

# 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)

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

First letter of consumer's first name:

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

Consumer County of Residence:

CNDS ID Number

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

Medicaid ID Number (optional)

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

Medicaid County of Residence:

Provider Internal Consumer Record Number (optional)

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

Local Area Code (Reporting Unit Number) (optional)

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

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, PRTE)

☐ 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"/> (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

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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)

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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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