

NC-TOPPS Mental Health and Substance Use Disorder

Adult (Ages 18 and up)

Recovery Follow-Up Interview

Use this form for backup only. **Do not mail.** Enter data into web-based system:

(<http://www.ncdhhs.gov/providers/provider-info/mental-health/nc-treatment-outcomes-and-program-performance-system>)

QP First Initial & Last Name

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I certify that I am the QP who has conducted and completed this interview.

QP Signature: _____ Date: _____

Tailored Plan Assigned Consumer Record Number:

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

Consumer Date of Birth:

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

Consumer Gender:

☐ Male ☐ Female

First three letters of consumer's last name:
(If female, use consumer's maiden name)

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

First letter of consumer's first name:

--	--	--

Consumer County of Residence: _____

CNDS ID Number

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

Medicaid ID Number (optional)

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

Medicaid County of Residence: _____

Provider Internal Consumer Record Number (optional)

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

Local Area Code (Reporting Unit Number) (optional)

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Were you able to contact the individual by telephone or in-person to complete this interview?

☐ Yes ☐ No → (answer only questions 1 and 2)

1. Date(s) contact attempted:

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

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2. If individual was not able to be contacted by telephone or in-person, Comments - reason not contacted:

3. Since leaving treatment, what best describes your employment status? (mark only one)

- ☐ Full-time work (working 35 hours or more a week) → (answer b)
☐ Part-time work (working 11-34 hours a week) → (answer b)
☐ Part-time work (working less than 10 hours a week) → (answer b)
☐ Unemployed (seeking work or on layoff from a job)
☐ Not in labor force (not seeking work)

b. If employed, are you also enrolled in an educational program?

☐ Yes ☐ No

4. Since leaving treatment, how often have you participated in..

- a. positive community/leisure activities?
☐ Never ☐ A few times ☐ More than a few times
b. recovery support or mutual aid groups?
☐ Never ☐ A few times ☐ More than a few times

5. Since leaving treatment, how often have your problems interfered with work, school, or other daily activities?

☐ Never ☐ A few times ☐ More than a few times

6. Since leaving treatment, how would you describe your mental health symptoms?

- ☐ Extremely severe ☐ Mild
☐ Severe ☐ Not present
☐ Moderate

7. If you have a current prescription for psychotropic medications, how often have you taken this medication as prescribed?

- ☐ No prescription ☐ Sometimes
☐ All or most of the time ☐ Rarely or never

8. For Adult Substance Use Disorder individual:

Did this consumer receive or was expected to receive methadone treatment?

☐ Yes ☐ No → (skip to 10)

b. What was the last methadone dosage in the 60 days prior to this recovery follow-up?

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 (enter zero if no dose in the past 60 days and skip to 10)
mg

9. For dosage level of Methadone greater than zero: Please describe the last methadone dosing:

- ☐ Induction → (skip to 10)
☐ Stabilization → (skip to 10)
☐ Taper

b. Is the methadone withdrawal voluntary or administrative?
☐ Voluntary ☐ Administrative

10. For Adult Substance Use Disorder individual:

Did this consumer receive or was expected to receive buprenorphine (mono or combo products, such as Zubsolv, Suboxone, etc.) treatment?

☐ Yes ☐ No → (skip to 12)

b. How was the buprenorphine administered?

☐ Oral (tablets or film) ☐ Injection

c. What was the last buprenorphine dosage in the 60 days prior to this recovery follow-up?

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 (enter zero if no dose in the past 60 days and skip to 12)
mg

11. For dosage level of Buprenorphine greater than zero: Please describe the last buprenorphine dosing:

- ☐ Induction → (skip to 12)
☐ Stabilization → (skip to 12)
☐ Taper

b. Is the buprenorphine withdrawal voluntary or administrative?
☐ Voluntary ☐ Administrative

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12. For Adult Substance Use Disorder individual: Did this consumer receive or was expected to receive naltrexone (such as Revia, Vivitrol, etc.) treatment?

☐ Yes ☐ No → (skip to 14)

b. How was the naltrexone administered?

☐ Oral ☐ Injectable

c. What was the last naltrexone dosage in the 60 days prior to this recovery follow-up?

mg (enter zero if no dose in the past 60 days and skip to 14)

13. For dosage level of Naltrexone greater than zero: Please describe the last naltrexone dosing:

☐ Induction → (skip to 14)

☐ Stabilization → (skip to 14)

☐ Taper

b. Is the naltrexone withdrawal voluntary or administrative?

☐ Voluntary ☐ Administrative

14. Since leaving treatment, where have you lived most of the time?

☐ Living independently (own/rent home/apartment)

☐ Stable housing with friends or family at minimal or no cost

☐ Residential program (halfway house, group home, alternative family living, family care home)

☐ Institutional setting (hospital or jail)

☐ Homeless

☐ Temporary housing

15. Since leaving treatment, which of the following substances have you used?

Substance	Past Month - Frequency of Use				
	Not Used	1-3 times monthly	1-2 times weekly	3-6 times weekly	Daily
Tobacco/vaping (any tobacco/vaping products)	☐	☐	☐	☐	☐
Heavy alcohol (≥5(4) drinks per sitting)	☐	☐	☐	☐	☐
Less than heavy alcohol	☐	☐	☐	☐	☐
Marijuana or hashish	☐	☐	☐	☐	☐
Cocaine or crack	☐	☐	☐	☐	☐
Heroin	☐	☐	☐	☐	☐
Fentanyl	☐	☐	☐	☐	☐
Other opiates and synthetics	☐	☐	☐	☐	☐
Other Drug Use (enter code from list below)	☐	☐	☐	☐	☐

Other Drug Codes

5=Non-prescription Methadone

7=PCP-Phencyclidine

8=Other Hallucinogen

9=Methamphetamine/Speed

10=Other Amphetamine

11=Other Stimulant

12=Benzodiazepine

13=Other Tranquilizer

14=Barbiturate

15=Other Sedative or Hypnotic

16=Inhalant

17=Over-the-Counter

medications

22=OxyContin (Oxycodone)

29=Ecstasy (MDMA)

57=Spice

58=Dilantin

59=GHB/GBL

60=Ketamine

62=Cannabinoids

63=Xylazine

17. Since leaving treatment, have you been under the supervision of the criminal justice system?

☐ Yes ☐ No

18. Since leaving treatment, how well have you been doing in the following areas of your life?

	Excellent	Good	Fair	Poor
a. Emotional well-being	☐	☐	☐	☐
b. Physical health	☐	☐	☐	☐
c. Relationships with family or friends	☐	☐	☐	☐
d. Living/Housing situation	☐	☐	☐	☐
e. Employment/Education	☐	☐	☐	☐
f. Getting out into my community	☐	☐	☐	☐
g. Doing things I enjoy	☐	☐	☐	☐
h. Feeling connected to others	☐	☐	☐	☐
i. Spending time with people who support my recovery and wellness	☐	☐	☐	☐
j. Seeking help or support when I need it	☐	☐	☐	☐

19. Since leaving treatment, have you...

a. had **contacts** with an emergency crisis provider?

☐ Yes ☐ No

b. had **visits** to a hospital emergency room?

☐ Yes ☐ No

c. spent **nights** in a medical/surgical hospital? (excluding birth delivery)

☐ Yes ☐ No

d. spent **nights** in a psychiatric inpatient hospital?

☐ Yes ☐ No

e. spent **nights** homeless? (sheltered or unsheltered)

☐ Yes ☐ No

f. spent **nights** in detention, jail, or prison? (adult or juvenile system)

☐ Yes ☐ No

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

☐ Educational improvement	☐ Medical care
☐ Finding or keeping a job	☐ Dental care
☐ Housing (basic shelter or rent subsidy)	☐ Legal issues
☐ Transportation	☐ Volunteer opportunities
☐ Food supply	☐ None of the above
☐ Childcare	

21. Comments/Notes:

End of interview

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