

**NC-TOPPS**

# **NORTH CAROLINA TREATMENT OUTCOMES AND PROGRAM PERFORMANCE SYSTEM**

**NC-TOPPS RESOURCE GUIDE:  
Interview Question Descriptors and Codebook**

*SFY 2025-2026*



**NC DEPARTMENT OF  
HEALTH AND  
HUMAN SERVICES**  
Division of Mental Health,  
Developmental Disabilities and  
Substance Use Services

North Carolina Treatment Outcomes & Program Performance System (NC-TOPPS) Resource Guide  
July 1, 2025

| Interview Item   | Item Description, Definition or Entry Instructions   | Interview Type   | Age/<br>Disability<br>Category | Codebook Identifier: Question | Codebook Identifier: Response  |
|--|--|--|--------------------------------|-------------------------------|--|
| Interview Type & Demographics  |  |  |                                |                               |  |
| <b>Type of Interview</b><br>Initial<br>3 month Update<br>6 month Update<br>12 month Update<br>Other Bi-Annual Update<br>Episode Completion<br>Recovery Follow-Up | <b>Initial</b> – populates automatically when user selects Initial Interview<br><b>Update</b> – populates automatically when user selects an Update for type of interview<br><b>3 month Update</b> – complete 90 days following Initial Interview, plus or minus two weeks<br><b>6 month Update</b> – complete 180 days following Initial Interview, plus or minus two weeks.<br><b>12 month Update</b> – complete 365 days following Initial Interview, plus or minus two weeks.<br><b>Other Bi-Annual Update (18, 24, 30, etc. months)</b> – complete in associated time frame following Initial Interview, plus or minus two weeks.<br><b>Episode Completion</b> – complete at end of episode of care (QP should conduct an in-person interview with consumer just prior to the end of services)<br><b>Recovery Follow-Up</b> (optional) – complete after episode of care to follow up on a consumer’s progress after treatment | Initial, Update, Episode Completion & Recovery Follow-Up | All                            | intAssessmentType             | Initial = 0<br>3 month Update = 1<br>6 month Update = 2<br>12 month Update = 3<br>Other Bi-Annual Update = 4<br>Episode Completion = 5<br>Recovery Follow-Up = 9 |
| <b>Date Interview Started:</b> __/__/__  | Automatically populates when user starts interview.  | Initial, Update, Episode Completion & Recovery Follow-Up | All                            | datetimeSubmitStart           | MM/DD/YYYY   |
| <b>Date Interview Submitted:</b> __/__/__  | Automatically populates when user submits interview.   | Initial, Update, Episode Completion & Recovery Follow-Up | All                            | datetimeSubmitEnd             | MM/DD/YYYY   |

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|--|---|--|--------------------------|-------------------------------|--|
| Interview Type & Demographics  |   |  |                          |                               |  |
| Tailored Plan Code: _ _ _ _ _  | Associated with user's login, automatically populates Tailored Plan code. | Initial, Update, Episode Completion & Recovery Follow-Up | All                      | intFacility                   | <b>Tailored Plans</b>  |
|  |   |  |                          |                               | <table><tr><td>Alliance Health = 23141</td><td>Trillium Health Resources = 43071</td></tr><tr><td>Partners Health Management = 13141</td><td>Vaya Health = 13010</td></tr></table> |
| Alliance Health = 23141  | Trillium Health Resources = 43071   |  |                          |                               |  |
| Partners Health Management = 13141   | Vaya Health = 13010   |  |                          |                               |  |
| <b>OTPs</b><br>Addiction Recovery Medical Services (ARMS) = 53052<br>ATS of NC dba Carolina Treatment Center = 53011<br>ATS of NC dba Greenville Comprehensive Treatment Center = 53028<br>ATS of NC dba Hillsborough Comprehensive Treatment Center = 53064<br>ATS of NC dba Winston-Salem Comprehensive Treatment Center = 53066<br>BAART Community Health Care (Methadone) = 53050<br>Bear Island Recover Services = 53083<br>Behavioral Health Group = 53054<br>BHG Wilson Professional Services Treatment Center = 53056<br>Brightview, LLC = 53096<br>Changing Paths NC II = 53097<br>Charlotte Treatment Center = 53019<br>Chatham Recovery – A Morse Clinic= 53057<br>Coastal Horizons/Brunswick County = 53090<br>Crossroads Treatment Center – Asheville = 53030<br>Crossroads Treatment Center – Greensboro = 53032<br>Crossroads Treatment Center – Weaverville = 53037<br>Durham Treatment Center = 53014<br>Easterseals PORT Health = 53088<br>Elizabeth City Treatment Center = 53061<br>Fayetteville Treatment Center = 53020<br>Foundations Health – Hight Point = 53099<br>Gastonia Treatment Center = 53060<br>Greensboro Metro Treatment Center = 53012<br>Greenville Treatment Center = 53095<br>Hazelwood Healthcare = 53084<br>Hickory Metro Treatment Center = 53038<br>Jacksonville Treatment Center = 53027<br>Johnston Recovery Services = 53035<br>Katharos Sanctuary = 53067<br>Lumberton Treatment Center = 53053<br>McLeod Centers for Wellbeing = 53025<br>MedMark Treatment Centers Murphy = 53072<br>Morehead City Treatment Center = 53076<br>Morse Clinic of Dunn = 53071<br>Morse Clinic of Durham = 53093<br>Morse Clinic of North Raleigh = 53059<br>Morse Clinic of Roanoke Rapids = 53073<br>Morse Clinic of Zebulon = 53063<br>Mountain Health Solutions = 53036<br>Nags Head Treatment Center = 53082<br>New Hanover Metro Treatment Center = 53013<br>New Season - Morganton = 53079<br>New Season - Raleigh = 53078<br>October Road Treatment Center-Pyramid Healthcare = 53085<br>Pisgah Recovery Services = 53087<br>Premier Treatment Specialists = 53070<br>Queen City Treatment Center/Rowan Treatment Center = 53015<br>Raleigh Comprehensive Treatment Center = 53010<br>Reflections of Hope, LLP = 53065<br>Rocky Mount Treatment Center = 53029<br>Sanford Treatment Center = 53023<br>Shallotte Treatment Associates = 53062<br>Stephen's Outreach Center = 53091<br>Stepping Stone of Boone/Stepping Stone of Wilkes = 53034<br>Treatment Centers, LLC dba Lexington Treatment Associates = 53031<br>Treatment Centers, LLC dba Thomasville Treatment Associates = 53069<br>Vance Recovery = 53055<br>Walter B. Jones Outpatient Services = 53081<br>Welcome MAT Health, Inc. = 53098<br>Western Carolina Treatment Center = 53016<br>Western Wake Treatment Center = 53058<br>Whiteville MAT Services, Inc. = 53092<br>Zenith Hope Center = 53094 |   |  |                          |                               |  |

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| Interview Item                                       | Item Description, Definition or Entry Instructions  | Interview Type   | Age/<br>Disability<br>Category | Codebook Identifier: Question | Codebook Identifier: Response                  |
|--|---|--|--------------------------------|-------------------------------|--|
| <b>Interview Type &amp; Demographics</b>             |   |  |                                |                               |  |
| <b>Provider agency:</b> _ _ _ _ _                    | Associated with user's login, automatically populates unique provider agency ID.  | Initial, Update, Episode Completion & Recovery Follow-Up | All                            | intFacilityIDdb               | Available upon request: ProviderAgencies table |
| <b>Primary Clinician ID:</b> _ _ _ _ _               | Associated with user's login, automatically populates unique clinician ID.  | Initial, Update, Episode Completion & Recovery Follow-Up | All                            | intClinician                  | Available upon request: Users table            |
| <b>Tailored Plan Assigned Consumer Record Number</b> | Partners Health Management Tailored Plans must be 6 digits in length. Alliance Health, Trillium Health Resources and Vaya Health Tailored Plans can be 6 or 7 digits in length. Private methadone agencies allow up to 10 digits in length.   | Initial, Update, Episode Completion & Recovery Follow-Up | All                            | varcharClientRecordNumber     |  |
| <b>CNDS ID Number</b>                                | Limit to 9 numbers and 1 alpha at end. The CNDS ID Number is the Common Name Data Service ID Number. This number should be able to be retrieved from the NC TRACKS system. It is the same as the consumer's Medicaid ID Number if the consumer has Medicaid. The Tailored Plan should provide the CNDS ID number to the provider agency at admission if it can not be found in NC TRACKS. | Initial, Update, Episode Completion & Recovery Follow-Up | All                            | varcharCNDSSIDNumber          |  |
| <b>Medicaid ID Number</b>                            | <i>Optional</i><br><br>Limit to 9 numbers and 1 alpha at end.   | Initial, Update, Episode Completion & Recovery Follow-Up | All                            | varcharMedicaidIDNumber       |  |
| <b>Medicaid County of Residence</b>                  | Answer if varcharMedicaidIDNumber is populated.   | Initial, Update, Episode Completion & Recovery Follow-Up | All                            | intMedicaidCountyResidence    | See Consumer County of Residence (below)       |
| <b>Provider Internal Consumer Record Number</b>      | <i>Optional</i><br><br>Number assigned by the provider agency (up to 10 digits).  | Initial, Update, Episode Completion & Recovery Follow-Up | All                            | varcharInternalRecordNumber   |  |

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|--|--|--|--------------------------|-------------------------------|-------------------------------|
| Interview Type & Demographics                        |  |  |                          |                               |                               |
| Local Area Code                                      | <i>Optional</i><br><br>Reporting Unit Number used by the provider agency   | Initial, Update, Episode Completion & Recovery Follow-Up | All                      | varcharReportingUnitNumber    |                               |
| First three letters of consumer's last name          | If female, use consumer's first 3 letters of her maiden name.<br><br>Automatically populates what was entered on Initial interview for Update, Episode Completion, and Recovery Follow-Up interview.   | Initial, Update, Episode Completion & Recovery Follow-Up | All                      | varcharLastNm                 |                               |
| First letter of consumer's first name                | Automatically populates what was entered on Initial interview for Update, Episode Completion, and Recovery Follow-Up interview.  | Initial, Update, Episode Completion & Recovery Follow-Up | All                      | varcharFirstInitial           |                               |
| Consumer Date of Birth: __ / __ / __                 | Enter the month, day, and year of the consumer's date of birth.<br><br>Automatically populates what was entered on Initial interview for Update, Episode Completion, and Recovery Follow-Up interview. | Initial, Update, Episode Completion & Recovery Follow-Up | All                      | dateBirth                     | MM/DD/YYYY                    |
| Consumer Gender Assigned at Birth:<br>Male<br>Female | Enter the consumer's gender at birth.<br><br>Automatically populates what was entered on Initial interview for Update, Episode Completion, and Recovery Follow-Up interview.                           | Initial, Update, Episode Completion & Recovery Follow-Up | All                      | intGender                     | Male = 1<br>Female = 2        |

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|-------------------------------|--|--|--------------------------|-------------------------------|-------------------------------|------|------------------------|------|
| Interview Type & Demographics |  |  |                          |                               |                               |      |                        |      |
| Consumer County of Residence  | Enter the legal county of residence of the individual. If outside of North Carolina, choose the appropriate state. | Initial, Update, Episode Completion & Recovery Follow-Up | All                      | intCountyResidence            | COUNTY                        | CODE | COUNTY                 | CODE |
|                               |  |  |                          |                               | Alamance                      | 1    | Lenoir                 | 54   |
|                               |  |  |                          |                               | Alexander                     | 2    | Lincoln                | 55   |
|                               |  |  |                          |                               | Allegheny                     | 3    | McDowell               | 56   |
|                               |  |  |                          |                               | Anson                         | 4    | Macon                  | 57   |
|                               |  |  |                          |                               | Ashe                          | 5    | Madison                | 58   |
|                               |  |  |                          |                               | Avery                         | 6    | Martin                 | 59   |
|                               |  |  |                          |                               | Beaufort                      | 7    | Mecklenburg            | 60   |
|                               |  |  |                          |                               | Bertie                        | 8    | Mitchell               | 61   |
|                               |  |  |                          |                               | Bladen                        | 9    | Montgomery             | 62   |
|                               |  |  |                          |                               | Brunswick                     | 10   | Moore                  | 63   |
|                               |  |  |                          |                               | Buncombe                      | 11   | Nash                   | 64   |
|                               |  |  |                          |                               | Burke                         | 12   | New Hanover            | 65   |
|                               |  |  |                          |                               | Cabarrus                      | 13   | Northampton            | 66   |
|                               |  |  |                          |                               | Caldwell                      | 14   | Onslow                 | 67   |
|                               |  |  |                          |                               | Camden                        | 15   | Orange                 | 68   |
|                               |  |  |                          |                               | Carteret                      | 16   | Pamlico                | 69   |
|                               |  |  |                          |                               | Caswell                       | 17   | Pasquotank             | 70   |
|                               |  |  |                          |                               | Catawba                       | 18   | Pender                 | 71   |
|                               |  |  |                          |                               | Chatham                       | 19   | Perquimans             | 72   |
|                               |  |  |                          |                               | Cherokee                      | 20   | Person                 | 73   |
|                               |  |  |                          |                               | Chowan                        | 21   | Pitt                   | 74   |
|                               |  |  |                          |                               | Clay                          | 22   | Polk                   | 75   |
|                               |  |  |                          |                               | Cleveland                     | 23   | Randolph               | 76   |
|                               |  |  |                          |                               | Columbus                      | 24   | Richmond               | 77   |
|                               |  |  |                          |                               | Craven                        | 25   | Robeson                | 78   |
|                               |  |  |                          |                               | Cumberland                    | 26   | Rockingham             | 79   |
|                               |  |  |                          |                               | Currituck                     | 27   | Rowan                  | 80   |
|                               |  |  |                          |                               | Dare                          | 28   | Rutherford             | 81   |
|                               |  |  |                          |                               | Davidson                      | 29   | Sampson                | 82   |
|                               |  |  |                          |                               | Davie                         | 30   | Scotland               | 83   |
|                               |  |  |                          |                               | Duplin                        | 31   | Stanly                 | 84   |
|                               |  |  |                          |                               | Durham                        | 32   | Stokes                 | 85   |
|                               |  |  |                          |                               | Edgecombe                     | 33   | Surry                  | 86   |
|                               |  |  |                          |                               | Forsyth                       | 34   | Swain                  | 87   |
|                               |  |  |                          |                               | Franklin                      | 35   | Transylvania           | 88   |
|                               |  |  |                          |                               | Gaston                        | 36   | Tyrrell                | 89   |
|                               |  |  |                          |                               | Gates                         | 37   | Union                  | 90   |
|                               |  |  |                          |                               | Graham                        | 38   | Vance                  | 91   |
|                               |  |  |                          |                               | Granville                     | 39   | Wake                   | 92   |
|                               |  |  |                          |                               | Greene                        | 40   | Warren                 | 93   |
|                               |  |  |                          |                               | Guilford                      | 41   | Washington             | 94   |
|                               |  |  |                          |                               | Halifax                       | 42   | Watauga                | 95   |
|                               |  |  |                          |                               | Harnett                       | 43   | Wayne                  | 96   |
|                               |  |  |                          |                               | Haywood                       | 44   | Wilkes                 | 97   |
|                               |  |  |                          |                               | Henderson                     | 45   | Wilson                 | 98   |
|                               |  |  |                          |                               | Hertford                      | 46   | Yadkin                 | 99   |
|                               |  |  |                          |                               | Hoke                          | 47   | Yancey                 | 0    |
|                               |  |  |                          |                               | Hyde                          | 48   | VA                     | 100  |
|                               |  |  |                          |                               | Iredell                       | 49   | TN                     | 101  |
|                               |  |  |                          |                               | Jackson                       | 50   | SC                     | 102  |
|                               |  |  |                          |                               | Johnston                      | 51   | GA                     | 103  |
|                               |  |  |                          |                               | Jones                         | 52   | Other state not listed | 104  |
|                               |  |  |                          |                               | Lee                           | 53   | None Selected          | 999  |

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|---|--|--|--------------------------|---|---|
| <b>Interview Type &amp; Demographics</b>  |  |  |                          |   |   |
| <b>Please select the appropriate age/disability category(ies) for which the individual will be receiving services and supports.</b><br>Child Mental Health, age 6-11<br>Adolescent Mental Health, age 12-17<br>Adult Mental Health, age 18 and up<br><br>Adolescent Substance Use Disorder, age 12-17<br>Adult Substance Use Disorder, age 18 and up  | <b>Mark all that apply</b><br><br>Enter the consumer's appropriate age/disability  | Initial, Update, Episode Completion & Recovery Follow-Up | All                      | intScreenMH<br>intScreenSA  | Child Mental Health, age 6-11 = 1<br>Adolescent Mental Health, age 12-17 = 2<br>Adult Mental Health, age 18 and up = 3<br><br>Adolescent Substance Use Disorder, age 12-17 = 2<br>Adult Substance Use Disorder, age 18 and up = 3 |
| <b>Admission Date:</b> __ / __ / __   | Enter the month, day, and year the consumer received their first paid service for the current episode of care.   | Initial  | All                      | dateAdmission   | MM/DD/YYYY  |
| <b>Discharge Date:</b> __ / __ / __   | Enter the month, day, and year of the consumer's last paid service for the current episode of care.  | Episode Completion                                       | All                      | dateDischarge   | MM/DD/YYYY  |
| <b>Date(s) contact attempted:</b> __ / __ / __  | Enter the month, day, and year (up to 3 dates) the consumer was contacted  | Recovery Follow-Up                                       | All                      | datetimeContacted1<br>datetimeContacted2<br>datetimeContacted3  | MM/DD/YYYY  |
| <b>Comments – reason not contacted:</b>   | Answer if ynInPerson = 'No'  | Recovery Follow-Up                                       | All                      | varcharComments   |   |
| (Initial)<br><b>Please select the services the consumer is currently receiving.</b><br><br>(Update & Episode Completion)<br><b>Please select all services the consumer is currently receiving or has previously received for this episode of care.</b><br><br><u>Periodic Services</u><br>Psychotherapy - 90832--90838<br>Family Therapy without Patient - 90846<br>Family Therapy with Patient - 90847<br>Group Therapy (multiple family group) - 90849<br>Group Therapy (non-multiple family group) - 90853<br>Behavioral Health Counseling - Individual Therapy - H0004<br>Behavioral Health Counseling - Group Therapy - H0004 HQ<br>Behavioral Health Counseling - Family Therapy with Consumer - H0004 HR<br>Behavioral Health Counseling (non-licensed provider) - YP831 | <b>Mark all that apply</b><br><br>Substance Use only:<br>All Periodic Services<br>Community Based Services<br>- Substance Abuse Intensive Outpatient Program (SAIOP) - H0015<br>- Substance Abuse Comprehensive Outpatient Treatment (SACOT) - H2035<br>Residential Services<br>- SA Non-Medical Community Residential Treatment - Adult - H0012 HB<br>- SA Medically Monitored Community Residential Treatment - H0013<br>Opioid Treatment - H0020<br><br>Mental Health only:<br>Community Based Services<br>- Transition Management Services (TMS) - YM120<br><br>Adult only:<br>Community Support Team (CST) – H2015 HT<br>SA Non-Medical Community Residential Treatment - Adult - H0012 HB<br>Alcohol and Drug Abuse Treatment Center |  | All                      | ynServicesPsychotherapy<br>ynServicesFamTherapywoPatient<br>ynServicesFamTherapywPatient<br>ynServicesGroupTherapyMulti<br>ynServicesGroupTherapyNonMulti<br>ynServicesBHCIndTherapy<br>ynServicesBHCGroupTherapy<br>ynServicesBHCFamwConsumer<br>ynServicesBHCNonLicProvider<br>ynServicesBHCGroupNonLicProv<br>ynServicesBHCFamwConsNonLicProv<br>ynServicesBHCFamwoConsNonLicProv<br>ynServicesAlcDrugGroup<br>ynServicesAlcDrugGroupNonLicProv<br><br>ynServicesSAIOP<br>ynServicesACTT<br>ynServicesCST<br>ynServicesIIH<br>ynServicesMST<br>ynServicesSACOT<br>ynServicesSupportedEmployIndiv<br>ynServicesSupportedEmploy<br>ynServicesTMS | Choice selected = 1<br>Choice not selected = 0  |

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|   |  |  |  |   |  |
|---|--|--|--|---|--|
| <p><u>Periodic Services (cont.)</u><br/>Behavioral Health Counseling - Group Therapy (non-licensed provider) - YP832<br/>Behavioral Health Counseling - Family Therapy with Consumer (non-licensed provider) - YP833<br/>Behavioral Health Counseling - Family Therapy without Consumer (non-licensed provider) - YP834<br/>Alcohol and/or Drug Group Counseling - H0005<br/>Alcohol and/or Drug Group Counseling (non-licensed provider) - YP835</p> <p><u>Community Based Services</u><br/>Substance Abuse Intensive Outpatient Program (SAIOP) - H0015<br/>Assertive Community Treatment Team (ACTT) - H0040<br/>Community Support Team (CST) – H2015, H2015 HT<br/>Intensive In-Home Services (IIH) - H2022<br/>Multisystemic Therapy Services (MST) - H2033<br/>Substance Abuse Comprehensive Outpatient Treatment (SACOT) - H2035<br/>Individual Placement and Support (IPS) Supported Employment - YP630<br/>Supported Employment - H2023 U4<br/>Transition Management Services (TMS) - YM120</p> <p><u>Facility Based Day Services</u><br/>Mental Health - Partial Hospitalization - H0035<br/>Child and Adolescent Day Treatment - H2012 HA</p> <p><u>Opioid Services</u><br/>Opioid Treatment - H0020</p> <p><u>Residential Services</u><br/>SA Non-Medical Community Residential Treatment - Adult - H0012 HB<br/>SA Medically Monitored Community Residential Treatment - H0013<br/>Behavioral Health - Level III - Long Term Residential - H0019<br/>Residential Treatment - Level II - Program Type (Therapeutic Behavioral Services) - H2020<br/>Psychiatric Residential Treatment Facility - YA230<br/>Group Living - High - YP780</p> <p><u>Therapeutic Foster Care Services</u><br/>Residential Treatment - Level II - Family Type (Foster Care Therapeutic Child) - S5145</p> <p><u>ADATC Services</u><br/>Alcohol and Drug Abuse Treatment Center</p> <p><u>Other Services</u><br/>Service Code and Service Description</p> | <p>Adult MH only:<br/>Transition Management Services (TMS) - YM120</p> <p>Adult &amp; Adolescent only:<br/>Assertive Community Treatment Team (ACTT) – H0040<br/>Supported Employment - Individual - YP630<br/>Supported Employment - H2023 U4</p> <p>Adolescent &amp; Child only:<br/>Intensive In-Home Services (IIH) - H2022<br/>Multisystemic Therapy Services (MST) - H2033</p> |  |  | <p>ynServicesMHPartialHosp<br/>ynServicesChildAdolDayTrtmt</p> <p>ynServicesOpioidTrtmt</p> <p>ynServicesResSANOmedCommTrt<br/>ynServicesResSAMedCommTrtmt<br/>ynServicesResBHLongTerm<br/>ynServicesResTBS<br/>ynServicesResPsychTrtmt<br/>ynServicesResGroupLivingHigh</p> <p>ynServicesResFosterCareChild</p> <p>ynServicesADATC</p> <p>varcharServicesOther</p> |  |
|---|--|--|--|---|--|



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|---|---|--------------------------------------|--------------------------|-------------------------------|--|
| Interview Type & Demographics   |   |                                      |                          |                               |  |
| <b>Is the treatment at this time mainly provided by a...</b><br>qualified professional in substance use disorders<br>qualified professional in mental health<br>both  | Answer if both intScreenMH <u>and</u> intScreenSA are selected<br><br>Qualified professional specialty should match the treatment provided for this episode of care.  | Initial, Update & Episode Completion | Adult and Adolescent     | intMainTx                     | qualified professional in substance use disorders = 1<br>qualified professional in mental health = 2<br>both = 3   |
| <b>Please indicate reason for Episode Completion:</b><br>Completed treatment<br>Discharged at program initiative<br>Refused treatment<br>Did not return as scheduled within 60 days<br>Changed to service not required for NC-TOPPS<br>Incarcerated<br>Institutionalized<br>Died<br>Moved out of area or changed to different Tailored Plan<br>Never received any treatment or services (Superusers only)<br>Other<br><br>**Administrative Discharge by CUACS | <b>Mark only one</b><br><br><b>Completed treatment</b> – completed treatment outcomes for this episode of care.<br><b>Discharged at program initiative</b> – consumer discharged from service at provider's request<br><b>Refused treatment</b> – consumer will not engage in treatment<br><b>Did not return as scheduled within 60 days</b> – consumer has not been provided a billable service that requires NC-TOPPS participation for more than 60 days ( <i>skip to end of interview</i> )<br><b>Changed to service not required for NC-TOPPS</b> – consumer no longer receives a service required for NC-TOPPS or a consumer changes health plans and no longer receives services through the Tailored Plan<br><b>Incarcerated or Institutionalized</b> – if a consumer continues to receive qualified services in a community setting, an Episode Completion should not be submitted and an NC-TOPPS should still be completed by the provider agency responsible for case management functions (i.e. developing the treatment plan.)<br><b>Died</b> – ( <i>skip to end of interview</i> )<br><b>Moved out of area or changed to different Tailored Plan</b><br><b>Never received any treatment or services</b> (Superuser option only) – ( <i>skip to end of interview</i> )<br><b>Other</b> – Episode Completion reason not listed above<br><br><b>**Administrative Discharge by CUACS</b> – periodically completed by CUACS or per request by Tailored Plan | Episode Completion                   | All                      | intSuspendTreatmentReason     | Completed treatment = 1<br>Discharged at program initiative = 2<br>Refused treatment = 4<br>Did not return as scheduled within 60 days = 5<br>Changed to service not required for NC-TOPPS = 10<br>Incarcerated = 6<br>Institutionalized = 8<br>Died = 7<br>Moved out of area or changed to different Tailored Plan = 11<br>Never received any treatment or services (Superusers only) = 9<br>Other = 15<br><br>**Administrative Discharge by CUACS = 99 |

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|--|--|---|--------------------------|--|--|
| Interview Type & Demographics  |  |   |                          |  |  |
| <p><b>Please indicate the ICD-10-CM diagnostic code(s) for this individual.</b></p> <p><u>Neurodevelopmental Disorders</u><br/>Learning Disorders (F81.0, F81.2, F81.81, F81.89)<br/>Communication Disorders (F80.81, F80.89, F80.9)<br/>Intellectual Disabilities (F70, F71, F72, F73, F79, F88)<br/>Motor and Tic Disorders (F82, F95.0, F95.1, F95.2, F95.9, F98.4)<br/>Autism Spectrum Disorder (F84.0)<br/>Attention-Deficit/Hyperactivity Disorder (F90.0, F90.1, F90.2, F90.9)<br/>Other Neurodevelopmental Disorders (F81.9, F88, F89)</p> <p><u>Substance-Related and Addictive Disorders</u><br/>Alcohol-related Disorders (F10.10, F10.20)<br/>(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)<br/>Gambling Disorder (F63.0)</p> <p><u>Schizophrenia Spectrum and Other Psychotic Disorders</u><br/>Schizophrenia and Other Psychotic Disorders (F06.0, F06.1, F06.2, F20.81, F20.9, F22, F23, F25.9, F29)</p> <p><u>Bipolar and Related Disorders</u><br/>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)<br/>Bipolar II Disorder (F31.81)<br/>Cyclothymic Disorder (F34.0)</p> <p><u>Depressive Disorders</u><br/>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)<br/>Persistent Depressive Disorder (Dysthymia) (F34.1)<br/>Other Depressive Disorders (F32.9, F34.8, N94.3)</p> <p><u>Anxiety Disorders</u><br/>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)</p> <p><u>Obsessive-Compulsive and Related Disorders</u><br/>Obsessive-Compulsive and Other Related Disorders (F42, F45.21, F45.22, F63.3, F63.89, L98.1)</p> <p>(cont.)</p> | <p><i>Mark all that apply</i></p>                  | <p>Initial, Update &amp; Episode Completion</p> | <p>All</p>               | <p>ynDiagLearning<br/>ynDiagCommunication<br/>ynDiagMental<br/>ynDiagMotorSkills<br/>ynDiagAutism<br/>ynDiagADD<br/>ynDiagOtherNeuro<br/>ynDiagAlcohol<br/>ynDiagDrug<br/>ynDiagGambling<br/>ynDiagSchizo<br/>ynDiagBipolar<br/>ynDiagBipolarII<br/>ynDiagCyclothymic<br/>ynDiagDepression<br/>ynDiagDysthymia<br/>ynDiagOtherDepression<br/>ynDiagAnxiety<br/>ynDiagOCD<br/>ynDiagPTSD<br/>ynDiagAdjustment<br/>ynDiagOtherTrauma<br/>ynDiagDissociative<br/>ynDiagConduct<br/>ynDiagOppositional<br/>ynDiagImpulse<br/>ynDiagDisruptive<br/>ynDiagIdentity<br/>ynDiagDelirium<br/>ynDiagNeurocognitive<br/>ynDiagPersonalityA<br/>ynDiagPersonalityB<br/>ynDiagPersonalityC<br/>ynDiagOtherPersonality<br/>ynDiagAnorexia<br/>ynDiagOtherEating<br/>ynDiagSomatoform<br/>ynDiagElimination<br/>ynDiagSexualDysfunction<br/>ynDiagSleepWake<br/>ynDiagParaphillic<br/>ynDiagOtherClinical<br/>ynDiagOtherMental</p> | <p>Choice selected = 1<br/>Choice not selected = 0</p> |

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|  |  |  |  |  |  |
|--|--|--|--|--|--|
| <p><u>Trauma- and Stressor-Related Disorders</u><br/>Posttraumatic Stress Disorder (PTSD) (F43.10, F43.12)<br/>Adjustment Disorders (F43.21, F43.22, F43.23, F43.24, F43.25)<br/>Other Trauma- and Stressor–related Disorders (F43.0, F43.20, F43.8, F93.8, F94.1, F98.8)</p> <p><u>Dissociative Disorders</u><br/>Dissociative Disorders (F44.0, F44.1, F44.81, F44.9, F48.1)</p> <p><u>Disruptive, Impulse-Control, and Conduct Disorders</u><br/>Conduct Disorder (F91.1, F91.2, F91.8)<br/>Oppositional Defiant Disorder (F91.3)<br/>Impulse Control Disorders (F63.1, F63.2, F63.81)<br/>Other Disruptive Behavior Disorders (F91.8, F91.9)</p> <p><u>Gender Dysphoria</u><br/>Gender Dysphoria Disorders (F64.1, F64.2)</p> <p><u>Neurocognitive Disorders</u><br/>Delirium Disorders (F05, F19.921, R40.0, R40.1)<br/>Major and Mild Neurocognitive Disorders (F01.50, F02.80, F02.81, G31.84, G31.9, R41.89)</p> <p><u>Personality Disorders</u><br/>Cluster A Personality Disorders (F21, F60.0, F60.1)<br/>Cluster B Personality Disorders (F60.2, F60.3, F60.4, F60.81)<br/>Cluster C Personality Disorders (F60.5, F60.6, F60.7)<br/>Other Personality Disorders (F60.89, F60.9)</p> <p><u>Feeding and Eating Disorders</u><br/>Anorexia Nervosa (F50.00)<br/>Other Feeding and Eating Disorders (F50.2, F50.8, F50.9, F98.21, F98.29, F98.3)</p> <p><u>Other Disorders</u><br/>Somatic Symptom and Related Disorders (F44.4, F45.1, F45.21, F45.22, F45.8, F45.9, F48.8, F54, F68.8)<br/>Elimination Disorders (F98.0, F98.1, N39.498, R15.9, R32)<br/>Sexual Dysfunction Disorders (F52.0, F52.1, F52.21, F52.31, F52.32, F52.4, F52.6, F52.8, R37)<br/>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)<br/>Paraphilic Disorders (F65.0, F65.1, F65.2, F65.3, F65.4, F65.51, F65.52, F65.81, F65.89, F65.9, F66)<br/>Other Conditions That May Be a Focus of Clinical Attention<br/>Other Mental Disorders and Conditions (any codes not listed above)</p> |  |  |  |  |  |
|--|--|--|--|--|--|

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|--|---|--------------------------------------|---------------------------|-------------------------------|--|
| <b>Interview Type &amp; Demographics</b>   |   |                                      |                           |                               |  |
| (Adult & Adolescent wording) <b>Are you of Hispanic, Latino, or Spanish origin?</b><br>(Child wording) <b>Is your child of Hispanic, Latino, or Spanish origin?</b><br>Yes<br>No   | Ethnicity is different from race. Do not assume any ethnicity (e.g., if the consumer is white, do not assume s/he is not of Hispanic origin. Hispanic ethnic background is defined as having Spanish-speaking parents/ancestors or from a Spanish speaking country, including the countries of Portugal and Brazil.   | Initial                              | All                       | ynLatinoHispanic              | Yes = 1<br>No = 2  |
| (Adult & Adolescent wording) <b>Which of these groups best describes you?</b><br>(Child wording) <b>Which of these groups best describes your child?</b><br>African American/Black<br>White/Anglo/Caucasian<br>Multiracial<br>American Indian/Native American<br>Alaska Native<br>Asian<br>Pacific Islander<br>Other | <b>Mark only one</b><br><br><b>African American/Black</b> – origins in any of the black racial groups of Africa<br><b>White/Anglo/Caucasian</b> – origins in any of the people of Europe, North Africa, or the Middle East<br><b>Multiracial</b> – use only if the consumer insists they identify with more than one racial group<br><b>American Indian/Native American</b> (Other than Alaska Native) – origins in any of the original people of North America and South America (including Central America) and who maintain cultural identification through tribal affiliation or community recognition.<br><b>Alaska Native</b> (Aleut, Eskimo, Indian) – origins in any of the original people of Alaska<br><b>Asian</b> – origins in any of the original people of the Far East, the Indian subcontinent, or Southeast Asia.<br><b>Pacific Islander</b> – origins in any of the people of the Pacific Islands.<br><b>Other</b> – a default category for use in instances in which the consumer does not identify with any of the races listed or whose origin group, because of area customs, is regarded as a racial class distinct from the above categories. | Initial                              | All                       | intEthnic                     | African American/Black = 1<br>White/Anglo/Caucasian = 2<br>Multiracial = 3<br>American Indian/Native American = 4<br>Alaska Native = 5<br>Asian = 6<br>Pacific Islander = 8<br>Other = 7 |
| <b>Which of the following best describes your sexual orientation?</b><br>Straight<br>Lesbian or Gay<br>Bisexual<br>Other<br>Don't know/Not sure<br>Deferred  | <b>Straight</b> – attraction to members of the opposite sex<br><b>Lesbian or Gay</b> – attraction to members of the same sex<br><b>Bisexual</b> – attraction to members of either sex<br><b>Other</b><br><b>Don't know/Not sure</b><br><b>Deferred</b> – consumer does not want to answer question at this time   | Initial, Update & Episode Completion | Adult and Adolescent only | intSexualOrientation          | Straight = 1<br>Lesbian or Gay = 2<br>Bisexual = 3<br>Other = 4<br>Don't know/Not sure = 5<br>Deferred = 6   |

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|---|--|--------------------------------------|---------------------------|-------------------------------|--|
| Interview Type & Demographics   |  |                                      |                           |                               |  |
| <b>Do you consider yourself to be transgender?</b><br>Yes, Transgender, male-to-female<br>Yes, Transgender, female-to-male<br>Yes, Transgender, gender non-conforming<br>No<br>Don't know/Not sure<br>Deferred  |  | Initial, Update & Episode Completion | Adult and Adolescent only | intTransgender                | Yes, Transgender, male-to-female = 1<br>Yes, Transgender, female-to-male = 2<br>Yes, Transgender, gender non-conforming = 3<br>No = 4<br>Don't know/Not sure = 5<br>Deferred = 6 |
| <b>Is this consumer currently receiving Work First cash assistance?</b><br>Yes<br>No  | The Work First/CPS Substance Use Disorder Initiative is to provide early identification of Work First recipients that have substance use disorder problems, funding to support this initiative is managed through the Tailored Plan. | Initial, Update & Episode Completion | Adult SUD only            | ynWorkfirst                   | Yes = 1<br>No = 2  |
| (Adult wording) <b>Are you or a member of your immediate family or household currently serving in or has served in the Military, Military Reserve or National Guard?</b><br>(Adolescent wording) <b>Is a member of your immediate family or household currently serving in or has served in the Military, Military Reserve or National Guard?</b><br>(Child wording) <b>Is a member of your child's immediate family or household currently serving in or has served in the Military, Military Reserve or National Guard?</b><br>Yes, active Military, Military Reserve or National Guard<br>Yes, veteran or prior service member<br>Yes, family member<br>No | Adult only:<br>Yes, active Military, Military Reserve or National Guard<br>Yes, veteran or prior service member  | Initial                              | All                       | intVeteran                    | Yes, active Military, Military Reserve or National Guard = 1<br>Yes, veteran or prior service member = 3<br>Yes, family member = 4<br>No = 2                                     |
| (Adult and Adolescent wording) <b>At any time in the past, have you been suspected of having a head or brain injury?</b><br>(Child wording:) <b>At any time in the past, has your child been suspected of having a head or brain injury?</b><br>Yes<br>No<br>Not sure   |  | Initial                              | All                       | ynTBI                         | Yes = 1<br>No = 2<br>Not sure = 3  |

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|--|---|----------------|--------------------------------|--|--|
| Interview Type & Demographics  |   |                |                                |  |  |
| (Adult & Adolescent wording) <b>What kind of benefits and/or insurance do you have?</b><br>(Child wording) <b>What kind of benefits and/or insurance does your child have?</b><br>None<br>SSI<br>SSDI<br>Private insurance/health plan<br>TRICARE/Military Coverage<br>Health Choice<br>Medicaid<br>Medicare<br>Other<br>Unknown | <b>Mark all that apply</b><br><br><b>None</b> – consumer has no health insurance coverage<br><b>SSI</b> – Supplemental Security Income (SSI) is a United States government program that provides income supplements to low-income/limited resources people who are either aged (65 or older), blind, or disabled.<br><b>SSDI</b> – Social Security Disability Insurance (SSD or SSDI) is a payroll tax-funded, federal insurance program that provides income supplements to people who are physically restricted in their ability to be employed because of a notable disability, usually a physical disability.<br><b>Private insurance/health plan</b> – consumer has coverage by a health plan provided through an employer or union or purchased by an individual from a private health insurance company.<br><b>TRICARE/Military Coverage</b> – consumer has a health care insurance system for military dependents and members of the military services<br><b>Health Choice</b> – health care coverage for children age 6-18 who have low income families and who are not eligible for Medicaid, or other federal government insurance or covered by comprehensive private health insurance<br><b>Medicaid</b> – health care coverage program for low income individuals and families who cannot afford health care costs. Medicaid serves low-income parents, children, seniors, and people with disabilities and consumer has a Medicaid card.<br><b>Medicare</b> – Medicare is a Federal health insurance program that pays for hospital and medical care for elderly and certain disabled Americans and consumer has Medicare card<br><b>Other</b> – benefits or insurance not listed above<br><b>Unknown</b> – the consumer and the Tailored Plan is unsure if the consumer has health insurance coverage | Initial        | All                            | ynInsuranceNone<br>ynInsuranceSSI<br>ynInsuranceSSDI<br>ynInsurancePrivate<br>ynInsuranceCHAMPs<br>ynInsuranceHealthChoice<br>ynInsuranceMedicaid<br>ynInsuranceMedicare<br>ynInsuranceOther<br>ynInsuranceUnknown | Choice selected = 1<br>Choice not selected = 0 |

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| Interview Item   | Item Description, Definition or Entry Instructions   | Interview Type                       | Age/ Disability Category                  | Codebook Identifier: Question | Codebook Identifier: Response   |
|--|--|--------------------------------------|---|-------------------------------|---|
| <b>Pregnant &amp; Maternal Status</b>  |  |                                      |   |                               |   |
| (Initial)<br>(Adult wording) <b>Is this consumer being admitted to a Pregnant/Maternal program?</b><br>(Adolescent wording) <b>Is this consumer being admitted to a specialty program for maternal, pregnant, perinatal, or post-partum?</b><br><br>(Update & Episode Completion)<br>(Adult wording) <b>Is this consumer enrolled in a Pregnant/Maternal program?</b><br>(Adolescent wording) <b>Is this consumer enrolled in a specialty program for maternal, pregnant, perinatal, or post-partum?</b><br>Yes<br>No  | The Perinatal and Maternal Substance Use Disorder Initiative is composed of 21 specialized programs for pregnant and parenting women with a substance related disorder and their children.   | Initial, Update & Episode Completion | Adult SUD and Adolescent SUD Females only | ynMaternal                    | Yes = 1<br>No = 2   |
| <b>Which Pregnant/Maternal program is this consumer being admitted to?</b><br>Community Choices – CASCADE – Charlotte<br>Community Choices – CASCADE – Durham<br>Community Choices – Outpatient Program – Charlotte<br>Community Choices – Outpatient Program – Durham<br>Community Choices – WISH Program<br>Daymark Clean Start Program<br>Insight Human Services – Perinatal Health Partners<br>NC PPW – Columbus County<br>NC PPW – Project CARA – Buncombe County<br>NC PPW – Project CARA – Wilkes County<br>PORT Health – Kelly House<br>RHA – Mary Benson House<br>RHCC – Cambridge Court – Perinatal/Maternal<br>RHCC – Crystal Lake – Perinatal/Maternal<br>RHCC – Grace Court<br>RHCC – Our House<br>RHCC – The Village – Perinatal/Maternal<br>Southlight – Perinatal Residential<br>UNC Horizons – Day Break<br>UNC Horizons – Outpatient Program<br>UNC Horizons – Sunrise Perinatal/Maternal<br>UNC Horizons – Wake | Answer if ynMaternal = ‘Yes’   | Initial, Update & Episode Completion | Adult SUD and Adolescent SUD Females only | intMaternalProgram            | Community Choices – CASCADE – Charlotte = 1<br>Community Choices – CASCADE – Durham = 2<br>Community Choices – Outpatient Program – Charlotte = 3<br>Community Choices – Outpatient Program – Durham = 6<br>Community Choices – WISH Program = 4<br>Daymark Clean Start Program = 5<br>Insight Human Services – Perinatal Health Partners = 7<br>NC PPW – Columbus County = 20<br>NC PPW – Project CARA – Buncombe County = 22<br>NC PPW – Project CARA – Wilkes County = 23<br>PORT Health – Kelly House = 8<br>RHA – Mary Benson House = 9<br>RHCC – Cambridge Court – Perinatal/Maternal = 10<br>RHCC – Crystal Lake – Perinatal/Maternal = 11<br>RHCC – Grace Court = 12<br>RHCC – Our House = 13<br>RHCC – The Village – Perinatal/Maternal = 14<br>Southlight – Perinatal Residential = 15<br>UNC Horizons – Day Break = 16<br>UNC Horizons – Outpatient Program = 17<br>UNC Horizons – Sunrise Perinatal/Maternal = 18<br>UNC Horizons – Wake = 19 |
| (Initial)<br><b>Is this consumer being admitted to a CASAWORKS Residential program?</b><br><br>(Update & Episode Completion)<br><b>Is this consumer enrolled in a CASAWORKS Residential program?</b><br>Yes<br>No  | The NC CASAWORKS for Families Residential Initiative supports 8 comprehensive residential substance use disorder programs for women receiving Work First cash assistance and their children. | Initial, Update & Episode Completion | Adult SUD Females only                    | ynCasaworks                   | Yes = 1<br>No = 2   |

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| Interview Item   | Item Description, Definition or Entry Instructions     | Interview Type                       | Age/ Disability Category                  | Codebook Identifier: Question   | Codebook Identifier: Response  |
|--|--|--------------------------------------|---|---------------------------------|--|
| <b>Pregnant &amp; Maternal Status</b>  |  |                                      |   |                                 |  |
| <b>Which CASAWORKS Residential program is this consumer being admitted to?</b><br>Community Choices – CASCADE CASAWORKS – Charlotte<br>Community Choices – CASCADE CASAWORKS – Durham<br>RHCC – Cambridge Court – CASAWORKS<br>RHCC – Crystal Lake – CASAWORKS<br>RHCC – The Village – CASAWORKS<br>Southlight – CASAWORKS<br>UNC Horizons – Sunrise CASAWORKS | Answer if ynCasaworks = ‘Yes’                          | Initial, Update & Episode Completion | Adult SUD Females only                    | intCasaworksProgram             | Community Choices – CASCADE CASAWORKS – Charlotte = 1<br>Community Choices – CASCADE CASAWORKS – Durham = 2<br>RHCC – Cambridge Court – CASAWORKS = 3<br>RHCC – Crystal Lake – CASAWORKS = 4<br>RHCC – The Village – CASAWORKS = 5<br>Southlight – CASAWORKS = 6<br>UNC Horizons – Sunrise CASAWORKS = 7 |
| <b>***Are you currently pregnant?</b><br>Yes<br>No<br>Unsure   | Enter whether or not the consumer is pregnant          | Initial, Update & Episode Completion | Adult and Adolescent Females only         | intPregnant                     | Yes = 1<br>No = 2<br>Unsure = 3  |
| <b>***How many weeks have you been pregnant? _ _</b>   | Answer if intPregnant = ‘Yes’                          | Initial, Update & Episode Completion | Adult and Adolescent Females only         | intPregnantWeeks                |  |
| <b>***Have you been referred to prenatal care?</b><br>Yes<br>No  | Answer if intPregnant = ‘Yes’                          | Initial, Update & Episode Completion | Adult and Adolescent Females only         | ynPregnantPrenatalCare Referred | Yes = 1<br>No = 2  |
| <b>***Are you receiving prenatal care?</b><br>Yes<br>No  | Answer if intPregnant = ‘Yes’                          | Initial, Update & Episode Completion | Adult and Adolescent Females only         | ynPregnantPrenatalCare Received | Yes = 1<br>No = 2  |
| <b>***Have you given birth in the past year?</b><br>Yes<br>No  | Indicate if consumer has given birth in the past year. | Update & Episode Completion          | Adult and Adolescent Females only         | ynBirth                         | Yes = 1<br>No = 2  |
| <b>***How long ago did you give birth?</b><br>Less than 3 months ago<br>3 to 6 months ago<br>7 to 12 months ago  | Answer if ynBirth = ‘Yes’                              | Update & Episode Completion          | Adult SUD and Adolescent SUD Females only | intBirthRecency                 | Less than 3 months ago = 1<br>3 to 6 months ago = 2<br>7 to 12 months ago = 3  |
| <b>***Did you receive prenatal care during pregnancy?</b><br>Yes<br>No   | Answer if ynBirth = ‘Yes’                              | Update & Episode Completion          | Adult and Adolescent Females only         | ynReceivedPrenatalCare          | Yes = 1<br>No = 2  |

**\*\*\*Section III item** – only answer on Update & Episode Completion if ynInPerson= ‘Yes’



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| Interview Item   | Item Description, Definition or Entry Instructions | Interview Type              | Age/ Disability Category                  | Codebook Identifier: Question                | Codebook Identifier: Response   |
|--|--|-----------------------------|---|--|---|
| <b>Pregnant &amp; Maternal Status</b>  |  |                             |   |  |   |
| <b>***What was the # of weeks gestation?</b> __ __   | Answer if ynBirth = ‘Yes’                          | Update & Episode Completion | Adult SUD and Adolescent SUD Females only | intGestationWeeks                            |   |
| <b>***What was the birth weight?</b><br>pounds __ __<br>ounces __ __   | Answer if ynBirth = ‘Yes’                          | Update & Episode Completion | Adult SUD and Adolescent SUD Females only | intBirthWeightPounds<br>intBirthWeightOunces |   |
| <b>***How would you describe the baby’s current health?</b><br>Good<br>Fair<br>Poor<br>Baby is deceased<br>Baby is not in your custody | Answer if ynBirth = ‘Yes’                          | Update & Episode Completion | Adult and Adolescent Females only         | intBabyHealth                                | Good = 1<br>Fair = 2<br>Poor = 3<br>Baby is deceased = 4<br>Baby is not in your custody = 5 |
| <b>***Is the baby receiving regular Well Baby/Health Check services?</b><br>Yes<br>No  | Answer if ynBirth = ‘Yes’                          | Update & Episode Completion | Adult and Adolescent Females only         | intBabyHealthCare                            | Yes = 1<br>No = 2   |

\*\*\*Section III item – only answer on Update & Episode Completion if ynInPerson= ‘Yes’

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| Interview Item  | Item Description, Definition or Entry Instructions   | Interview Type   | Age/ Disability Category | Codebook Identifier: Question | Codebook Identifier: Response   |
|---|--|--|--------------------------|-------------------------------|---|
| <b>Substance Use</b>  |  |  |                          |                               |   |
| (Initial & Update)<br><b>Is this consumer receiving or expected to receive methadone treatment?</b><br><br>(Episode Completion)<br><b>Did the consumer receive or was expected to receive methadone treatment?</b><br>Yes<br>No | Consumer is currently enrolled or expected to be enrolled in a methadone treatment program.  | Initial, Update, Episode Completion & Recovery Follow-Up | Adult SUD only           | ynMethProgram                 | Yes = 1<br>No = 2   |
| (Initial & Update)<br><b>What is the current methadone dosage? __mg</b><br><br>(Episode Completion)<br><b>What was the last methadone dosage in the 60 days prior to episode completion? __mg</b>                               | Answer if ynMethProgram = 'Yes'<br><br>Record the most current Methadone, in milligrams. Enter '0', if none.   | Initial, Update, Episode Completion & Recovery Follow-Up | Adult SUD only           | intDosageMethadone            |   |
| (Initial)<br><b>Please describe the current methadone dosing:</b><br><br>(Update & Episode Completion)<br><b>Please describe the last methadone dosing:</b><br>Induction<br>Stabilization<br>Taper                              | Answer if intDosageMethadone > 0<br><br><b>Mark only one</b><br><br><b>Induction</b> – the introduction/initiation of methadone<br><b>Stabilization</b> – the maintenance phase of methadone<br><b>Taper</b> – the adjustment phase associated with coming off methadone   | Initial, Update, Episode Completion & Recovery Follow-Up | Adult SUD only           | intMethPhase                  | Induction = 1<br>Stabilization = 2<br>Taper = 3   |
| <b>Is the methadone withdrawal voluntary or administrative?</b><br>Voluntary<br>Administrative  | Answer if intDosageMethadone > 0 <u>and</u> intMethPhase = 'Taper'<br><br><b>Voluntary</b> – describes a consumer who has a planned schedule for detoxification as an agreed in the plan for treatment.<br><b>Administrative</b> – describes a consumer who has a planned schedule for detoxification from methadone due to program non-compliance.  | Update, Episode Completion & Recovery Follow-Up          | Adult SUD only           | intMethWithdrawal             | Voluntary = 1<br>Administrative = 2   |
| <b>Is methadone being given in a split dosage (e.g., 2 or more doses per day)?</b><br>Yes<br>No   | Answer if intDosageMethadone > 0   | Update   | Adult SUD only           | ynMethSplitDose               | Yes = 1<br>No = 2   |
| <b>What is the consumer's take home level?</b><br>Level 1 (Sunday only)<br>Level 2<br>Level 3<br>Level 4<br>Level 5<br>Level 6<br>Level 7 (30 days)<br>No take home level   | Answer if intDosageMethadone > 0<br><br><b>Level 1 (Sunday only)</b> – Sunday take home only, dosing in clinic 6 days per week<br><b>Level 2</b> – 3 weekly take homes (dosing 4 days per week in clinic)<br><b>Level 3</b> – 4 weekly take homes (dosing 3 days per week in clinic)<br><b>Level 4</b> – 5 weekly take homes (dosing 2 days per week in clinic)<br><b>Level 5</b> – 6 weekly take homes (dosing 1 day per week in clinic)<br><b>Level 6</b> – 13 weekly take homes (dosing in clinic once every 14 days)<br><b>Level 7 (30 days)</b> – up to 30 weekly take homes (dosing in clinic once per month)<br><b>No take home level</b> – No take homes, dosing in clinic 7 days per week | Update   | Adult SUD only           | intMethTakeHome               | Level 1 (Sunday only) = 1<br>Level 2 = 2<br>Level 3 = 3<br>Level 4 = 4<br>Level 5 = 5<br>Level 6 = 6<br>Level 7 (30 days) = 7<br>No take home level = 0 |

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| Interview Item   | Item Description, Definition or Entry Instructions   | Interview Type   | Age/ Disability Category | Codebook Identifier: Question | Codebook Identifier: Response                   |
|--|--|--|--------------------------|-------------------------------|---|
| <b>Substance Use</b>   |  |  |                          |                               |   |
| (Initial & Update)<br><b>Is this consumer receiving or expected to receive buprenorphine (mono or combo products, such as Zubsolv, Suboxone, etc.) treatment?</b><br><br>(Episode Completion)<br><b>Did this consumer receive or was expected to receive buprenorphine (mono or combo products, such as Zubsolv, Suboxone, etc.) treatment?</b><br>Yes<br>No | Consumer is currently enrolled or expected to be enrolled in a buprenorphine treatment program.  | Initial, Update, Episode Completion & Recovery Follow-Up | Adult SUD only           | ynBupren                      | Yes = 1<br>No = 2                               |
| (Initial & Update)<br><b>How will the buprenorphine be administered?</b><br><br>(Episode Completion)<br><b>How was the buprenorphine administered?</b><br>Oral (tablets or film)<br>Injection  | Answer if ynBupren = 'Yes'   | Initial, Update, Episode Completion & Recovery Follow-Up | Adult SUD only           | intAdministerBupren           | Oral (tablets or film) = 1<br>Injection = 3     |
| (Initial & Update)<br><b>What is the current buprenorphine dosage? ___mg</b><br><br>(Episode Completion)<br><b>What was the last buprenorphine dosage in the 60 days prior to episode completion? ___mg</b>  | Answer if ynBupren = 'Yes'<br><br>Record the most current buprenorphine, in milligrams. Enter '0', if none.  | Initial, Update, Episode Completion & Recovery Follow-Up | Adult SUD only           | intDosageBupren               |   |
| (Initial)<br><b>Please describe the current buprenorphine dosing/phase of care:</b><br><br>(Update & Episode Completion)<br><b>Please describe the last buprenorphine dosing:</b><br>Induction<br>Stabilization<br>Taper   | Answer if intDosageBupren > 0<br><br><b>Mark only one</b><br><br><b>Induction</b> – the introduction/initiation of buprenorphine<br><b>Stabilization</b> – the maintenance phase of buprenorphine<br><b>Taper</b> – the adjustment phase associated with coming off buprenorphine  | Initial, Update, Episode Completion & Recovery Follow-Up | Adult SUD only           | intBuprenPhase                | Induction = 1<br>Stabilization = 2<br>Taper = 3 |
| <b>Is the buprenorphine withdrawal voluntary or administrative?</b><br>Voluntary<br>Administrative   | Answer if intDosageBupren > 0 <u>and</u> intBuprenPhase = 'Taper'<br><br><b>Voluntary</b> – describes a consumer who has a planned schedule for detoxification as an agreed in the plan for treatment.<br><b>Administrative</b> – describes a consumer who has a planned schedule for detoxification from buprenorphine due to program non-compliance. | Update, Episode Completion & Recovery Follow-Up          | Adult SUD only           | intBuprenWithdrawal           | Voluntary = 1<br>Administrative = 2             |

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| Interview Item   | Item Description, Definition or Entry Instructions  | Interview Type   | Age/ Disability Category | Codebook Identifier: Question | Codebook Identifier: Response                   |
|--|---|--|--------------------------|-------------------------------|---|
| <b>Substance Use</b>   |   |  |                          |                               |   |
| (Initial & Update)<br><b>Is this consumer receiving or expected to receive naltrexone (such as Revia, Vivitrol, etc.) treatment?</b><br><br>(Episode Completion)<br><b>Did this consumer receive or was expected to receive naltrexone (such as Revia, Vivitrol, etc.) treatment?</b><br>Yes<br>No | Consumer is currently enrolled or expected to be enrolled in a naltrexone treatment program.  | Initial, Update, Episode Completion & Recovery Follow-Up | Adult SUD only           | ynNaltrexone                  | Yes = 1<br>No = 2                               |
| (Initial & Update)<br><b>How will the naltrexone be administered?</b><br><br>(Episode Completion)<br><b>How was the naltrexone administered?</b><br>Oral<br>Injectable   | Answer if ynNaltrexone = ‘Yes’  | Initial, Update, Episode Completion & Recovery Follow-Up | Adult SUD only           | intAdministerNaltrexone       | Oral = 1<br>Injectable = 2                      |
| (Initial & Update)<br><b>What is the current naltrexone dosage? ___mg</b><br><br>(Episode Completion)<br><b>What was the last naltrexone dosage in the 60 days prior to episode completion? ___mg</b>  | Answer if ynNaltrexone = ‘Yes’<br><br>Record the most current naltrexone, in milligrams. Enter ‘0’, if none.  | Initial, Update, Episode Completion & Recovery Follow-Up | Adult SUD only           | intDosageNaltrexone           |   |
| (Initial)<br><b>Please describe the current naltrexone dosing/phase of care:</b><br><br>(Update & Episode Completion)<br><b>Please describe the last naltrexone dosing:</b><br>Induction<br>Stabilization<br>Taper   | Answer if intDosageNaltrexone > 0<br><br><b>Mark only one</b><br><br><b>Induction</b> – the introduction/initiation of naltrexone<br><b>Stabilization</b> – the maintenance phase of naltrexone<br><b>Taper</b> – the adjustment phase associated with coming off naltrexone  | Initial, Update, Episode Completion & Recovery Follow-Up | Adult SUD only           | intNaltrexonePhase            | Induction = 1<br>Stabilization = 2<br>Taper = 3 |
| <b>Is the naltrexone withdrawal voluntary or administrative?</b><br>Voluntary<br>Administrative  | Answer if intDosageNaltrexone > 0 <u>and</u> intNaltrexonePhase = ‘Taper’<br><br><b>Voluntary</b> – describes a consumer who has a planned schedule for detoxification as an agreed in the plan for treatment.<br><b>Administrative</b> – describes a consumer who has a planned schedule for detoxification from naltrexone due to program non-compliance. | Update, Episode Completion & Recovery Follow-Up          | Adult SUD only           | intNaltrexoneWithdrawal       | Voluntary = 1<br>Administrative = 2             |

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| Interview Item  | Item Description, Definition or Entry Instructions   | Interview Type                       | Age/ Disability Category               | Codebook Identifier: Question   | Codebook Identifier: Response       |
|---|--|--------------------------------------|--|---|-------------------------------------|
| <b>Substance Use</b>  |  |                                      |  |   |                                     |
| <b>Substance use disorder treatment participation and service units in the past 3 months:</b><br>Group Sessions: __ Attended<br>Individual/family sessions: __ Attended   | Answer if ynMethProgram = 'Yes' <u>or</u> ynBupren = 'Yes' <u>or</u> ynNaltrexone = 'Yes'<br><br>Enter number of group and individual substance use disorder related sessions attended. Do not include screening or clinical evaluation of consumer. Includes substance use treatment participation only   | Update & Episode Completion          | Adult SUD only                         | intTreatmentGroupAttended<br>intTreatmentIndividualAttended   |                                     |
| <b>Does this consumer take Antabuse?</b><br>Yes<br>No   | Consumer is currently taking Antabuse  | Update & Episode Completion          | Adult SUD only                         | ynAntabuse  | Yes = 1<br>No = 2                   |
| <b>Number of drug tests conducted and number positive in the past 3 months:</b><br><b>a. Number conducted</b> __<br><b>b. Number positive</b> __<br><b>c. How often did each substance appear for all tests conducted?</b><br>Alcohol __<br>THC __<br>Opiates __<br>Benzo. __<br>Cocaine __<br>Amphetamines __<br>Barbiturates __   | Do not count if positive for Methadone only.<br><br>Enter '0', if none.<br><br>If intDrugTestConducted = '0' and/or intDrugTestPositive = '0', skip to next question.  | Update & Episode Completion          | Adult SUD and Adolescent SUD only      | intDrugTestConducted<br>intDrugTestPositive<br><br>intDrugTestPositiveAlcohol<br>intDrugTestPositiveTHC<br>intDrugTestPositiveOpiates<br>intDrugTestPositiveBenzo<br>intDrugTestPositiveCocaine<br>intDrugTestPositiveAmphetamine<br>intDrugTestPositiveBarbiturate |                                     |
| (Initial)<br>(Adult wording) <b>In the past year, have you used tobacco/vaping products or alcohol?</b><br>(Adolescent wording) <b>Have you ever used tobacco/vaping products or alcohol?</b><br>(Child wording) <b>Has your child used tobacco/vaping products or alcohol?</b><br><br>(Update & Episode Completion)<br>(Adult & Adolescent wording) <b>In the past 3 months, have you used tobacco/vaping products or alcohol?</b><br>(Child wording) <b>In the past 3 months, has your child used tobacco/vaping products or alcohol?</b><br>Yes<br>No<br>Don't know (Child only) | Any tobacco/vaping products including cigarettes, e-cigarettes (ex. JUUL, SMOK, Suorin, Vuse, blu), cigars/cigarillos/little cigars such as Black & Milds, smokeless tobacco/chewing tobacco/chew/snuff/snus, dissolvable tobacco as in strips/sticks/orbs, hookah, heated tobacco products, "tobacco free" nicotine pouches (ex: Zyn), blunts, or any other tobacco product.<br><br>E-cigarettes are battery powered devices that usually contain a nicotine-based liquid that is vaporized and inhaled. They may also be known as e-cigs, vape-pens, e-hookahs, or mods.<br><br>Any alcohol products including beer, wine or liquor. | Initial, Update & Episode Completion | Adult MH, Adolescent MH and Child only | ynUsedTobacco   | Yes = 1<br>No = 2<br>Don't know = 3 |

# North Carolina Treatment Outcomes & Program Performance System (NC-TOPPS) Resource Guide

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| Interview Item  | Item Description, Definition or Entry Instructions  | Interview Type                                | Age/<br>Disability<br>Category                  | Codebook Identifier: Question  | Codebook Identifier: Response  |
|---|---|---|---|--|--|
| <b>Substance Use</b>  |   |   |   |  |  |
| (Initial)<br>(Adult wording) <b>In the past year, have you used illicit drugs or other substances other than tobacco/vaping products and alcohol?</b><br>(Adolescent wording) <b>Have you ever used illicit drugs or other substances other than tobacco/vaping products and alcohol?</b><br>(Child wording) <b>Has your child used illicit drugs or other substances other than tobacco/vaping products and alcohol?</b><br><br>(Update & Episode Completion)<br>(Adult & Adolescent wording) <b>In the past 3 months, have you used illicit drugs or other substances other than tobacco/vaping products and alcohol?</b><br>(Child wording) <b>In the past 3 months, has your child used illicit drugs or other substances other than tobacco/vaping products and alcohol?</b><br>Yes<br>No<br>Don't know (Child only) | Any illicit drugs (narcotics, stimulants, depressants (sedatives), hallucinogens, and cannabis) or other substances.  | Initial,<br>Update &<br>Episode<br>Completion | Adult MH,<br>Adolescent<br>MH and<br>Child only | ynUsedDrugs  | Yes = 1<br>No = 2<br>Don't know = 3  |
| <b>Please mark the frequency of use for each substance in the past 12 months.</b><br>Not Used<br>1-3 times monthly or less<br>1-2 times weekly<br>3-6 times weekly<br>Daily   | Answer for MH consumers only if ynUsedTobacco <u>or</u> ynUsedDrugs = 'Yes'<br><br>Enter the appropriate frequency of use for each substance in the past 12 months.<br><br>QPs should use their best clinical judgment for marking the frequencies. For example, if a consumer responds that he/she has used a substance once in the past 12 months, an "x" should be marked under '1-3 times monthly or less' because that is the most accurate description of frequency of use.<br><br>Substances prescribed by or taken under the advice of healthcare professionals such as physicians, nurses, or pharmacists, should <u>not</u> be included in any of the drug frequencies unless consumer is <u>not</u> taking the substance as ordered. | Initial                                       | Adult and<br>Adolescent<br>only                 | intTobaccoUsePastYear<br>intHeavyAlcoholUsePastYear<br>intRegularAlcoholUsePastYear<br>intMarijuanaUsePastYear<br>intCocaineUsePastYear<br>intHeroinUsePastYear<br>intFentanylUsePastYear<br>intOpiatesUsePastYear<br>intNonPrescMethUsePastYear<br>intPCPUsePastYear<br>intOtherHallUsePastYear<br>intMethamphetamineUsePastYear<br>intOtherAmphetamineUsePastYear<br>intOtherStimulantUsePastYear<br>intBenzoUsePastYear<br>intOtherTranqUsePastYear<br>intBarbiturateUsePastYear<br>intOtherSedativeUsePastYear<br>intInhalantUsePastYear<br>intOverCounterUsePastYear<br>intOxyContinUsePastYear<br>intEcstasyUsePastYear<br>intSpiceUsePastYear<br>intDilantinUsePastYear<br>intGHBGBLUsePastYear<br>intKetamineUsePastYear<br>intCannabinoidsUsePastYear | Not Used = 0<br>1-3 times monthly or less = 1<br>1-2 times weekly = 2<br>3-6 times weekly = 3<br>Daily = 4 |

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| Interview Item  | Item Description, Definition or Entry Instructions   | Interview Type   | Age/ Disability Category  | Codebook Identifier: Question   | Codebook Identifier: Response  |
|---|--|--|---------------------------|---|--|
| <b>Substance Use</b>  |  |  |                           |   |  |
| (Initial, Update & Episode Completion)<br><b>Please mark the frequency of use for each substance in the past month.</b><br><br>(Recovery Follow-Up)<br><b>Since leaving treatment, which of the following substances have you used?</b><br>Not Used<br>1-3 times monthly or less<br>1-2 times weekly<br>3-6 times weekly<br>Daily                                       | Answer for MH consumers only if ynUsedTobacco <u>or</u> ynUsedDrugs = ‘Yes’<br><br>Enter the appropriate frequency of use for each substance during the past month.<br><br>QPs should use their best clinical judgment for marking the frequencies.<br><br>Substances prescribed by or taken under the advice of healthcare professionals such as physicians, nurses, or pharmacists, should <u>not</u> be included in any of the drug frequencies unless consumer is <u>not</u> taking the substance as ordered.  | Initial, Update, Episode Completion & Recovery Follow-Up | Adult and Adolescent only | intTobaccoUsePastMonth<br>intHeavyAlcoholUsePastMonth<br>intRegularAlcoholUsePastMonth<br>intMarijuanaUsePastMonth<br>intCocaineUsePastMonth<br>intHeroinUsePastMonth<br>intFentanylUsePastMonth<br>intOpiatesUsePastMonth<br>intNonPrescMethUsePastMonth<br>intPCPUsePastMonth<br>intOtherHallUsePastMonth<br>intMethamphetamineUsePastMonth<br>intOtherAmphetamineUsePastMonth<br>intOtherStimulantUsePastMonth<br>intBenzoUsePastMonth<br>intOtherTranqUsePastMonth<br>intBarbiturateUsePastMonth<br>intOtherSedativeUsePastMonth<br>intInhalantUsePastMonth<br>intOverCounterUsePastMonth<br>intOxyContinUsePastMonth<br>intEcstasyUsePastMonth<br>intSpiceUsePastMonth<br>intDilantinUsePastMonth<br>intGHBGBLUsePastMonth<br>intKetamineUsePastMonth<br>intCannabinoidsUsePastMonth | Not Used = 0<br>1-3 times monthly or less = 1<br>1-2 times weekly = 2<br>3-6 times weekly = 3<br>Daily = 4 |
| <b>Identify up to two of the most often used tobacco/vaping products:</b><br>Cigarettes<br>E-cigarettes<br>Cigars/Cigarillos/Little Cigars<br>Smokeless Tobacco/Chewing<br>Tobacco/Chew/Snuff/Snus<br>Dissolvable Tobacco as in Strips/Sticks/Orbs<br>Hookah<br>Heated Tobacco Products<br>“Tobacco free” Nicotine Pouches (ex: Zyn)<br>Blunts<br>Other Tobacco Product | Answer if tobacco/vaping use is selected for intTobaccoUsePastYear and/or intTobaccoUsePastMonth<br><br>Select up to two of the most often used tobacco/vaping product(s).<br><br>Tobacco/vaping products including cigarettes, e-cigarettes (ex. JUUL, SMOK, Suorin, Vuse, blu), cigars/cigarillos/little cigars such as Black & Milds, smokeless tobacco/chewing tobacco/chew/snuff/snus, dissolvable tobacco as in strips/sticks/orbs, hookah, heated tobacco products, “tobacco free” nicotine pouches (ex: Zyn), blunts, or any other tobacco product.<br><br>E-cigarettes are battery powered devices that usually contain a nicotine-based liquid that is vaporized and inhaled. They may also be known as e-cigs, vape-pens, e-hookahs, or mods. | Initial, Update, Episode Completion                      | Adult and Adolescent only | ynTobaccoCigarettes<br>ynTobaccoEcigarettes<br>ynTobaccoCigars<br>ynTobaccoSmokeless<br>ynTobaccoHookah<br>ynTobaccoDissolvable<br>ynTobaccoHeated<br>ynTobaccoFreeNicotine<br>ynTobaccoBlunts<br>ynTobaccoOther  | Choice selected = 1<br>Choice not selected = 0   |
| <b>Does anyone who cares for your child ever smoke or vape (including in your home, car, or other places)?</b><br>Smoke<br>Vape<br>Neither  | This includes any tobacco/vaping products including cigarettes, e-cigarettes, cigars/cigarillos/little cigars, smokeless tobacco/chewing tobacco/chew/snuff/snus, dissolvable tobacco as in strips/sticks/orbs, hookah, heated tobacco products, “tobacco free” nicotine pouches (ex: Zyn), blunts, or any other tobacco product.  | Initial, Update & Episode Completion                     | Child only                | intChildCareUsedTobacco   | Smoke = 2<br>Vape = 1<br>Neither = 0   |



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| Interview Item  | Item Description, Definition or Entry Instructions   | Interview Type                       | Age/ Disability Category          | Codebook Identifier: Question   | Codebook Identifier: Response  |
|---|--|--------------------------------------|-----------------------------------|---|--|
| Substance Use   |  |                                      |                                   |   |  |
| (Initial)<br><b>If ever, when is the last time you used a needle to get any drug injected under your skin, into a muscle, or into a vein for nonmedical reasons?</b><br>Never<br>Within the past 3 months<br>Within the past year<br>More than a year ago<br>Deferred<br><br>(Update & Episode Completion)<br><b>***In the past 3 months, have you used a needle to get any drug injected under your skin, into a muscle, or into a vein for nonmedical reasons?</b><br>Yes<br>No<br>Deferred | Defined as injecting a drug for non-medically sanctioned use.<br><br>If consumer does not want to respond on Initial Interview, mark deferred and let the consumer know the question will be asked at their next interview.  | Initial, Update & Episode Completion | Adult SUD and Adolescent SUD only | intNeedleUseRecency (Initial)<br><br>intNeedleUse (Update & Episode Completion) | (Initial)<br>Never = 0<br>Within the past 3 months = 1<br>Within the past year = 2<br>More than a year ago = 3<br>Deferred = 4<br><br>(Update & Episode Completion)<br>Yes = 1<br>No = 2<br>Deferred = 3 |
| <b>In the 3 months prior to your current admission, how many weeks were you enrolled in substance use disorder treatment (not including detox)?</b> __  | Enter how many weeks the consumer was enrolled in substance use disorder treatment (not including detox), in the 3 months prior to their current episode of care. Round up the number of weeks in treatment. For example, if consumer responds two and a half weeks, enter '3' for number of weeks. Enter '0' if none. | Initial                              | Adult SUD and Adolescent SUD only | intSatEnrolledWeeks   |  |

\*\*\*Section III item – only answer on Update & Episode Completion if ynInPerson= ‘Yes’



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|--|--|--------------------------------------|---|-------------------------------|-------------------------------|
| <b>Child Custody</b>   |  |                                      |   |                               |                               |
| (Adult wording) <b>Do you have children under the age of 18?</b><br>(Adolescent wording) <b>Do you have children?</b><br>Yes<br>No | Includes natural, adopted, step-, foster, or other children under the age of 18 that the consumer is legally responsible to raise.             | Initial, Update & Episode Completion | Adult SUD and Adolescent SUD Females only | ynChildren                    | Yes = 1<br>No = 2             |
| <b>How many children do you have?</b> __   | Answer if ynChildren = 'Yes'<br><br>Answer must be greater than '0'  | Initial, Update & Episode Completion | Adult SUD and Adolescent SUD Females only | intNumberChildren             |                               |
| <b>How many children are in your legal custody?</b> __   | Answer if ynChildren = 'Yes'<br><br>Answer cannot be greater than intNumberChildren  | Initial                              | Adult SUD and Adolescent SUD Females only | intChildrenCustody            |                               |
| <b>How many children are in the legal custody of DSS?</b> __   | Answer if ynChildren = 'Yes'<br><br>Answer cannot be greater than intNumberChildren or greater than intNumberChildren minus intChildrenCustody | Initial                              | Adult SUD and Adolescent SUD Females only | intChildrenCustodyDSS         |                               |
| <b>How many children are you currently seeking legal custody of?</b><br>--   | Answer if ynChildren = 'Yes'<br><br>Answer cannot be greater than intNumberChildren or greater than intNumberChildren minus intChildrenCustody | Initial                              | Adult SUD and Adolescent SUD Females only | intChildrenCustodySeeking     |                               |
| <b>Since the last interview, how many children have you gained legal custody of?</b> __  | Answer if ynChildren = 'Yes'<br><br>Answer cannot be greater than intNumberChildren  | Update & Episode Completion          | Adult SUD and Adolescent SUD Females only | intChildrenCustodyGained      |                               |
| <b>Since the last interview, how many children have you lost legal custody of?</b> __  | Answer if ynChildren = 'Yes'<br><br>Answer cannot be greater than intNumberChildren  | Update & Episode Completion          | Adult SUD and Adolescent SUD Females only | intChildrenCustodyLost        |                               |
| <b>Since the last interview, how many children have you begun seeking legal custody of?</b> __                                     | Answer if ynChildren = 'Yes'<br><br>Answer cannot be greater than intNumberChildren  | Update & Episode Completion          | Adult SUD and Adolescent SUD Females only | intChildrenCustodyBegunSeek   |                               |
| <b>Since the last interview, how many children have you stopped seeking legal custody of?</b> __                                   | Answer if ynChildren = 'Yes'<br><br>Answer cannot be greater than intNumberChildren  | Update & Episode Completion          | Adult SUD and Adolescent SUD Females only | intChildrenCustodyStopSeek    |                               |

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|---|---|--------------------------------------|---|-------------------------------|-------------------------------|
| <b>Child Custody</b>  |   |                                      |   |                               |                               |
| <b>Since the last interview, how many children have you continued seeking legal custody of? __</b>  | Answer if ynChildren = 'Yes'<br>Answer cannot be greater than intNumberChildren   | Update & Episode Completion          | Adult SUD and Adolescent SUD Females only | intChildrenCustodyStillSeek   |                               |
| <b>Since the last interview, how many newborn baby(ies) have been removed from your legal custody? __</b>   | Answer if ynChildren = 'Yes'  | Update & Episode Completion          | Adult SUD and Adolescent SUD Females only | intChildrenCustodyBabyRemoved |                               |
| <b>Since the last interview, how many children have your parental rights been terminated from? __</b>   | Answer if ynChildren = 'Yes'<br>Answer cannot be greater than intNumberChildren<br>Termination of parental rights completely and permanently terminates all rights and obligations of the parent to the child and of the child to the parent. | Update & Episode Completion          | Adult SUD and Adolescent SUD Females only | intParentRightsTerminated     |                               |
| <b>How many children in your legal custody are receiving preventive and primary health care? __</b>   | Answer if ynChildren = 'Yes'<br>Answer cannot be greater than intNumberChildren   | Initial, Update & Episode Completion | Adult SUD and Adolescent SUD Females only | intChildrenHealthCare         |                               |
| <b>How many children in your legal custody have been screened for mental health and/or substance use disorder prevention or treatment services? __</b>  | Answer if ynChildren = 'Yes'<br>Answer cannot be greater than intNumberChildren   | Initial, Update & Episode Completion | Adult SUD and Adolescent SUD Females only | intChildrenScreened           |                               |
| (Initial)<br><b>In the past year, have you been investigated by DSS for child abuse or neglect?</b><br><br>(Update & Episode Completion)<br><b>Since the last interview, have you been investigated by DSS for child abuse or neglect?</b><br>Yes<br>No | Answer if ynChildren = 'Yes'  | Initial, Update & Episode Completion | Adult SUD and Adolescent SUD Females only | ynChildAbuseNeglect           | Yes = 1<br>No = 2             |
| <b>Was the investigation due to an infant testing positive on a drug screen?</b><br>Yes<br>No<br>NA   | Answer if ynChildAbuseNeglect = 'Yes'   | Initial, Update & Episode Completion | Adult SUD and Adolescent SUD Females only | intChildAbuseDrugScreen       | Yes = 1<br>No = 2<br>NA = 3   |
| <b>Was your admission to treatment required by Child Welfare Services of DSS?</b><br>Yes<br>No  | Answer if ynChildAbuseNeglect = 'Yes'   | Initial                              | Adult SUD and Adolescent SUD Females only | ynTreatmentRequiredCSDSS      | Yes = 1<br>No = 2             |

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| Interview Item   | Item Description, Definition or Entry Instructions  | Interview Type   | Age/ Disability Category   | Codebook Identifier: Question                | Codebook Identifier: Response  |
|--|---|--|--|--|--|
| <b>Social Supports</b>   |   |  |  |  |  |
| (Initial, Update, & Episode Completion)<br>(Adult & Adolescent wording) <b>In the past 3 months, how often did you participate in...</b><br>(Child wording) <b>In the past 3 months, how often did your child participate in ...</b><br><br>(Recovery Follow-Up)<br>(Adult & Adolescent wording) <b>Since leaving treatment, how often have you participated in...</b><br>(Child wording) <b>Since leaving treatment, how often did your child participate in ...</b><br><br>a. (Adult wording) <b>positive community/leisure activities?</b><br>(Child & Adolescent wording) <b>extracurricular activities?</b><br>Never<br>A few times<br>More than a few times<br><br>b. <b>recovery support or mutual aid groups?</b><br>Never<br>A few times<br>More than a few times | <b>Positive community/leisure activities</b> – includes organized community activities (e.g., sporting events, shopping, library, youth training school, religious activities, or other activities in the community), club meetings, and/or non-credit courses.<br><br><b>Recovery support or mutual aid groups</b> – includes activities such as Alcoholics Anonymous (AA), Narcotics Anonymous (NA), self-help, self-advocacy, or other community peer support groups.<br><br><b>Never</b> – not at all<br><b>A few times</b> – about 1-3 times<br><b>More than a few times</b> – about 4 times or more | Initial, Update, Episode Completion & Recovery Follow-Up | Community Activities: All<br><br>Recovery Support: Adult and Adolescent only | intCommunityActivities<br>intRecoverySupport | Never = 0<br>A few times = 1<br>More than a few times = 4  |
| <b>In the past month, how many times did you attend recovery support or mutual aid groups?</b><br>Did not attend in past month<br>1-3 times (less than once per week)<br>4-7 times (about once per week)<br>8-15 times (2 or 3 times per week)<br>16-30 times (4 or more times per week)<br>Some attendance, but frequency unknown   | Answer if intRecoverySupport = 'A few times' or 'More than a few times'   | Initial, Update & Episode Completion                     | Adult and Adolescent only  | intRecoverySupportPastMonth                  | Did not attend in past month = 0<br>1-3 times (less than once per week) = 1<br>4-7 times (about once per week) = 2<br>8-15 times (2 or 3 times per week) = 3<br>16-30 times (4 or more times per week) = 4<br>Some attendance, but frequency unknown = 5 |
| *** (Adolescent wording) <b>How many active, stable relationship(s) with adult(s) who serve as positive role models do you have?</b> (i.e., member of clergy, neighbor, family member, coach)<br>*** (Child wording) <b>Other than yourself, how many active, stable relationship(s) with adult(s) who serve as positive role models does your child have?</b> (i.e., member of clergy, neighbor, family member, coach)<br>None<br>1 or 2<br>3 or more   | Indicate if consumer has an active, stable relationship with at least one adult who is a positive role model (i.e., member of clergy, neighbor, family member, coach).  | Initial, Update & Episode Completion                     | Adolescent and Child only  | intAdultRoleModel                            | None = 0<br>1 or 2 = 1<br>3 or more = 2  |

\*\*\*Section III item – only answer on Update & Episode Completion if ynInPerson= 'Yes'

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| Interview Item   | Item Description, Definition or Entry Instructions   | Interview Type                       | Age/ Disability Category  | Codebook Identifier: Question   | Codebook Identifier: Response   |
|--|--|--------------------------------------|---------------------------|---|---|
| <b>Social Supports</b>   |  |                                      |                           |   |   |
| <b>***In the past month, if you have a sponsor, how often have you had contact with him or her?</b><br>Don't have a sponsor<br>Never<br>A few times<br>More than a few times   | Indicate if the consumer has a sponsor and how often they have contact with their sponsor.   | Update & Episode Completion          | Adult SUD only            | intSponsorFrequency   | Don't have a sponsor = 5<br>Never = 0<br>A few times = 1<br>More than a few times = 4         |
| (Initial)<br><b>How supportive do you think your family and/or friends will be of your treatment and recovery efforts?</b><br><br>(Update & Episode Completion)<br><b>***How supportive has your family and/or friends been of your treatment and recovery efforts?</b><br>Not supportive<br>Somewhat supportive<br>Very supportive<br>No family/friends   | Support includes giving transportation to treatment services, household consideration for recovery, and/or participation in treatment sessions.  | Initial, Update & Episode Completion | Adult and Adolescent only | intFamilyFriendsSupport   | Not supportive = 0<br>Somewhat supportive = 1<br>Very supportive = 2<br>No family/friends = 3 |
| (Adolescent wording) <b>In the past 3 months, has the individual's family, guardian, or significant other been involved in any contact with staff concerning any of the following?</b><br><br>(Child wording) <b>In the past 3 months, has the individual's family or guardian been involved in any contact with staff concerning any of the following?</b><br>Treatment services<br>Person-centered planning<br>None of the above | <b>Mark all that apply</b><br><br>Mark whether or not the consumer's family, guardian or significant other has been involved in any contact with program staff concerning treatment planning, treatment services, person-centered planning, adult recovery team or child and family team meetings. | Update & Episode Completion          | Adolescent and Child only | ynFamilyInvolvedTrtmtServices<br>ynFamilyInvolvedPersonPlanning<br>ynFamilyInvolvedNone | Choice selected = 1<br>Choice not selected = 0  |

\*\*\*Section III item – only answer on Update & Episode Completion if ynInPerson= 'Yes'

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| Interview Item   | Item Description, Definition or Entry Instructions  | Interview Type   | Age/ Disability Category  | Codebook Identifier: Question  | Codebook Identifier: Response   |
|--|---|--|---------------------------|--|---|
| <b>Education</b>   |   |  |                           |  |   |
| <b>What is the highest grade you completed or degree you received in school?</b><br>Grade K, 1, 2, 3, 4, or 5<br>Grade 6, 7, or 8<br>Grade 9, 10, 11, or 12 (no diploma)<br>HS diploma/GED<br>Some college or technical/vocational school<br>2-year college/assoc. degree<br>4-year college degree (Adult only)<br>Graduate work, no degree (Adult only)<br>Professional degree or more (Adult only)   | <b>Mark only one</b><br><br>Consumer must have completed grade or received diploma or certificate. Otherwise, if the consumer has begun the grade/course and has not yet completed, record lower grade or lesser category. For example, if consumer has not yet completed Grade 6, enter 'Grade K, 1, 2, 3, 4, or 5' as choice. | Initial  | Adult and Adolescent only | intAcademicAchievement   | Grade K, 1, 2, 3, 4, or 5 = 1<br>Grade 6, 7, or 8 = 2<br>Grade 9, 10, 11, or 12 (no diploma) = 3<br>HS diploma/GED = 4<br>Some college or technical/vocational school = 5<br>2-year college/assoc. degree = 6<br>4-year college degree = 7<br>Graduate work, no degree = 8<br>Professional degree or more = 9 |
| (Initial)<br><b>In the past year, have you been enrolled in school or taken any classes?</b><br><br>(Update & Episode Completion)<br><b>Since the last interview, have you been enrolled in school or taken any classes?</b><br>No<br>Yes, high school or GED<br>Yes, vocational school or certificate program<br>Yes, college<br>Yes, adult education/leisure/recreational classes  | <b>Mark all that apply</b><br><br>Mark whether or not the consumer is enrolled in school or taken any classes.  | Initial, Update, Episode Completion                      | Adult only                | ynEnrolledNone<br>ynEnrolledHSGED<br>ynEnrolledVocational<br>ynEnrolledCollege<br>ynEnrolledAdultClass | Choice selected = 1<br>Choice not selected = 0  |
| (Initial, Update, & Episode Completion)<br>(Adolescent wording) <b>Are you currently enrolled in school or courses that satisfy requirements for a certification, diploma or degree? (Enrolled includes school breaks, suspensions, and expulsions)</b><br>(Child wording) <b>Is your child currently enrolled in school or courses that satisfy requirements for a certification, diploma or degree? (Enrolled includes school breaks, suspensions, and expulsions)</b><br><br>(Recovery Follow-Up)<br>(Adolescent wording) <b>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)</b><br>(Child wording) <b>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)</b><br>Yes<br>No | Enrolled includes school breaks, suspensions, and expulsions.   | Initial, Update, Episode Completion & Recovery Follow-Up | Adolescent and Child only | ynAcademicProgramEnrolled  | Yes = 1<br>No = 2   |

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| Interview Item  | Item Description, Definition or Entry Instructions   | Interview Type                       | Age/ Disability Category  | Codebook Identifier: Question   | Codebook Identifier: Response                  |
|---|--|--------------------------------------|---------------------------|---|--|
| Education   |  |                                      |                           |   |  |
| (Adolescent wording) <b>If <u>yes</u>, what programs are you currently enrolled in for credit?</b><br>(Child wording) <b>If <u>yes</u>, what programs is your child currently enrolled in for credit?</b><br>Alternative Learning Program (ALP)/School<br>Academic schools (K-12)<br>Private Home School by parents/guardians<br>Homebound Instruction by public/private school<br>Incarceration/Detention/Youth Development Centers<br>Technical/Vocational school (Adolescent Only)<br>Early college high school (Adolescent Only)<br>College (Adolescent Only)<br>GED Program, Adult literacy (Adolescent Only)<br>Other | Answer if ynAcademicProgramEnrolled = ‘Yes’ for Adolescent;<br>Always ask for Child<br><br><b>Mark all that apply</b><br><br><b>Alternative Learning Program (ALP)/School</b> – includes schools and programs with a wide array of activities, locations, and student characteristics. Serves selected at-risk students, suspended or expelled students, students whose learning styles are better served in an alternative program, or provides individualized programs outside of a standard classroom setting in a caring atmosphere which students learn the skills necessary to redirect their lives. Assists students in meeting requirements for graduation.<br><b>Academic schools (K-12)</b> – includes Kindergarten through 12 <sup>th</sup> grade (private or public) and training school<br><b>Private Home School by parents/guardians</b> – home school by parents/guardians Kindergarten through 12 <sup>th</sup> grade<br><b>Homebound Instruction by public/private school</b> – Any non-exceptional student that is confined for four (4) weeks or longer to a hospital/home for treatment or recuperation. Work shall be completed under the supervision of a licensed teacher, a person eligible to hold a North Carolina license, or other appropriately licensed professional employed by the local school board.<br><b>Incarceration/Detention/Youth Development Centers</b> – provide education services by teachers licensed by the N.C. Department of Public Instruction for youths who are adjudicated for offenses that occur prior to their 16 <sup>th</sup> birthday<br><b>Technical/Vocational school (Adolescent Only)</b> – includes career-oriented, technology-based schools or private college systems focused on technology-oriented programs of study or schools that train for skilled jobs.<br><b>Early college high school (Adolescent Only)</b> – provides the opportunity for students in grades 9 – 12 to earn both a high school diploma and a two-year degree or two years of transferrable credit in four or five years, tuition free. It is designed to attract students who are often under-represented in college: minorities, students from low-income families and those whose parents never attended college.<br><b>College (Adolescent Only)</b> – includes private or public 2-year and 4-year colleges.<br><b>GED Program, Adult literacy (Adolescent Only)</b> – includes General Equivalency Degree program or other adult learning programs.<br><b>Other</b> – program not listed above | Initial, Update & Episode Completion | Adolescent and Child only | ynAcademicProgramALP<br>ynAcademicProgramK12<br>ynAcademicProgramPrivateHomeSch<br>ynAcademicProgramHomeInstruction<br>ynAcademicProgramDetentionCenter<br>ynAcademicProgramTech<br>ynAcademicProgramEarlyCollege<br>ynAcademicProgramCollege<br>ynAcademicProgramGEDLiteracy<br>ynAcademicProgramOther | Choice selected = 1<br>Choice not selected = 0 |

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| Interview Item  | Item Description, Definition or Entry Instructions   | Interview Type                       | Age/ Disability Category  | Codebook Identifier: Question | Codebook Identifier: Response  |
|---|--|--------------------------------------|---------------------------|-------------------------------|--|
| Education   |  |                                      |                           |                               |  |
| (Adolescent wording) <b>Do you have an Individualized Education Program (IEP) (program or plan for special education and related services)?</b><br>(Child wording) <b>Does your child have an Individualized Education Program (IEP) (program or plan for special education and related services)?</b><br>Yes<br>No | Answer if ynAcademicProgramALP and/or ynAcademicProgramK12 and/or ynAcademicProgramPrivateHomeSch and/or ynAcademicProgramHomeInstruction and/or ynAcademicProgramDetentionCenter is selected for Adolescent; Always ask for Child<br><br>Each public school child who receives special education and related services must have an Individualized Education Program (IEP). Each IEP must be designed for one student and must be a truly <i>individualized</i> document. The IEP creates an opportunity for teachers, parents, school administrators, related services personnel, and students (when appropriate) to work together to improve educational results for children with disabilities. The IEP is the cornerstone of a quality education for each child with a disability. | Initial, Update & Episode Completion | Adolescent and Child only | ynIEP                         | Yes = 1<br>No = 2  |
| (Adolescent wording) <b>What grade are you currently in?</b> __<br>(Child wording) <b>What grade is your child currently in?</b> __   | Answer if ynAcademicProgramALP and/or ynAcademicProgramK12 and/or ynAcademicProgramPrivateHomeSch and/or ynAcademicProgramHomeInstruction and/or ynAcademicProgramDetentionCenter is selected for Adolescent; Always ask for Child<br><br>Grade that the consumer is currently participating in and has not yet obtained promotion in.   | Initial, Update & Episode Completion | Adolescent and Child only | intGrade                      | Enter 0-12   |
| (Adolescent wording) <b>For your most recent reporting period, what grades did you get most of the time?</b><br>(Child wording) <b>For your child’s most recent reporting period, what grades did s/he get most of the time?</b><br>As<br>Bs<br>Cs<br>Ds<br>Fs<br>School does not use traditional grading system    | Answer if ynAcademicProgramALP and/or ynAcademicProgramK12 and/or ynAcademicProgramPrivateHomeSch and/or ynAcademicProgramHomeInstruction and/or ynAcademicProgramDetentionCenter is selected for Adolescent; Always ask for Child<br><br><b>Mark only one</b><br><b>As</b> – letter grade of As or numeric grade of 4<br><b>Bs</b> – letter grade of Bs or numeric grade of 3<br><b>Cs</b> – letter grade of Cs or numeric grade of 2<br><b>Ds</b> – letter grade of Ds or numeric grade of 1<br><b>Fs</b> – letter grade of Fs or numeric grade of 0<br><b>School does not use traditional grading system</b>  | Initial, Update & Episode Completion | Adolescent and Child only | intRecentGrades               | As = 1<br>Bs = 2<br>Cs = 3<br>Ds = 4<br>Fs = 5<br>School does not use traditional grading system = 6 |



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| Interview Item   | Item Description, Definition or Entry Instructions  | Interview Type                                  | Age/<br>Disability<br>Category | Codebook Identifier: Question    | Codebook Identifier: Response                           |
|--|---|---|--------------------------------|----------------------------------|---|
| <b>Education</b>   |   |   |                                |                                  |   |
| (Adolescent wording) <b>If school does not use traditional grading system, for your most recent reporting period, did you pass or fail most of the time?</b><br>(Child wording) <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?</b><br>Pass<br>Fail   | Answer if ynAcademicProgramALP and/or ynAcademicProgramK12 and/or ynAcademicProgramPrivateHomeSch and/or ynAcademicProgramHomeInstruction and/or ynAcademicProgramDetentionCenter is selected <u>and</u> intRecentGrades = ‘School does not use traditional grading system’; Always ask for Child<br><br><b>Pass</b> – learning was sufficient<br><b>Fail</b> – learning was insufficient   | Initial, Update & Episode Completion            | Adolescent and Child only      | intPassFail                      | Pass = 1<br>Fail = 2                                    |
| (Update & Episode Completion)<br>(Adolescent wording) <b>Since beginning treatment, your school attendance has...</b><br>(Child wording) <b>Since beginning treatment, your child’s school attendance has...</b><br><br>(Recovery Follow-Up)<br>(Adolescent wording) <b>Since leaving treatment, your school attendance has...</b><br>(Child wording) <b>Since leaving treatment, your child’s school attendance has...</b><br>improved<br>stayed the same<br>gotten worse | Answer if ynAcademicProgramALP and/or ynAcademicProgramK12 and/or ynAcademicProgramPrivateHomeSch and/or ynAcademicProgramHomeInstruction and/or ynAcademicProgramDetentionCenter is selected (Update & Episode Completion) ; Always ask for Child<br><br><b>Improved</b> – overall number of days consumer went to school increased<br><b>Stayed the same</b> – no change in the number of days the consumer went to school<br><b>Gotten worse</b> – overall the consumer went to school less days | Update, Episode Completion & Recovery Follow-Up | Adolescent and Child only      | intSchoolAttend                  | Improved = 1<br>stayed the same = 2<br>gotten worse = 3 |
| (Adolescent wording) <b>In the past 3 months, have you been...</b><br>(Child wording) <b>In the past 3 months, has your child been...</b><br><b>a. suspended from school?</b><br>Yes<br>No<br><b>b. expelled from school?</b><br>Yes<br>No   | Answer if ynAcademicProgramALP and/or ynAcademicProgramK12 and/or ynAcademicProgramPrivateHomeSch and/or ynAcademicProgramHomeInstruction and/or ynAcademicProgramDetentionCenter is selected; Always ask for Child<br><br><b>Suspended from school</b> – temporary exclusion of student in class participation as a form of punishment.<br><br><b>Expelled from school</b> – an indefinite exclusion of student from school enrollment as a form of punishment.                                    | Initial, Update & Episode Completion            | Adolescent and Child only      | ynSuspended<br><br>ynExpelled    | Yes = 1<br>No = 2                                       |
| <b>Since the last interview, have you earned a...</b><br><b>a. GED?</b><br>Yes<br>No<br><b>b. high school diploma?</b><br>Yes<br>No  | <b>GED earned</b> – “a state-issued certificate or diploma for successfully passing a designated high school equivalency assessment” ( <a href="https://www.nccommunitycolleges.edu">https://www.nccommunitycolleges.edu</a> )<br><br><b>High school diploma</b> – document that certifies satisfactory completion of all state and local high school course requirements.  | Update & Episode Completion                     | Adult only                     | ynGED<br><br>ynHighSchoolDiploma | Yes = 1<br>No = 2                                       |



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| Interview Item   | Item Description, Definition or Entry Instructions   | Interview Type   | Age/ Disability Category  | Codebook Identifier: Question | Codebook Identifier: Response   |
|--|--|--|---------------------------|-------------------------------|---|
| <b>Employment</b>  |  |  |                           |                               |   |
| <p>(Initial &amp; Update)<br/><b>In the past 3 months, what best describes your employment status?</b></p> <p>(Episode Completion)<br/><b>Currently, what best describes your employment status?</b></p> <p>(Recovery Follow-Up)<br/><b>Since leaving treatment, what best describes your employment status?</b><br/>Full-time work (working 35 hours or more a week)<br/>Part-time work (working-11-34 hours a week)<br/>Part-time work (working less than 10 hours a week)<br/>Unemployed (seeking work or on layoff from a job)<br/>Not in labor force (not seeking work)</p> | <p><b>Mark only one</b></p> <p><b>Full-time work</b> (working 35 hours or more a week) – includes working 35 hours or more each week at a legitimate job (work for taxable income), including members of the uniformed services. May be a temporary job.<br/><b>Part-time work</b> (working 11-34 hours a week)<br/><b>Part-time work</b> (working less than 10 hours a week)<br/><b>Unemployed</b> (seeking work or on layoff from a job) – seeking work during the past 30 days or on layoff from a job.<br/><b>Not in labor force</b> (not seeking work) – not seeking work during the past 30 days or a homemaker, student, retired, disabled, or an inmate of an institution.</p>   | Initial, Update, Episode Completion & Recovery Follow-Up | Adult and Adolescent only | intEmploymentStatus           | Full-time work (working 35 hours or more a week) = 1<br>Part-time work (working-11-34 hours a week) = 2<br>Part-time work (working less than 10 hours a week) = 5<br>Unemployed (seeking work or on layoff from a job) = 3<br>Not in labor force (not seeking work) = 4 |
| <p><b>If <i>employed</i>, what best describes your job classification?</b><br/>Professional, Technical or Managerial<br/>Clerical or Sales<br/>Service Occupation<br/>Agricultural or related Occupation<br/>Processing Occupation<br/>Machine Trades<br/>Bench work<br/>Structural Work<br/>Miscellaneous Occupation</p>  | <p>Answer if intEmploymentStatus = ‘Full-time work’ or ‘Part-time work’</p> <p><b>Mark only one</b></p> <p><b>Job Classifications relate to the Dictionary of Occupational Titles by the USDOL</b></p> <p><b>Professional, Technical or Managerial</b> – management, health related, math, sciences, computers, art, or entertainment.<br/><b>Clerical or Sales</b> – clerical, data entry, secretarial or retail<br/><b>Service occupations</b> – food, lodging, recreation, building/grounds cleaning or maintenance, law enforcement, fire fighters, barber/beauty services<br/><b>Agricultural</b> – farming, fishing or hunting<br/><b>Processing</b> – processing or packaging<br/><b>Machine Trades</b> – printing or metal working<br/><b>Bench work</b> – Assembly or manufacturing<br/><b>Structural Work</b> – painting, construction, handyman<br/><b>Miscellaneous Occupation</b> – other</p> | Initial, Update & Episode Completion                     | Adult and Adolescent only | intEmployedClassification     | Professional, Technical or Managerial = 1<br>Clerical or Sales = 2<br>Service Occupation = 3<br>Agricultural or related Occupation = 4<br>Processing Occupation = 5<br>Machine Trades = 6<br>Bench work = 7<br>Structural Work = 8<br>Miscellaneous Occupation = 9      |

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|---|--|--|--------------------------------|--|--|
| <b>Employment</b>   |  |  |                                |  |  |
| <b>If <i>employed</i>, what employee benefits do you receive?</b><br>Insurance<br>Paid time off<br>Meal/Retail discounts<br>Other<br>None   | Answer if intEmploymentStatus = 'Full-time work' or 'Part-time work'<br><b>Mark all that apply</b><br><br><b>Insurance</b> – group insurance (health, dental, life, etc.)<br><b>Paid time off</b> – vacation or sick leave<br><b>Meal/Retail discounts</b> – discounts for products or services<br><b>Other</b> – other various types of compensation provided to an employee in addition to their normal wages<br><b>None</b> – employer has no benefits  | Initial, Update & Episode Completion                     | Adult and Adolescent only      | ynEmployedBenefitsInsurance<br>ynEmployedBenefitsPaidTimeOff<br>ynEmployedBenefitsDiscounts<br>ynEmployedBenefitsOther<br>ynEmployedBenefitsNone | Choice selected = 1<br>Choice not selected = 0   |
| <b>If <i>employed</i>, what currently describes you rate of pay?</b><br>Above minimum wage<br>Minimum wage<br>Lower than minimum wage   | Answer if intEmploymentStatus = 'Full-time work' or 'Part-time work'<br><br><b>Above minimum wage</b> – more than \$7.25 an hour<br><b>Minimum wage</b> – \$7.25 an hour<br><b>Lower than minimum wage</b> – due to student status, piece work, working for tips or employer under sub-minimum wage certificate  | Initial, Update & Episode Completion                     | Adult and Adolescent only      | intRatePay   | Above minimum wage = 1<br>Minimum wage = 2<br>Lower than minimum wage = 3  |
| <b>If <i>employed</i>, are you also enrolled in an educational program?</b><br>Yes<br>No  | Answer if intEmploymentStatus = 'Full-time work' or 'Part-time work'<br><br><b>Enrolled in educational program</b> – registered and participating in courses for vocational or professional development. This would not include, for example, courses to learn a hobby or leisure skill.   | Initial, Update, Episode Completion & Recovery Follow-Up | Adult and Adolescent only      | ynEmployedEducationProgram   | Yes = 1<br>No = 2  |
| <b>If <i>not seeking work</i>, what best describes your current status?</b><br>Homemaker<br>Student<br>Retired<br>Chronic medical condition which prevents employment<br>Incarcerated (juvenile or adult facility)<br>Institutionalized<br>Day program services<br>Volunteer<br>None of the above | Answer if intEmploymentStatus = 'Not in labor force (not seeking work)'<br><b>Mark only one</b><br><br><b>Homemaker</b> – keeping own household full-time with no outside paid work.<br><b>Student</b> – enrolled in public or private school, college, or trade school. Includes full-time or part-time.<br><b>Retired</b> – not looking for work and permanently left the labor force after working 20+ years. Worked full-time or part-time prior to retirement.<br><b>Chronic medical condition which prevents employment</b> – meets the criteria for physical or mental health disability that keeps the consumer from permanently participating in the workforce. This also includes a person applying for disability. (This category was previously known as Disabled)<br><b>Incarcerated</b> (juvenile or adult facility) – includes prison, local jail, juvenile detention center, youth development center (training school), or other correctional facility.<br><b>Institutionalized</b> – hospitalized for medical or psychiatric reasons, unable to live independently. Lives in an institution that restrains a person from the labor force (hospital, psychiatric hospital, Mental Health/Substance Use Disorder inpatient hospital or residential treatment facility, etc.).<br><b>Day program services</b><br><b>Volunteer</b> – participates in service projects or activities that are done willingly and without pay. | Initial, Update & Episode Completion                     | Adult only                     | intCurrentStatus   | Homemaker = 1<br>Student = 2<br>Retired = 3<br>Chronic medical condition which prevents employment = 4<br>Incarcerated (juvenile or adult facility) = 5<br>Institutionalized = 6<br>Day program services = 8<br>Volunteer = 9<br>None of the above = 7 |

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|--|--|--|--------------------------|-------------------------------|---|
| <b>Housing</b>   |  |  |                          |                               |   |
| (Initial)<br>(Adult & Adolescent wording) <b>In the past year, how many times have you moved residences?</b> __<br>(Child wording) <b>In the past year, how many times has your child moved residences?</b> __<br><br>(Update & Episode Completion)<br>(Adult & Adolescent wording) <b>In the past 3 months, how many times have you moved residences?</b><br>(Child wording) <b>In the past 3 months, how many times has your child moved residences?</b> __  | Number of times the physical address location has changed. If the consumer is homeless, count movement from type of setting (i.e. homeless to temporary housing). Do not count homeless movement from place to place (i.e. under a bridge to park bench).  | Initial, Update & Episode Completion                     | All                      | intTimesMoved                 |   |
| (Initial & Update)<br>(Adult & Adolescent wording) <b>In the past 3 months, <u>where</u> did you live most of the time?</b><br>(Child wording) <b>In the past 3 months, <u>where</u> did your child live most of the time?</b><br><br>(Episode Completion)<br>(Adult & Adolescent wording) <b>Currently, <u>where</u> do you live?</b><br>(Child wording) <b>In the past 3 months, <u>where</u> does your child live?</b><br><br>(Recovery Follow-Up)<br>(Adult & Adolescent wording) <b>Since leaving treatment, <u>where</u> have you lived most of the time?</b><br>(Child wording) <b>Since leaving treatment, <u>where</u> has your child lived most of the time?</b><br>Living independently (Adult wording)<br>In a family setting (Adolescent & Child wording)<br>Stable housing with friends or family at minimal or no cost<br>Residential program<br>Institutional setting<br>Homeless<br>Temporary housing | <b>Mark only one</b><br><br><b>Living independently</b> (for Adult) – own/rent home/apartment. Is a private or permanent residence – Individual, independent residence. Can be with or without subsidized rent<br><b>In a family setting</b> (for Adolescent & Child) – private or foster home<br><b>Stable housing with friends or family at minimal or no cost</b> (for Adult) – living with friends or relatives for little or no money with the understanding that it is the consumer's home for an agreed upon period of time.<br><b>Residential program</b> (for Adult) – halfway house, group home, alternative family living, family care home<br><b>Residential program</b> (for Adolescent & Child) – group home, PRTF<br><b>Institutional setting</b> (for Adult) – hospital or jail<br><b>Institutional setting</b> (for Adolescent & Child) – hospital or detention center/jail<br><b>Homeless</b> – no fixed address or shelter; Sleeping on the streets, in vehicle, in homeless shelter, or in domestic violence shelter<br><b>Temporary housing</b> – no fixed address; (e.g., sleeping at a motel, hotel or on a couch or floor in a private residence | Initial, Update, Episode Completion & Recovery Follow-Up | All                      | intHabitationPlace            | Living independently = 5<br>In a family setting = 5<br>Stable housing with friends or family at minimal or no cost = 26<br>Residential program = 24<br>Institutional setting = 25<br>Homeless = 1<br>Temporary housing = 15 |

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|---|--|--------------------------------------|--------------------------------|----------------------------------|--|
| <b>Housing</b>  |  |                                      |                                |                                  |  |
| <p>(Initial &amp; Update)<br/>(Adult &amp; Adolescent wording) <b>If <i>residential program</i>, please specify the type of residential program you lived in most of the time in the past 3 months.</b></p> <p>(Child wording) <b>If <i>residential program</i>, please specify the type of residential program your child lived in most of the time in the past 3 months.</b></p> <p>(Episode Completion)<br/>(Adult &amp; Adolescent wording) <b>If <i>residential program</i>, please specify the type of residential program you currently live in.</b></p> <p>(Child wording) <b>If <i>residential program</i>, please specify the type of residential program your child currently lives in.</b></p> <p>Therapeutic foster home<br/>Level III group home<br/>Level IV group home<br/>State-operated residential treatment center<br/>Psychiatric Residential Treatment Facility (PRTF)<br/>Substance use disorder residential treatment facility (Adolescent only)<br/>Halfway house (SUD only)<br/>Other</p> | <p>Answer if intHabitationPlace = ‘Residential program’</p> <p><b>Mark only one</b></p> <p><b>Therapeutic foster home</b> – consumer is placed in a private home providing them with structure, interventions, care and treatment.<br/><b>Level III group home</b> – consumer is in a residential/inpatient service<br/><b>Level IV group home</b> – consumer is in a medically managed intensive inpatient service<br/><b>State-operated residential treatment center</b><br/><b>Psychiatric Residential Treatment Facility (PRTF)</b> – non-acute inpatient facility for children/adolescents with a mental illness or substance use disorder who need 24-hour supervision and specialized interventions.<br/><b>Substance use disorder residential treatment facility (Adolescent only)</b><br/><b>Halfway house (SUD only)</b> – consumer is in low intensity residential service rehabilitating under supervision<br/><b>Other</b> – Residential program not listed above</p> | Initial, Update & Episode Completion | Adolescent and Child only      | intHabitationResidential         | Therapeutic foster home = 8<br>Level III group home = 9<br>Level IV group home = 10<br>State-operated residential treatment center = 11<br>Psychiatric Residential Treatment Facility (PRTF) = 16<br>Substance use disorder residential treatment facility = 12<br>Halfway house = 6<br>Other = 15 |
| <p>(Initial &amp; Update)<br/>(Adult &amp; Adolescent wording) <b>If <i>homeless</i>, please specify your living situation most of the time in the past 3 months.</b></p> <p>(Child wording) <b>If <i>homeless</i>, please specify your child’s living situation most of the time in the past 3 months.</b></p> <p>(Episode Completion)<br/>(Adult &amp; Adolescent wording) <b>If <i>homeless</i>, please specify your living situation currently.</b></p> <p>(Child wording:) <b>If <i>homeless</i>, please specify your child’s living situation currently.</b></p> <p>Sheltered<br/>Unsheltered</p>   | <p>Answer if intHabitationPlace = ‘Homeless’</p> <p><b>Mark only one</b></p> <p><b>Sheltered</b> – homeless shelter or domestic violence shelter<br/><b>Unsheltered</b> – on the street, in a car, camp</p>  | Initial, Update & Episode Completion | All                            | intHabitationHomeless            | Sheltered = 1<br>Unsheltered = 2   |

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|--|--|--------------------------------------|---------------------------|---|---|
| <b>Housing</b>   |  |                                      |                           |   |   |
| (Initial & Update)<br>(Adult & Adolescent wording) <b>If <i>temporary housing</i>, please specify your living situation most of the time in the past 3 months.</b><br>(Child wording) <b>If <i>temporary housing</i>, please specify your child’s living situation most of the time in the past 3 months.</b><br><br>(Episode Completion)<br>(Adult & Adolescent wording) <b>If <i>temporary housing</i>, please specify your living situation currently.</b><br>(Child wording:) <b>If <i>temporary housing</i>, please specify your child’s living situation currently.</b><br>Unstable housing with frequent moves to and from relative’s/friend’s homes<br>Hotel/motel | Answer if intHabitationTempHousing = ‘Temporary housing’<br><br><b>Mark only one</b><br><br><b>Unstable housing with frequent moves to and from relative’s/friend’s homes</b> – living with friends or relatives for short periods of time with the understanding that it is time-limited and not permanent.<br><b>Hotel/motel</b> – “a commercial establishment providing lodging, meals, and other guest services”<br>(www.businessdictionary.com/definition/hotel.html)   | Initial, Update & Episode Completion | All                       | intHabitationTempHousing  | Unstable housing with frequent moves to and from relative’s/friend’s homes = 1<br>Hotel/motel = 2 |
| (Adolescent wording) <b>Was this living arrangement in your home community?</b><br>(Child wording) <b>Was this living arrangement in your child’s home community?</b><br>Yes<br>No   | Home community is the place the consumer calls home and has family, support and/or social connectedness.   | Initial, Update & Episode Completion | Adolescent and Child only | ynLivingArrange   | Yes = 1<br>No = 2   |
| (Adolescent wording) <b>In the past 3 months, have you received any residential services outside of your home community?</b><br>(Child wording) <b>In the past 3 months, has your child received any residential services outside of his/her home community?</b><br>Yes<br>No  | Outside the home community - outside the community that the consumer calls home and has family, support and/or social connectedness.   | Update & Episode Completion          | Adolescent and Child only | ynOutsideCommunity  | Yes = 1<br>No = 2   |
| <b>If <i>housing</i>, what supports are needed to improve your current situation or would allow you to live more successfully in the community?</b><br>Rental assistance<br>Communication assistance<br>Behavioral health supports<br>Daily living skill development<br>Other  | Answer if intServiceValueHousing (Initial) is selected as ‘Important’ or ynServiceReceiveHousing (Update & Episode Completion) is marked as ‘Yes’<br><br><b>Mark all that apply</b><br><br><b>Rental assistance</b> – due to credit problems, criminal record, or no down payment<br><b>Communication assistance</b> – with landlord, housing management, or neighbors<br><b>Behavioral health supports</b> – with crisis management, medication compliance, environmental challenges, or problem solving<br><b>Daily living skill development</b> – for paying bills, housekeeping, transportation, meal preparation, or self-care<br><b>Other</b> – other types of supports not listed above | Initial, Update & Episode Completion | Adult only                | ynHousingSupportsRental<br>ynHousingSupportsCommunication<br>ynHousingSupportsBehavior<br>ynHousingSupportsLivingSkills<br>ynHousingSupportsOther | Choice selected = 1<br>Choice not selected = 0  |

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|---|---|--|--------------------------------|-------------------------------|--|
| Mental Health   |   |  |                                |                               |  |
| (Initial, Update, & Episode Completion)<br>(Adult & Adolescent wording) <b>In the past month, how would you describe your mental health symptoms?</b><br>(Child wording) <b>In the past month, how would you describe your child’s mental health symptoms?</b><br><br>(Recovery Follow-Up)<br>(Adult & Adolescent wording) <b>Since leaving treatment, how would you describe your mental health symptoms?</b><br>(Child wording) <b>Since leaving treatment, how would you describe your child’s mental health symptoms?</b><br>Extremely Severe<br>Severe<br>Moderate<br>Mild<br>Not present  | QPs should use their best clinical judgment for assisting the consumer on rating symptoms. An example would be to use a Likert scale using zero as mental symptoms not being present and 4 equaling extremely severe mental health symptoms:<br><br>Extremely Severe = 4<br>Severe = 3<br>Moderate = 2<br>Mild = 1<br>Not present = 0 | Initial, Update, Episode Completion & Recovery Follow-Up | All                            | intSymptomsBother             | Extremely Severe = 5<br>Severe = 4<br>Moderate = 3<br>Mild = 2<br>Not present = 1          |
| (Initial, Update, & Episode Completion)<br>(Adult & Adolescent wording) <b>In the past month, if you have a current prescription for psychotropic medications, how often have you taken this medication as prescribed?</b><br>(Child wording) <b>In the past month, if your child has a current prescription for psychotropic medications, how often has s/he taken this medication as prescribed?</b><br><br>(Recovery Follow-Up)<br>(Adult & Adolescent wording) <b>If you have a current prescription for psychotropic medications, how often have you taken this medication as prescribed?</b><br>(Child wording) <b>If your child has a current prescription for psychotropic medications, how often has s/he taken this medication as prescribed?</b><br>No prescription<br>All or most of the time<br>Sometimes<br>Rarely or never | <b>No prescription</b> – does not have a prescription from the doctor for medications<br><b>All or most of the time</b> – 6-7 days per week<br><b>Sometimes</b> – 3-5 days per week<br><b>Rarely or never</b> – less than 3 days per week   | Initial, Update, Episode Completion & Recovery Follow-Up | All                            | intMedsTaken                  | No prescription = 3<br>All or most of the time = 2<br>Sometimes = 1<br>Rarely or never = 0 |



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|---|--|--------------------------------------|--------------------------|--|---|
| <b>Health &amp; Safety</b>  |  |                                      |                          |  |   |
| (Initial)<br>(Adult & Adolescent wording) <b>How long has it been since you last visited a physical health care provider for a routine checkup?</b><br>(Child wording) <b>How long has it been since your child last visited a physical health care provider for a routine checkup?</b><br>Never<br>Within the past year<br>Within the past 2 years<br>Within the past 5 years<br>More than 5 years ago<br><br>(Update & Episode Completion)<br>*** (Adult & Adolescent wording) <b>Since the last interview, have you visited a physical health care provider for a routine checkup?</b><br>*** (Child wording) <b>Since the last interview, has your child last visited a physical health care provider for a routine checkup?</b><br>Yes<br>No | A routine checkup is a general physical exam, not an exam for a specific injury, illness or condition                      | Initial, Update & Episode Completion | All                      | intHealthProviderRecency (Initial)<br><br>ynHealthProvider (Update & Episode Completion) | (Initial)<br>Never = 0<br>Within the past year = 1<br>Within the past 2 years = 2<br>Within the past 5 years = 3<br>More than 5 years ago = 4<br><br>(Update & Episode Completion)<br>Yes = 1<br>No = 2 |
| (Initial)<br>(Adult & Adolescent wording) <b>How long has it been since you last visited a dentist for a routine checkup?</b><br>(Child wording) <b>How long has it been since your child last visited a dentist for a routine checkup?</b><br>Never<br>Within the past year<br>Within the past 2 years<br>Within the past 5 years<br>More than 5 years ago<br><br>(Update & Episode Completion)<br>*** (Adult & Adolescent wording) <b>Since the last interview, have you visited a dentist for a routine checkup?</b><br>*** (Child wording) <b>Since the last interview, has your child visited a dentist for a routine checkup?</b><br>Yes<br>No  | A routine checkup is a general dental exam and/or dental cleaning, not an exam for a specific injury, illness or condition | Initial, Update & Episode Completion | All                      | intDentistVisitRecency (Initial)<br><br>ynDentistVisit (Update & Episode Completion)     | (Initial)<br>Never = 0<br>Within the past year = 1<br>Within the past 2 years = 2<br>Within the past 5 years = 3<br>More than 5 years ago = 4<br><br>(Update & Episode Completion)<br>Yes = 1<br>No = 2 |

\*\*\*Section III item – only answer on Update & Episode Completion if ynInPerson= ‘Yes’

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|--|--|--------------------------------------|--------------------------|--------------------------------|---|
| <b>Health &amp; Safety</b>   |  |                                      |                          |                                |   |
| <b>****Would you say that in general your health is:</b><br><b>****(Child wording:) Would you say that in general your child’s health is:</b><br>Excellent<br>Very good<br>Good<br>Fair<br>Poor<br>Don’t know/Not sure<br>Refuse   |  | Initial, Update & Episode Completion | All                      | intGeneralHealth               | Excellent = 1<br>Very good = 2<br>Good = 3<br>Fair = 4<br>Poor = 5<br>Don’t know/Not sure = 7<br>Refuse = 9 |
| <b>****Now thinking about your physical health, which includes physical illness and injury, for how many days during the past 30 days was your physical health not good?</b><br><b>****(Child wording:) 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 health not good?</b><br>Number of Days ____<br>None<br>Don’t Know<br>Refused  |  | Initial, Update & Episode Completion | All                      | intPhysHealthNotGoodNumberDays | Number of Days ____ (user should enter a number from 1-30)<br>None = 88<br>Don’t Know = 77<br>Refused = 99  |
| <b>****Now thinking about your mental health, which includes stress, depression, and problems with emotions, for how many days during the past 30 days was your mental health not good?</b><br><b>****(Child wording:) 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?</b><br>Number of Days ____<br>None <sub>8</sub><br>Don’t Know<br>Refused |  | Initial, Update & Episode Completion | All                      | intMHNotGoodNumberDays         | Number of Days ____ (user should enter a number from 1-30)<br>None = 88<br>Don’t Know = 77<br>Refused = 99  |
| <b>****During the past 30 days, for about how many days did poor physical or mental health keep you from doing your usual activities, such as self-care, work, or recreation?</b><br><b>****(Child wording:) 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?</b><br>Number of Days ____<br>None<br>Don’t Know<br>Refused                                 |  | Initial, Update & Episode Completion | All                      | intPoorPhysMHNumberDays        | Number of Days ____ (user should enter a number from 1-30)<br>None = 88<br>Don’t Know = 77<br>Refused = 99  |

\*\*\*\*Initial interview and Section III item – always answer on Initial; only answer on Update & Episode Completion if ynInPerson= ‘Yes’



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|---|---|--------------------------------------|--------------------------|---|--|
| Health & Safety   |   |                                      |                          |   |  |
| (Initial)<br><b>If ever, when have you participated in any of the following activities without using a condom? had sex with someone who was <u>not your spouse or primary partner</u> [or] <u>knowingly</u> had sex with someone who injected drugs [or] traded, gave, or received sex for drugs, money, or gifts?</b><br>Never<br>Within the past 3 months<br>Within the past year<br>More than a year ago<br>Deferred<br><br>(Update & Episode Completion)<br><b>***If the past 3 months, have you participated in any of the following activities without using a condom? had sex with someone who was <u>not your spouse or primary partner</u> [or] <u>knowingly</u> had sex with someone who injected drugs [or] traded, gave, or received sex for drugs, money, or gifts?</b><br>Yes<br>No<br>Deferred | Item refers to consumer’s ability to make good choices regarding personal safety. Item does not include sexual crime. If the abuse is a reportable offense under NC law, the QP must follow the law for reporting abuse. If consumer does not want to respond on Initial Interview, mark ‘Deferred’ and let the consumer know the question will be asked at their next interview.   | Initial, Update & Episode Completion | Adult SUD only           | intSexualRiskRecency (Initial)<br><br>intSexualRisk (Update & Episode Completion) | (Initial)<br>Never = 0<br>Within the past 3 months = 1<br>Within the past year = 2<br>More than a year ago = 3<br>Deferred = 4<br><br>(Update & Episode Completion)<br>Yes = 1<br>No = 2<br>Deferred = 3 |
| <b>***</b> (Adult & Adolescent wording) <b>In the past 3 months, how often have you been hit, kicked, slapped, or otherwise physically hurt?</b><br><b>***</b> (Child wording) <b>In the past 3 months, how often has your child been hit, kicked, slapped, or otherwise physically hurt?</b><br>Never<br>A few times<br>More than a few times<br>Deferred  | <b>Never</b> – not at all in the past 3 months<br><b>A few times</b> – about 1-3 times<br><b>More than a few times</b> – about 4 times or more<br><b>Deferred</b> – consumer does not want to answer question at this time<br><br>If the abuse is a reportable offense under NC law, the QP must follow the law for reporting abuse. If consumer does not want to respond on Initial Interview, mark ‘Deferred’ and let the consumer know the question will be asked at their next interview. | Initial, Update & Episode Completion | All                      | intAbuse  | Never = 0<br>A few times = 1<br>More than a few times = 4<br>Deferred = 3  |
| <b>***</b> (Adult & Adolescent wording) <b>In the past 7 days, have you been hit, kicked, slapped, or otherwise physically hurt?</b><br><b>***</b> (Child wording) <b>In the past 7 days, has your child been hit, kicked, slapped, or otherwise physically hurt?</b><br>Yes<br>No  | Answer if intAbuse = ‘A few times’ or ‘More than a few times’   | Initial                              | All                      | ynAbuseRecency  | Yes = 1<br>No = 2  |

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|---|---|--------------------------------------|--------------------------|---|--|
| <b>Health &amp; Safety</b>  |   |                                      |                          |   |  |
| (Initial)<br><b>Do you currently have a restraining order in place against someone who is associated with these recent threats or acts of violence?</b><br>Yes<br>No<br><br>*** (Update & Episode Completion)<br><b>In the past 3 months, have you had a restraining order in place against someone who is associated with these recent threats or acts of violence?</b><br>Yes<br>No | Answer if intAbuse = 'A few times' or 'More than a few times'<br><br><b>Restraining order</b> – “If the court, including magistrates as authorized under G.S. 50B-2(c1), finds that an act of domestic violence has occurred, the court shall grant a protective order restraining the defendant from further acts of domestic violence.” (Chapter 50B. Domestic Violence § 50B-3. Relief. (a))   | Initial, Update & Episode Completion | Adult only               | ynAbuseRestrainingOrder   | Yes = 1<br>No = 2  |
| *** (Adult & Adolescent wording) <b>In the past 3 months, how often have <u>you</u> hit, kicked, slapped, or otherwise physically hurt someone?</b><br>*** (Child wording) <b>In the past 3 months, how often has <u>your child</u> hit, kicked, slapped, or otherwise physically hurt someone?</b><br>Never<br>A few times<br>More than a few times<br>Deferred                      | <b>Never</b> – not at all in the past 3 months<br><b>A few times</b> – about 1-3 times<br><b>More than a few times</b> – about 4 times or more<br><b>Deferred</b> – consumer does not want to answer question at this time<br><br>If the abuse is a reportable offense under NC law, the QP must follow the law for reporting abuse. If consumer does not want to respond on Initial Interview, mark 'Deferred' and let the consumer know the question will be asked at their next interview. | Initial, Update & Episode Completion | All                      | intAbuser   | Never = 0<br>A few times = 1<br>More than a few times = 4<br>Deferred = 3  |
| (Initial)<br><b>If ever, when have you been forced or pressured to do sexual acts?</b><br>Never<br>Within the past 3 months<br>Within the past year<br>More than a year ago<br>Deferred<br><br>(Update & Episode Completion)<br><b>***In the past 3 months, have you been forced or pressured to do sexual acts?</b><br>Yes<br>No<br>Deferred   | If the abuse is a reportable offense under NC law, the QP must follow the law for reporting abuse. If consumer does not want to respond on Initial Interview, mark 'Deferred' and let the consumer know the question will be asked at their next interview.   | Initial, Update & Episode Completion | Adult SUD only           | intSexualAbuseRecency (Initial)<br><br>intSexualAbuse (Update & Episode Completion) | (Initial)<br>Never = 0<br>Within the past 3 months = 1<br>Within the past year = 2<br>More than a year ago = 3<br>Deferred = 4<br><br>(Update & Episode Completion)<br>Yes = 1<br>No = 2<br>Deferred = 3 |

\*\*\*Section III item – only answer on Update & Episode Completion if ynInPerson= 'Yes'

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| Interview Item  | Item Description, Definition or Entry Instructions   | Interview Type                                | Age/ Disability Category | Codebook Identifier: Question | Codebook Identifier: Response   |
|---|--|---|--------------------------|-------------------------------|---|
| <b>Health &amp; Safety</b>  |  |   |                          |                               |   |
| (Initial)<br>(Adult & Adolescent wording) <b>In the past 3 months, how often have you tried to hurt yourself or cause yourself pain on purpose (such as cut, burned, or bruised self)?</b><br>(Child wording) <b>In the past 3 months, how often has your child tried to hurt him/herself or cause him/herself pain on purpose (such as cut, burned, or bruised self)?</b><br><br>(Update & Episode Completion)<br>*** (Adult & Adolescent wording) <b>Since the last interview, how often have you tried to hurt yourself or cause yourself pain on purpose (such as cut, burned, or bruised self)?</b><br>*** (Child wording) <b>Since the last interview, how often has your child tried to hurt him/herself or cause him/herself pain on purpose (such as cut, burned, or bruised self)?</b><br>Never<br>A few times<br>More than a few times | <b>Never</b> – not at all in the past 3 months<br><b>A few times</b> – about 1-3 times<br><b>More than a few times</b> – about 4 times or more | Initial,<br>Update &<br>Episode<br>Completion | All                      | intHurtSelf                   | Never = 0<br>A few times = 1<br>More than a few times = 2                   |
| (Initial)<br>(Adult & Adolescent wording) <b>In your lifetime, have you ever attempted suicide?</b><br>(Child wording) <b>In your child’s lifetime, has s/he ever attempted suicide?</b><br><br>(Update & Episode Completion)<br>*** (Adult & Adolescent wording) <b>Since the last interview, have you attempted suicide?</b><br>*** (Child wording) <b>Since the last interview, has your child ever attempted suicide?</b><br>Yes<br>No  | Indicate if consumer has ever attempted suicide in their lifetime (Initial) or since the last interview (Update & Episode Completion).         | Initial,<br>Update &<br>Episode<br>Completion | All                      | ynSuicideAttempted            | Yes = 1<br>No = 2   |
| (Initial)<br>(Adult & Adolescent wording) <b>In the past 3 months, how often have you had thoughts of suicide?</b><br>(Child wording) <b>In the past 3 months, how often has your child had thoughts of suicide?</b><br>Never<br>A few times<br>More than a few times<br>Don’t know (Child only)<br><br>(Update & Episode Completion)<br>*** (Adult & Adolescent wording) <b>Since the last interview, how often have you had thoughts of suicide?</b><br>*** (Child wording) <b>Since the last interview, how often has your child had thoughts of suicide?</b><br>Never<br>A few times<br>More than a few times<br>Don’t know (Child only)  | Indicate if consumer has had thoughts of suicide in the past 3 months (Initial) or since the last interview (Update & Episode Completion).     | Initial,<br>Update &<br>Episode<br>Completion | All                      | intSuicideThoughts            | Never = 0<br>A few times = 1<br>More than a few times = 2<br>Don’t know = 3 |

\*\*\*Section III item – only answer on Update & Episode Completion if ynInPerson= ‘Yes’

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| Interview Item   | Item Description, Definition or Entry Instructions   | Interview Type  | Age/<br>Disability<br>Category | Codebook Identifier: Question   | Codebook Identifier: Response   |
|--|--|---|--------------------------------|---|---|
| <b>Helpfulness of Program</b>  |  |   |                                |   |   |
| <p>(Initial)<br/>(Adult &amp; Adolescent wording) <b>What help in any of the following areas is important to you?</b><br/>(Child wording) <b>What help in any of the following areas is important to your child?</b></p> <p>Answer category: Important, Not important</p> <p>(Recovery Follow-Up)<br/>(Adult &amp; Adolescent wording) <b>What help in any of the following areas are now important to you?</b><br/>(Child wording) <b>What help in any of the following areas are now important to your child?</b></p> <p>Answer category: Important, Not important</p> <p>(Update &amp; Episode Completion)<br/><b>Since the individual started services for this episode of treatment, which of the following areas has the individual received help?</b></p> <p>Answer category: Yes, No</p> <p>Educational improvement<br/>Finding or keeping a job (Adult and Adolescent only)<br/>Housing (basic shelter or rent subsidy)<br/>Transportation<br/>Food supply<br/>Child care<br/>Medical care<br/>Dental care<br/>Screening/treatment referral for HIV/TB/HEP (Update &amp; Episode Completion)<br/>Legal issues<br/>Volunteer opportunities<br/>None of the above</p> | <p><b>Mark all that apply</b></p> <p><b>Educational improvement</b> – includes educational needs assessment or testing, adult basic education in reading or writing, preparation for GED or high school equivalency exam, GED classes or other educational courses, tutoring in reading, math, or other basic skills, referral to school, training, or vocational rehabilitation, general counseling about education plans or opportunities, or some other educational related service.</p> <p><b>Finding and keeping a job</b> – includes job search workshop/counseling, resume writing, interviewing skills, job referral, referral to a public or private agency for help in finding a job, job placement, vocational or employment testing or assessment, or some other employment related service.</p> <p><b>Housing</b> – includes basic shelter or rent subsidy</p> <p><b>Transportation</b> – includes a vehicle or reliable mode of transportation, such as a bus to attend educational, employment, treatment or other activities.</p> <p><b>Food supply</b> – having access to adequate food for the household</p> <p><b>Child care</b> – includes a babysitter or other type of day care service</p> <p><b>Medical care</b> – includes physical or dental exams and/or treatment, glasses, hearing aids, admission to hospital or clinic, medication (including dosage regulation, side effects, and their management), diet and nutritional advice, exercise or physical fitness, prenatal care, or some other medical service.</p> <p><b>Dental care</b> – includes routine dental exams and/or treatment</p> <p><b>Screening/treatment referral for HIV/TB/HEP</b> – includes referral for the screening or treatment related to human immunodeficiency virus (HIV), tuberculosis (TB), hepatitis (HEP).</p> <p><b>Legal issues</b> – includes representation in civil case (divorce, custody, etc.), representation in criminal case, assistance with probation and parole, assistance with legal matters not brought to court (will, deed, etc.), referral to lawyer or legal aid, or some other legal oriented service.</p> <p><b>Volunteer opportunities</b> – service projects or activities that are done willingly and without pay.</p> <p><b>None of the above</b> – none of the above are important to the consumer</p> | Initial,<br>Update,<br>Episode<br>Completion &<br>Recovery<br>Follow-Up | All                            | <p>(Initial)<br/>intServiceValueEducation<br/>intServiceValueJob<br/>intServiceValueHousing<br/>intServiceValueTransportation<br/>intServiceValueFood<br/>intServiceValueChildCare<br/>intServiceValueMedical<br/>intServiceValueDental<br/>intServiceValueLegal<br/>intServiceValueVolunteer<br/>intServiceValueNone</p> <p>(Update &amp; Episode Completion)<br/>ynServiceReceiveEducation<br/>ynServiceReceiveJob<br/>ynServiceReceiveHousing<br/>ynServiceReceiveTransportation<br/>ynServiceReceiveFood<br/>ynServiceReceiveChildCare<br/>ynServiceReceiveMedical<br/>ynServiceReceiveDental<br/>ynServiceReceiveHIVscreenRef<br/>ynServiceReceiveLegal<br/>ynServiceReceiveVolunteer<br/>ynServiceReceiveNone</p> | Choice selected = 1<br>Choice not selected = 0                        |
| <p><b>If <i>food supply</i>, how helpful have the program services been in supplying food as needed?</b></p> <p>Not helpful<br/>Somewhat helpful<br/>Very helpful<br/>NA</p>   | Answer ynServiceReceiveFood is marked as ‘Yes’   | Update &<br>Episode<br>Completion                                       | All                            | intServicesHelpFood   | Not helpful = 0<br>Somewhat helpful = 1<br>Very helpful = 2<br>NA = 3 |

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|---|---|--|--------------------------|--|---|
| Helpfulness of Program  |   |  |                          |  |   |
| (Initial, Update & Episode Completion)<br>*** (Adult & Adolescent wording) <b>In the past 3 months, have you ...</b><br>*** (Child wording) <b>In the past 3 months, has your child ...</b><br><br>(Recovery Follow-Up)<br>(Adult & Adolescent wording) <b>Since leaving treatment, have you ...</b><br>(Child wording) <b>Since leaving treatment, has your child ...</b><br><br><b>a. had <u>contacts</u> with an emergency crisis provider?</b><br><b>b. had <u>visits</u> to a hospital emergency room?</b><br><b>c. spent <u>nights</u> in a medical/surgical hospital? (<i>excluding birth delivery</i>)</b><br><b>d. spent <u>nights</u> in a psychiatric inpatient hospital?</b><br><b>e. spent <u>nights</u> homeless (sheltered or unsheltered)?</b><br><b>f. spent <u>nights</u> in detention, jail, or prison? (<i>adult or juvenile system</i>)</b><br><br>Yes<br>No   | Indicate whether or not consumer has had multiple types of medical contacts, spent nights homeless, or spent nights in detention, jail or prison.   | Initial, Update, Episode Completion & Recovery Follow-Up | All                      | ynCrisisProviderContacts<br>ynERVisits<br>ynHospitalNights<br>ynNightsPsychHospital<br>ynNightsHomeless<br>ynNightsJail  | Yes = 1<br>No = 2                                 |
| (Initial)<br>(Adult & Adolescent wording) <b>How well have you been doing in the following areas of your life in the past year?</b><br>(Child wording) <b>How well has your child been doing in the following areas of his/her life in the past year?</b><br><br>(Update & Episode Completion)<br>*** (Adult & Adolescent wording) <b>In the past 3 months, how well have you been doing in the following areas of your life?</b><br>*** (Child wording) <b>In the past 3 months, how well has your child been doing in the following areas of his/her life?</b><br><br>(Recovery Follow-Up)<br>(Adult & Adolescent wording) <b>Since leaving treatment, how well have you been doing in the following areas of your life?</b><br>(Child wording) <b>Since leaving treatment, how well has your child been doing in the following areas of his/her life?</b><br><br>Answer categories: Excellent, Good, Fair, Poor<br><br>a. Emotional well-being<br>b. Physical health<br>c. (Adult & Adolescent wording) Relationships with family or friends<br>(Child wording) Relationships with family<br>d. Living/Housing situation<br>e. Employment/Education<br>f. Getting out into my community<br>g. Doing things I enjoy<br>h. Feeling connected to others<br>i. Spending time with people who support my recovery and wellness<br>j. Seeking help or support when I need it | Indicate how well consumer has been doing in their emotional well-being, physical health, relationships with family or friends, living/housing situation, employment/education, community activities and realtionships in the past year (Initial), since the last interview (Update & Episode Completion), or since leaving treatment (Recovery Follow-Up).<br><br>– Adult only<br>e. Employment/Education<br>f. Getting out into my community<br>g. Doing things I enjoy<br>h. Feeling connected to others<br>i. Spending time with people who support my recovery and wellness<br>j. Seeking help or support when I need it | Initial, Update, Episode Completion & Recovery Follow-Up | All                      | intRatingPsychHealth<br>intRatingPhysicalHealth<br>intRatingRelationships<br>intRatingHousing<br>intRatingEmployEducation<br>intRatingCommunity<br>intRatingEnjoy<br>intRatingFeelConnected<br>intRatingSupport<br>intRatingSeekHelp | Excellent = 1<br>Good = 2<br>Fair = 3<br>Poor = 4 |

\*\*\*Section III item – only answer on Update & Episode Completion if ynInPerson= ‘Yes’

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|--|--|-----------------------------|--------------------------|---|---|
| Helpfulness of Program   |  |                             |                          |   |   |
| <p>***How helpful have the program services been in...</p> <p><b>a.</b> (Adult &amp; Adolescent wording) <b>improving the quality of your life?</b><br/>(Child wording:) <b>improving the quality of your child’s life?</b></p> <p><b>b.</b> (Adult &amp; Adolescent wording) <b>decreasing your symptoms?</b><br/>(Child wording:) <b>decreasing your child’s symptoms?</b></p> <p><b>c.</b> (Adult &amp; Adolescent wording) <b>increasing your hope about the future?</b><br/>(Child wording:) <b>increasing your child’s hope about the future?</b></p> <p><b>d.</b> (Adult &amp; Adolescent wording) <b>increasing your control over your life?</b><br/>(Child wording:) <b>increasing your child’s control over his/her life?</b></p> <p><b>e.</b> (Adult &amp; Adolescent wording) <b>improving your educational status?</b><br/>(Child wording:) <b>improving your child’s educational status?</b></p> <p><b>f.</b> (Adult only) <b>improving your housing status?</b></p> <p><b>g.</b> (Adult only) <b>improving your vocational/employment status?</b></p> <p>Not helpful<br/>Somewhat helpful<br/>Very helpful<br/>NA</p> |  | Update & Episode Completion | All                      | intServicesHelpLifeQuality<br>intServicesHelpSymptoms<br>intServicesHelpHope<br>intServicesHelpControl<br>intServicesHelpEducation<br>intServicesHelpHousing<br>intServicesHelpEmploy | Not helpful = 0<br>Somewhat helpful = 1<br>Very helpful = 2<br>NA = 3 |

\*\*\*Section III item – only answer on Update & Episode Completion if ynInPerson= ‘Yes’



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|---|--|---|--------------------------------|---|--|
| <b>Provider Related</b>   |  |   |                                |   |  |
| (Adult & Adolescent wording) <b>Did you receive a list or options, verbal or written, of places to receive services?</b><br>(Child wording) <b>Did you receive a list or options, verbal or written, of places for your child to receive services?</b><br>Yes, I received a list of options<br>No, I came here on my own<br>No, nobody gave me a list or options  | Consumers must have a choice of service providers consistent with CMS waiver requirements and DMHDDSAS.  | Initial   | All                            | intProviderChoice   | Yes, I received a list of options = 1<br>No, I came here on my own = 2<br>No, nobody gave me a list or options = 3 |
| (Adult & Adolescent wording) <b>Was your first service in a time frame that met your needs?</b><br>(Child wording) <b>Was your child’s first service in a time frame that met his/her needs?</b><br>Yes<br>No   | The consumer’s perception of timely access to appropriate care is critical for promoting health and safety, consumer engagement in services and positive outcomes.   | Initial   | All                            | ynTimely  | Yes = 1<br>No = 2  |
| <b>How are the next section’s items being gathered?</b><br>In-person interview (Preferred)<br>Telephone interview<br>Clinical record/notes  | <b><i>Mark all that apply</i></b><br><br>Indicate how the data for Section II of the interview are being gathered.   | Update &<br>Episode<br>Completion                           | All                            | ynInPersonInterview<br>ynTelephoneInterview<br>ynClinicalRecord | Choice selected = 1<br>Choice not selected = 0   |
| (Update & Episode Completion)<br>(Adult & Adolescent wording) <b>Is the individual present for an in-person or telephone interview <u>or</u> have you directly gathered information from the individual within the past two weeks?</b><br>(Child wording) <b>Is the respondent present for an in-person or telephone interview <u>or</u> have you directly gathered information from the respondent within the past two weeks?</b><br><br>(Recovery Follow-Up)<br><b>Were you able to contact the individual by telephone or in-person to complete this interview?</b><br>Yes<br>No | Indicate how the data for Section III of the interview are being gathered.<br><br>There are certain items on the Update and Episode Completion Interview which are important in determining consumer outcomes that are required to be asked directly to the consumer either in-person or by telephone within the past two weeks of the NC-TOPPS interview. NC-TOPPS Interviews are intended to be fully integrated into the routine delivery of direct consumer service.<br><br>If ‘No’ is answered on Recovery Follow-Up, only answer datetimeContacted1, datetimeContacted2, and/or datetimeContacted3, and varcharComments. | Update,<br>Episode<br>Completion<br>& Recovery<br>Follow-Up | All                            | ynInPerson  | Yes = 1<br>No = 2  |
| <b>Do you have the printable interview form with the QP’s signature?</b><br>Yes<br>No   | Answer by Data Entry User (DEU) only<br><br>A DEU will have the ability to enter interviews for other QPs located in their provider agency, if needed. If a DEU is entering an interview online for a QP, a signature is required to be on the printable version of the interview by the QP responsible for the consumer’s NC-TOPPS. The signature certifies that the QP conducted and completed the interview. The signed printable version must be placed in the consumer’s chart along with the summary page generated by the online system.  | Initial<br>Update &<br>Episode<br>Completion                | All                            | ynHasSignaturePage  | Yes = 1<br>No = 2  |

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|---|--|--|--------------------------------|---|-------------------------------|
| Justice Related   |  |  |                                |   |                               |
| Is this consumer also a TASC client?<br>Yes<br>No   | Indicate if consumer is in a Treatment Accountability for Safer Communities (TASC) program                                       | Initial, Update & Episode Completion                     | Adult Only                     | ynTASC  | Yes = 1<br>No = 2             |
| (Initial)<br>(Adult wording) <b>How many times have you been arrested for any offense including DWI....</b><br>(Adolescent wording) <b>How many times have you been arrested or had a petition filed for any offense including DWI....</b><br>(Child wording) <b>How many times has your child had a petition filed for any offense....</b><br><br>a. in the past month __ __<br><br>b. in the past year __ __<br><br>c. (Adult & Adolescent wording) in your lifetime __ __<br>(Child wording): in their lifetime __ __<br><br>(Update & Episode Completion)<br>(Adult wording) <b>In the past month, how many times have you been arrested for any offense including DWI? __ __</b><br>(Adolescent wording) <b>In the past month, how many times have you been arrested or had a petition filed for any offense including DWI? __ __</b><br>(Child wording) <b>In the past month, how many times has your child had a petition filed for any offense? __ __</b><br><br>(Recovery Follow-Up)<br>(Adult wording) <b>Since leaving treatment, how many times have you been arrested for any offense including DWI? __ __</b><br>(Adolescent wording) <b>Since leaving treatment, how many times have you been arrested or had a petition filed for any offense including DWI? __ __</b><br>(Child wording) <b>Since leaving treatment, how many times has your child had a petition filed for any offense? __ __</b> | Indicate if consumer has been arrested or had a petition filed for adjudication (juvenile system) for any offense including DWI. | Initial, Update, Episode Completion & Recovery Follow-Up | All                            | intArrestsRecent<br><br>intArrestsYear (Initial only – past year arrests)<br><br>intArrests (Initial only – lifetime arrests) |                               |



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|---|---|--|---------------------------------|-------------------------------|---|
| Justice Related   |   |  |                                 |                               |   |
| (Initial, Update & Episode Completion)<br>(Adult wording) <b>Are you under the supervision of the criminal justice system?</b><br>(Adolescent wording) <b>Do you have a Court Counselor or are you under the supervision of the justice system (adult or juvenile)?</b><br>(Child wording) <b>Does your child have a Court Counselor or is your child currently under the supervision of the juvenile justice system?</b><br><br>(Recovery Follow-Up)<br>(Adult wording) <b>Since leaving treatment, have you been under the supervision of the criminal justice system?</b><br>(Adolescent wording) <b>Since leaving treatment, have you had a Court Counselor or have you been under the supervision of the justice system (adult or juvenile)?</b><br>(Child wording) <b>Since leaving treatment, has your child had a Court Counselor or has your child been under the supervision of the juvenile justice system?</b><br>Yes<br>No | Indicate if consumer is currently under any type of correctional supervision including pre-trial (prior to trial and/or plea bargain), sentenced (after trial and/or plea bargain, but prior to serving a sentence in prison or house arrest with no active supervision), or post-sentence supervision (includes probation, parole, or post-release). | Initial, Update, Episode Completion & Recovery Follow-Up | All                             | ynCorrectionalSupervision     | Yes = 1<br>No = 2                                     |
| <b>In general, since entering treatment your involvement in the criminal/juvenile justice system has...</b><br>increased<br>decreased<br>stayed the same  | <b>Increased</b> – more involvement<br><b>Decreased</b> – less involvement<br><b>Stayed the same</b> – no change  | Update & Episode Completion                              | Adult MH and Adolescent MH only | intCJSInvolve                 | Increased = 1<br>decreased = 2<br>stayed the same = 3 |

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|--|--|--------------------------------------|---------------------------|--|---|
| Treatment Engagement & Participation   |  |                                      |                           |  |   |
| <b>What is your level of readiness (Stage of Change) for addressing your recovery/resiliency?</b><br>Not ready for action (Pre-contemplation)<br>Considering action sometime in the next few months (Contemplation)<br>Seriously considering action this week (Preparation)<br>Already taking action (Action)<br>Maintaining new behaviors (Maintenance)   | <b>Mark only one</b><br><br>Indicate consumer’s level of readiness to engage in treatment. | Initial, Update & Episode Completion | Adult and Adolescent only | intReadiness   | Not ready for action (Pre-contemplation) = 0<br>Considering action sometime in the next few months (Contemplation) = 1<br>Seriously considering action this week (Preparation) = 2<br>Already taking action (Action) = 3<br>Maintaining new behaviors (Maintenance) = 4 |
| (Adult & Adolescent wording) <b>Do you have a need for any of the following?</b><br>(Child wording) <b>Does your child have a need for any of the following?</b><br>Wheelchair/Mobility equipment or services<br>Equipment or services due to a physical disability<br>Equipment or services due to being deaf/hard of hearing<br>Sign language interpreter<br>Foreign language interpreter<br>Equipment or services due to being visually impaired<br>Child care<br>Equipment or services due to being a frail senior (Adult only)<br>Other<br>None of the above/NA | <b>Mark all that apply</b>   | Initial                              | All                       | ynSpecialNeedWheelchair<br>ynSpecialNeedSignLanguage<br>ynSpecialNeedDeaf,<br>ynSpecialNeedChildCare<br>ynSpecialNeedVision<br>ynSpecialNeedPhysicalDisability<br>ynSpecialNeedSenior<br>ynSpecialNeedForeignLanguage<br>ynSpecialNeedOther<br>ynSpecialNeedNone | Choice selected = 1<br>Choice not selected = 0  |

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|--|---|--------------------------------------|--------------------------------|--|--|
| Treatment Engagement & Participation   |   |                                      |                                |  |  |
| (Initial)<br>(Adult & Adolescent wording) <b>Did you have difficulty entering treatment because of problems with...</b><br>(Child wording) <b>Did your child and/or family have difficulty entering treatment because of problems with...</b><br><br>(Update & Episode Completion)<br>(Adult & Adolescent wording) <b>Do you ever have difficulty in participating in treatment because of problems with...</b><br>(Child wording) <b>Does your child and/or family ever have difficulty entering treatment because of problems with...</b><br><br>No difficulties prevented you from entering treatment<br>Active mental health symptoms<br>Active substance use disorder symptoms<br>Physical health problems<br>Family or guardian issues<br>Treatment offered did not meet needs<br>Engagement issues<br>Cost or financial reasons<br>Stigma Discrimination<br>Treatment/Authorization access<br>Being deaf/hard of hearing<br>Language or communications issues<br>Legal reasons<br>Transportation/Distance to provider<br>Scheduling issues<br>Lack of stable housing<br>Personal safety | <b>Mark all that apply</b><br><br><b>No difficulties prevented you from entering treatment</b><br><b>Active mental health symptoms</b> – anxiety or fear, agoraphobia, paranoia, hallucinations<br><b>Active substance use disorder symptoms</b> – addiction, relapse<br><b>Physical health problems</b> – severe illness, hospitalization<br><b>Family or guardian issues</b> – controlling spouse, family illness, child or elder care, domestic violence, parent/guardian cooperation<br><b>Treatment offered did not meet needs</b> – availability of appropriate services, type of treatment wanted by consumer not available, favorite therapist quit, etc.<br><b>Engagement issues</b> – AWOL, doesn’t think s/he has a problem, denial, runaway, oversleeps<br><b>Cost or financial reasons</b> – no money for cab, treatment cost<br><b>Stigma Discrimination</b> – race, gender, sexual orientation<br><b>Treatment/Authorization access issues</b> – insurance problems, waiting list, paperwork problems, red tape, lost Medicaid card, referral issues, citizenship, etc.<br><b>Deaf/Hard of hearing</b> – communicates only by using sign language or who requires assistive listening devices in order to communicate<br><b>Language or communications issues</b> – foreign language issues, lack of interpreter, etc.<br><b>Legal reasons</b> – incarceration, arrest<br><b>Transportation/Distance to provider</b><br><b>Scheduling issues</b> – work or school conflicts, appointment times not workable, no phone<br><b>Lack of stable housing</b><br><b>Personal safety</b> – domestic violence, intimidation or punishment | Initial, Update & Episode Completion | All                            | ynBarrierNone<br>ynBarrierMH<br>ynBarrierSA<br>ynBarrierHealth<br>ynBarrierFamily<br>ynBarrierNeeds<br>ynBarrierEngagement<br>ynBarrierCost<br>ynBarrierStigma<br>ynBarrierAccess<br>ynBarrierDeaf<br>ynBarrierLanguage<br>ynBarrierLegal<br>ynBarrierTransportation<br>ynBarrierSchedule<br>ynBarrierHousing<br>ynBarrierSafety | Choice selected = 1<br>Choice not selected = 0 |

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|--|--|--|--------------------------|-------------------------------|---|
| Treatment Engagement & Participation   |  |  |                          |                               |   |
| (Initial, Update, & Episode Completion)<br>(Adult & Adolescent wording) <b>In the past 3 months, how often have your problems interfered with work, school, or other daily activities?</b><br>(Child wording) <b>In the past 3 months, how often have your child’s problems interfered with play, school, or other daily activities?</b><br><br>(Recovery Follow-Up)<br>(Adult & Adolescent wording) <b>Since leaving treatment, how often have your problems interfered with work, school, or other daily activities?</b><br>(Child wording) <b>Since leaving treatment, how often have your child’s problems interfered with play, school, or other daily activities?</b><br>Never<br>A few times<br>More than a few times | <b>Never</b> – not at all in the past 3 months<br><b>A few times</b> – about 1-3 times<br><b>More than a few times</b> – about 4 times or more   | Initial, Update, Episode Completion & Recovery Follow-Up | All                      | intProblemsInterfere          | Never = 0<br>A few times = 1<br>More than a few times = 2           |
| <b>Since the last interview, the consumer has attended scheduled treatment sessions...</b><br>All or most of the time<br>Sometimes<br>Rarely or never  | <b>All or most of the time</b> – 6-7 days per week<br><b>Sometimes</b> – 3-5 days per week<br><b>Rarely or never</b> – less than 3 days per week | Update & Episode Completion                              | All                      | intAttendance                 | All or most of the time = 2<br>Sometimes = 1<br>Rarely or never = 0 |
| <b>Comments/Notes:</b>   | Text box   | Recovery Follow-Up                                       | All                      | varcharAdditionalQuestions    |   |

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**For Additional Information Contact:**

[NC-TOPPS Help Desk](#)

NCSU Center for Urban Affairs and  
Community Services  
(Office) 919-515-1310  
[nctopps@ncsu.edu](mailto:nctopps@ncsu.edu)

[N.C. Division of MH/DD/SAS](#)

Jennifer Bowman  
Quality Management Section  
306 N. Wilmington Street  
Raleigh, NC 27601  
(Office) 919-715-2358  
[jennifer.bowman@dhhs.nc.gov](mailto:jennifer.bowman@dhhs.nc.gov)  
[www.ncdhhs.gov/mhddsas/](http://www.ncdhhs.gov/mhddsas/)  
[www.ncdhhs.gov](http://www.ncdhhs.gov)