. In the past 3 months, how often has <u>your child</u> hit, kicked, slapped, or otherwise physically hurt someone?	□ Not helpful □ Somewhat helpful □ Very helpful □ NA For Data Entry User (DEU) only:				
<ul> <li>Never A few times More than a few times Deferred</li> <li>38. Since the last interview, how often has your child</li> </ul>	This printable interview form must be signed by the QP who completed the interview for this consumer.				
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	<b>Does this printable interview form have the QP's signature (see page 1)?</b> Yes No				
	NOTE: This entire signed printable interview form must be placed in the consumer's record.				
End of interview					
Enter data into web-based system: http://www.ncdhhs.gov/providers/provider-info/mental-health/nc-treatment-outcomes-and-program-performance-system					
Do not mail this form					

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Attachment I: NC-TOPPS Services	
Community Based Services	
<ul> <li>Intensive In-Home Services (IIH) - H2022</li> <li>Multisystemic Therapy Services (MST) - H2033</li> </ul>	
Facility Based Day Services Mental Health - Partial Hospitalization - H0035 Child and Adolescent Day Treatment - H2012 HA	
Residential Services	
<ul> <li>Behavioral Health - Long Term Residential - H0019</li> <li>Residential Treatment - Level II - Program Type (Therapeutic Behavioral Services) - H2020</li> <li>Psychiatric Residential Treatment Facility - YA230</li> <li>Group Living - High - YP780</li> </ul>	
Therapeutic Foster Care Services	
Residential Treatment - Level II - Family Type (Foster Care Therapeutic Child) - S5145	

Attachment II:					
ICD-10-CM Diagnosis Codes					
Neurodevelopmental Disorders           Learning Disorders (F81.0, F81.2, F81.81, F81.89)         Autism Spectrum Disorder (F84.0)					
Communication Disorders (F80.81, F80.89, F80.9)	F90 9)				
□ Intellectual Disabilities (F70, F71, F72, F73, F79, F88) □ Other Neurodevelopmental Disorders (F81.9, F88, F89)	1 90.9)				
Motor and Tic Disorders (F82, F95.0, F95.1, F95.2, F95.9, F98.4)					
Substance-Related and Addictive Disorders					
Alcohol-Related Disorders (F10.10, F10.20) Other) Drug-Related Disorders (F11.10, F11.20, F12.10, F12.20, F13.10,					
F13.20, F14.10, F14.20, F15.10, F15.20, F16.10, F16.20, F18.10, F19.20)					
Gambling Disorder (F63.0)					
Schizophrenia Spectrum and Other Psychotic Disorders					
Schizophrenia and Other Psychotic Disorders (F06.0, F06.1, F06.2, F20.81, F20.9, F22, F23, F25.9, F29)					
Bipolar and Related Disorders					
Bipolar I Disorder (F31.10, F31.11, F31.12, F31.13, F31.30, F31.31, F31.32,					
□ F31.4, F31.5, F31.73, F31.74, F31.75, F31.76, F31.9)					
Bipolar II Disorder (F31.81)					
Cyclothymic Disorder (F34.0)					
Depressive Disorders					
Major Depressive Disorder (F32.0, F32.1, F32.2, F32.3, F32.4, F32.5, F32.9, F33.0, F33.1, F33.2, F33.3, F33.41, F33.42, F33.9)					
Persistent Depressive Disorder (Dysthymia) (F34.1)  Other Depressive Disorder (F32.0, F34.0, N04.3)					
Other Depressive Disorders (F32.9, F34.8, N94.3)					
Anxiety Disorders Anxiety Disorders (F40.02, F40.10, F40.218, F40.240, F40.241, F40.8, F41.0, F41.1, F41.8, F41.9, F91.2, F93.0)					
Obsessive-Compulsive and Related Disorders					
Obsessive-Compulsive and Other Related Disorders (F42, F45.21, F45.22, F63.3, F63.89, L98.1)					
Trauma- and Stressor-Related Disorders					
Posttraumatic Stress Disorder (PTSD) (F43.10, F43.12)					
$\Box Adjustment Disorders (F43.21, F43.22, F43.23, F43.24, F43.25)$					
$\Box$ Other Trauma- and Stressor-Related Disorders (F43.0, F43.20, F43.8, F93.8, F94.1, F98.8)					
Dissociative Disorders					
Dissociative disorders (F44.0, F44.1, F44.81, F44.9, F48.1)					
Disruptive, Impulse-Control, and Conduct Disorders					
Conduct Disorder (F91.1, F91.2, F91.8)					
Oppositional Defiant Disorder (F91.3) Other Disruptive Behavior Disorders (F91.8, F91.9)					
Gender Dysphoria Disorders					
Gender Dysphoria Disorders (F64.1, F64.2)					
Neurocognitive Disorders					
Delirium Disorders (F05, F19.921, R40.0, R40.1)					
Major and Mild Neurocognitive Disorders (F01.50, F02.80, F02.81, G31.84, G31.9, R41.89)					
Personality Disorders					
Cluster A Personality Disorders (F21, F60.0, F60.1)					
Cluster B Personality Disorders (F60.2, F60.3, F60.4, F60.81)					
Feeding and Eating Disorders					
Anorexia Nervosa (F50.00)					
Other Feeding and Eating Disorders (F50.2, F50.8, F50.9, F98.21, F98.29, F98.3)					
Other Disorders	1av Be				
Elimination Disorders (F98.0, F98.1, N39.498, R15.9, R32) Sexual Dysfunction Disorders (F52.0, F52.1, F52.21, F52.31, F52.32, F52.4, F52.6, F52.8, R37)					
Sleep-Wake Disorders (F51.3, F51.8, G25.81, G47.00, G47.10, G47.30, G47.31, G47.33, G47.34, G47.35, G47.36, G47.411, G47.419, G47.52, G47.8, R06.3)	.01				
Paraphilic Disorders (F65.0, F65.1, F65.2, F65.3, F65.4, F65.51, F65.52, F65.81, F65.89, F65.9, F66) Version 07/01/20	024				