

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:

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

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:

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

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)

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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:

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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 Zubsolv, Suboxone, etc.) treatment?

☐ Yes ☐ No → (skip to 12)

b. How was the buprenorphine administered?

☐ Oral (tablets or film) ☐ Injection

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?

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(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 <table><tr><td></td><td></td></tr></table> (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

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)

<input type="checkbox"/> Educational improvement	<input type="checkbox"/> Medical care
<input type="checkbox"/> Finding or keeping a job	<input type="checkbox"/> Dental care
<input type="checkbox"/> Housing (basic shelter or rent subsidy)	<input type="checkbox"/> Legal issues
<input type="checkbox"/> Transportation	<input type="checkbox"/> Volunteer opportunities
<input type="checkbox"/> Food supply	<input type="checkbox"/> None of the above
<input type="checkbox"/> Child care	

21. Comments/Notes:

End of interview

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16. Since leaving treatment, how many times have you been arrested for any offense including DWI? (enter zero, if none)

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