

NC-TOPPS Mental Health and Substance Use Disorder

Child (Ages 6-11)

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:

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

Consumer Gender Assigned at Birth:

Male Female

First three letters of consumer's last name:

--	--	--

First letter of consumer's first name:

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Consumer County of Residence: _____

CNDS ID Number

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

Medicaid ID Number (optional)

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

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, has your child been enrolled in school or courses that satisfy requirements for a certification, diploma or degree? (Enrolled includes school breaks, suspensions, and expulsions)

Yes No

4. Since leaving treatment, your child's school attendance has...

improved stayed the same gotten worse

5. Since leaving treatment, how often has your child participated in extracurricular activities?

Never A few times More than a few times

6. Since leaving treatment, how often have your child's problems interfered with play, school, or other daily activities?

Never A few times More than a few times

7. Since leaving treatment, how would you describe your child's mental health symptoms?

Extremely severe

Severe

Moderate

Mild

Not present

8. If your child has a current prescription for psychotropic medications, how often has s/he taken this medication as prescribed?

No prescription

All or most of the time

Sometimes

Rarely or never

9. Since leaving treatment, where has your child 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

10. Since leaving treatment, how many times has your child had a petition filed for any offense? (enter zero, if none)

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11. Since leaving treatment, has your child had a Court Counselor or has your child been under the supervision of the juvenile justice system?

Yes No

12. Since leaving treatment, how well has your child been doing in the following areas of his/her 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	<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"/>

13. Since leaving treatment, has your child...

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

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

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

15. Comments/Notes:

End of interview

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