

NC-TOPPS Initial Interview SFY 18-19 (all items; all response categories)

Purple text = July 1, 2018 revisions

intAssessmentType

(automatic when user selects Initial interview)

Type of InterviewInitial₀**datetimeSubmitStart**

(automatic when user starts interview)

Date Interview Started: __/__/__**datetimeSubmitEnd**

(automatic when user submits interview)

Date Interview Submitted: __/__/__**intFacility** (associated with user's login, automatically populates LME)**LME-MCO Code:** _____**intFacilityIDdb** (associated with user's login, automatically populates unique provider agency ID)**Provider agency:** _____**intClinician** (associated with user's login, automatically populates unique clinician ID)**Primary Clinician ID:** _____**varcharClientRecordNumber**

(length must be 6 digits, except for Cardinal Innovations and Trillium (7 digits) and private methadone agencies (up to 10))

LME-MCO Assigned Consumer Record Number**dateBirth****Consumer Date of Birth:** __/__/__**intGender****Consumer Gender:**Male₁Female₂**varcharLastNm****First three letters of consumer's last name:**

(If female, use consumer's maiden name) ____

varcharFirstInitial**First letter of consumer's first name:** _**intCountyResidence****Consumer County of Residence:** __**varcharCNSIDNumber**

(limit to 9 numbers and 1 alpha at end)

CNDS ID Number**varcharMedicaidIDNumber**

(limit to 9 numbers and 1 alpha at end)

Medicaid ID Number (optional)**intMedicaidCountyResidence**

(list of counties)

Medicaid County of Residence (required if Medicaid ID Number is answered)**varcharInternalRecordNumber**

(up to 10 alphanumeric)

Provider Internal Consumer Record Number (optional)**varcharReportingUnitNumber****Local Area Code (Reporting Unit Number) (optional)****intScreenMH, intScreenSA****Please select the appropriate age/disability category(ies) for which the individual will be receiving services and supports.**Child Mental Health, age 6-11₁Adolescent Mental Health, age 12-17₂Adult Mental Health, age 18 and up₃Adolescent Substance Use Disorder, age 12-17₂Adult Substance Use Disorder, age 18 and up₃**dateAdmission****Admission Date (date of first paid service for this episode of care):** __/__/__

ynServicesPsychotherapy, ynServicesFamTherapywoPatient, ynServicesFamTherapywPatient, ynServicesGroupTherapyMulti, ynServicesGroupTherapyNonMulti, ynServicesBHCLndTherapy, ynServicesBHCGroupTherapy, ynServicesBHCFamwConsumer, ynServicesBHCFamwoConsumer, ynServicesBHCNonLicProvider, ynServicesBHCGroupNonLicProv, ynServicesBHCFamwConsNonLicProv, ynServicesBHCFamwoConsNonLicProv, ynServicesAlcDrugGroup, ynServicesAlcDrugGroupNonLicProv, ynServicesSAIOP, ynServicesACTT, ynServicesSACST, ynServicesIIH, ynServicesMST, ynServicesSACOT, ynServicesSupportedEmployIndiv (Adult and Adolescent only), ynServicesSupportedEmploy (Adult and Adolescent only), ynServicesOngoingSupportedEmploy (Adult and Adolescent only), ynServicesMHPartialHosp, ynServicesChildAdolDayTrtmt, ynServicesOpioidTrtmt, ynServicesResSANOmedCommTrt (Adult only), ynServicesResSAMedCommTrtmt, ynServicesResBHLongTerm, ynServicesResTBS, ynServicesResPsychTrtmt, ynServicesResGroupLivingHigh, ynServicesResFosterCareChild, ynServicesADATC (Adult only), varcharServicesOther

1. Please select all services the consumer is currently receiving. (mark all that apply)

(Adult and Adolescent only)

intMainTx (if intScreenMH=2 or 3 and intScreenSA=2 or 3)**2. Is the treatment at this time mainly provided by a...**qualified professional in substance use disorders₁qualified professional in mental health₂both₃

ynDiagLearning, ynDiagCommunication, ynDiagMental, ynDiagMotorSkills, ynDiagAutism, ynDiagADD, ynDiagOtherNeuro, ynDiagAlcohol, ynDiagDrug, ynDiagGambling, ynDiagSchizo, ynDiagBipolar, ynDiagBipolarII, ynDiagCyclothymic, ynDiagDepression, ynDiagDysthymia, ynDiagOtherDepression, ynDiagAnxiety, ynDiagOCD, ynDiagPTSD, ynDiagAdjustment, ynDiagOtherTrauma, ynDiagDissociative, ynDiagConduct, ynDiagOppositional, ynDiagImpulse, ynDiagDisruptive, ynDiagIdentity, ynDiagDelirium, ynDiagNeurocognitive, ynDiagPersonalityA, ynDiagPersonalityB, ynDiagPersonalityC, ynDiagOtherPersonality, ynDiagAnorexia, ynDiagOtherEating, ynDiagSomatoform, ynDiagElimination, ynDiagSexualDysfunction, ynDiagSleepWake, ynDiagParaphillic, ynDiagOtherClinical, ynDiagOtherMental

3. Please indicate the DSM-5 diagnostic classification(s) for this individual.

(Adult SUD and Adolescent SUD Females only)

ynMaternal**4. Is this consumer being admitted to a Pregnant/Maternal program?**(Adolescent wording:) **Is this consumer being admitted to a specialty program for maternal, pregnant, perinatal, or post-partum?**Yes₁No₂ (skip to next question)**intMaternalProgram****b. Which Pregnant/Maternal program is this consumer being admitted to?**(Adolescent wording:) **Which specialty program for maternal, pregnant, perinatal, or post-partum is this consumer being admitted to?**Community Choices – CASCADE – Charlotte₁Community Choices – CASCADE – Durham₂Community Choices – Outpatient Program – Charlotte₃~~**switched order** Duke Family Care Program Community Choices – Outpatient Program – Durham₆~~Community Choices – WISH Program₄Daymark Clean Start Program₅Insight Human Services – Perinatal Health Partners₇PORT ~~Human Services Health~~ – Kelly House₈RHA – Mary Benson House₉RHCC – Cambridge Court – Perinatal₁₀RHCC – Crystal Lake – Maternal₁₁RHCC – Grace Court₁₂RHCC – Our House₁₃RHCC – The Village – Perinatal₁₄Southlight – Perinatal Residential₁₅UNC Horizons – Day Break₁₆UNC Horizons – Outpatient Program₁₇UNC Horizons – Sunrise Perinatal₁₈UNC Horizons – Wake₁₉

(Adult SUD Females only)

ynCasaworks**5. Is this consumer being admitted to a CASAWORKS Residential program?**Yes₁No₂ (skip to next question)**intCasaworksProgram****b. Which CASAWORKS Residential program is this consumer being admitted to?**Community Choices – CASCADE CASAWORKS – Charlotte₁Community Choices – CASCADE CASAWORKS – Durham₂RHCC – Cambridge Court – CASAWORKS₃RHCC – Crystal Lake – CASAWORKS₄RHCC – The Village – CASAWORKS₅Southlight – CASAWORKS₆UNC Horizons – Sunrise CASAWORKS₇

(Adult SUD only)

ynWorkfirst**6. Is this consumer currently receiving Work First cash assistance?**Yes₁No₂

(Adult only)

ynTASC**7. Is this consumer also a TASC client?**Yes₁No₂

(Adult SUD only)

ynMethProgram**8. Is this consumer receiving or expected to receive methadone treatment?**Yes₁No₂ (skip to ynBupren)**intDosageMethadone****b. What is the current methadone dosage?** (Enter zero, if none and skip to ynBupren) _ _ _mg

(If intDosageMethadone > 0)

intMethPhase**c. Please describe the current methadone dosing:**Induction₁Stabilization₂Taper₃

(Adult SUD only)

ynBupren**9. Is this consumer receiving or expected to receive buprenorphine (mono or combo products, such as Subutex, Zubsolv, Suboxone, Probuphine, etc.) treatment?**Yes₁No₂ (skip to ynNaltrexone)**intAdministerBupren****b. How will the buprenorphine be administered?**Oral (tablets or film)₁Implant₂**intDosageBupren****c. What is the current buprenorphine dosage?** (Enter zero, if none and skip to ynNaltrexone) _ _ _mg

(If intDosageBupren > 0)

intBuprenPhase**d. Please describe the current buprenorphine dosing/phase of care:**Induction₁Stabilization₂Taper₃

(Adult SUD only)

ynNaltrexone**10. Is this consumer receiving or expected to receive naltrexone (such as Revia, Vivitrol, etc.) treatment?**Yes₁No₂ (skip to ynLatinoHispanic)**intAdministerNaltrexone****b. How will the naltrexone be administered?**Oral₁Injectable₂**intDosageNaltrexone****c. What is the current naltrexone dosage?** (Enter zero, if none and skip to ynLatinoHispanic) _ _ _mg

(If intDosageNaltrexone > 0)

intNaltrexonePhase**d. Please describe the current naltrexone dosing/phase of care:**Induction₁Stabilization₂Taper₃**ynLatinoHispanic****11. Are you of Hispanic, Latino, or Spanish origin?**(Child wording:) **Is your child of Hispanic, Latino, or Spanish origin?**Yes₁No₂

intEthnic**12. Which of these groups best describes you?**

(Child wording:) **Which of these groups best describes your child?**

- African American/Black¹
- White/Anglo/Caucasian²
- Multiracial³
- American Indian/Native American⁴
- Alaska Native⁵
- Asian⁶
- Pacific Islander⁸
- Other⁷

(Adult and Adolescent only)

intSexualOrientation**13. Which of the following best describes your sexual orientation?**

- Straight¹
- Lesbian or Gay²
- Bisexual³
- Other⁴
- Don't know/Not sure⁵
- Deferred⁶

(Adult and Adolescent only)

intTransgender**14. Do you consider yourself to be transgender?**

- Yes, Transgender, male-to-female¹
- Yes, Transgender, female-to-male²
- Yes, Transgender, gender non-conforming³
- No⁴
- Don't know/Not sure⁵
- Deferred⁶

intVeteran**15. 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?**

(Adolescent wording:) **Is a member of your immediate family or household currently serving in or has served in the Military, Military Reserve or National Guard?**

(Child wording:) **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?**

- Yes, active Military, Military Reserve or National Guard¹ (Adult only)
- Yes, veteran or prior service member³ (Adult only)
- Yes, family member⁴
- No²

ynTBI**16. At any time in the past, have you been suspected of having a head or brain injury?**

(Child wording:) **At any time in the past, has your child been suspected of having a head or brain injury?**

- Yes¹
- No²
- Not sure³

ynInsuranceNone, ynInsuranceSSI, ynInsuranceSSDI, ynInsurancePrivate, ynInsuranceCHAMPs, ynInsuranceHealthChoice, ynInsuranceMedicaid, ynInsuranceMedicare, ynInsuranceOther, ynInsuranceUnknown

17. What kind of benefits and/or insurance do you have? (Child wording:) What kind of benefits and/or insurance does your child have? (mark all that apply)

- | | |
|-------------------------------|---------------|
| None | Health Choice |
| SSI | Medicaid |
| SSDI | Medicare |
| Private insurance/health plan | Other |
| TRICARE/Military Coverage | Unknown |

(Adult and Adolescent only)

intAcademicAchievement**18. What is the highest grade you completed or degree you received in school?**

- Grade K, 1, 2, 3, 4, or 5¹
- Grade 6, 7, or 8²
- Grade 9, 10, 11, or 12 (no diploma)³
- HS diploma/GED⁴
- Some college or technical/vocational schools
- 2-year college/assoc. degree⁶
- 4-year college degree⁷ (Adult only)
- Graduate work, no degree⁸ (Adult only)
- Professional degree or more⁹ (Adult only)

(Adolescent and Child only)

ynAcademicProgramEnrolled**19. Are you currently enrolled in school or courses that satisfy requirements for a certification, diploma or degree? (Enrolled includes school breaks, suspensions, and expulsions)**

(Child wording:) **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)**

- Yes¹
- No² (skip to next question if Child, skip to intEmploymentStatus if Adolescent)

ynAcademicProgramEC, ynAcademicProgramALP, ynAcademicProgramK12, ynAcademicProgramPrivateHomeSch, ynAcademicProgramHomeInstruction, ynAcademicProgramDetentionCenter, ynAcademicProgramTech, ynAcademicProgramEarlyCollege, ynAcademicProgramCollege, ynAcademicProgramGEDLiteracy, ynAcademicProgramOther

b. What program(s) are you currently enrolled in for credit?

(Child wording:) **If yes, what program(s) is your child currently enrolled in for credit? (mark all that apply)**

- ~~Exceptional Children's (EC) Services~~
- Alternative Learning Program (ALP)/School —at risk students outside standard classroom
- Academic schools (K-12)
- Private Home School by parents/guardians
- Homebound Instruction by public/private school
- Incarceration/Detention/Youth Development Centers
- Technical/Vocational school (Adolescent Only) (skip to intEmploymentStatus)
- Early college high school (Adolescent Only) (skip to intEmploymentStatus)
- College (Adolescent Only) (skip to intEmploymentStatus)
- GED Program, Adult literacy (Adolescent Only) (skip to intEmploymentStatus)
- Other (skip to intEmploymentStatus if Adolescent)

(Adolescent and Child only)

ynIEP

20. Do you have an Individualized Education Program (IEP) (program or plan for special education and related services)?
(Child wording:) **Does your child have an Individualized Education Program (IEP) (program or plan for special education and related services)?**

Yes₁No₂

(Adolescent and Child only)

intGrade

21. What grade are you currently in? __(Child wording:) **What grade is your child currently in? __**

(Adolescent and Child only)

intRecentGrades

22. For your most recent reporting period, what grades did you get most of the time?(Child wording:) **For your child's most recent reporting period, what grades did s/he get most of the time? (mark only one)**AS₁ BS₂ CS₃ DS₄ FS₅ School does not use traditional grading system₆

intPassFail

b. If school does not use traditional grading system, for your most recent reporting period, did you pass or fail most of the time?(Child wording:) **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?**Pass₁ Fail₂

(Adolescent and Child Only)

23. In the past 3 months, have you been...(Child wording:) **In the past 3 months, has your child been...**

ynSuspended

a. suspended from school?Yes₁No₂

ynExpelled

b. expelled from school?Yes₁No₂

(Adult and Adolescent only)

intEmploymentStatus

24. In the past 3 months, what best describes your employment status? (mark only one)Full-time work₁ (working 35 hours or more a week) (answer b-1, b-2, b-3, and b-4)Part-time work₂ (working 11-34 hours a week) (answer b-1, b-2, b-3, and b-4)Part-time work₅ (working less than 10 hours a week) (answer b-1, b-2, b-3, and b-4)Unemployed₃ (seeking work or on layoff from a job) (skip to next question)Not in labor force₄ (not seeking work) (skip to c)

intEmployedClassification

b-1. If employed, what best describes your job classification?-Professional, technical, or managerial₁ (management, health related, math, sciences, computers, art, or entertainment)-Clerical or sales₂ (clerical, data entry, secretarial, or retail)-Service occupation₃ (food, lodging, recreation building/grounds cleaning or maintenance, law enforcement, fire fighters, barber/beauty services)-Agricultural or related occupation₄ (farming, fishing, or hunting)-Processing occupation₅ (processing or packaging)-Machine trades₆ (printing or metal working)-Bench work₇ (assembly or manufacturing)-Structural work₈ (painting, construction, or handyman)-Miscellaneous occupation₉ (other)

ynEmployedBenefitsInsurance,
ynEmployedBenefitsPaidTimeOff,
ynEmployedBenefitsDiscounts, ynEmployedBenefitsOther,
ynEmployedBenefitsNone

b-2. If employed, what employee benefits do you receive?

(mark all that apply)

Insurance

Paid time off

Meal/Retail discounts

Other

None

intRatePay

b-3. If employed, what currently describes your rate of pay?Above minimum wage₁ (more than \$7.25 an hour)Minimum wage₂ (\$7.25 an hour)Lower than minimum wage₃ (due to student status, piece work, working for tips or employer under sub-minimum wage certificate)

ynEmployedEducationProgram

b-4. If employed, are you also enrolled in an educational program?Yes₁No₂

(Adult only)

intCurrentStatus

c. If not seeking work, what best describes your current status? (mark only one)Homemaker₁Student₂Retired₃Chronic medical condition which prevents employment₄Incarcerated (juvenile or adult facility)₅Institutionalized₆Day program services₈Volunteer₉None of the above₇

intProblemsInterfere

25. In the past 3 months, how often have your problems interfered with work, school, or other daily activities?(Child wording:) **In the past 3 months, how often have your child's problems interfered with play, school, or other daily activities?**Never₀A few times₁More than a few times₂

intTimesMoved

26. In the past year, how many times have you moved residences? __(Child wording:) **In the past year, how many times has your child moved residences? __**

intHabitationPlace

27. In the past 3 months, where did you live most of the time?
(Child wording:) **In the past 3 months, where did your child live most of the time? (mark only one)**(Adult wording:) Living independently (own/rent home/apartment)₅
(Adolescent and Child wording:) In a family setting (private or foster home)₅(Adult wording:) Stable housing with friends or family at minimal or no cost₂₆(Adult wording:) Residential program (halfway house, group home, alternative family living, family care home)₂₄(Adolescent and Child wording:) Residential program (group home, PRTF)₂₄ (answer b)(Adult wording:) Institutional setting (hospital or jail)₂₅(Adolescent and Child wording:) Institutional setting (hospital or detention center/jail)₂₅Homeless₁ (answer c)Temporary housing₁₅ (answer d)

(Adolescent and Child only)

intHabitationResidential

b. If residential program, please specify the type of residential program you lived in most of the time in the past 3 months.

(Child wording:) **If residential program, please specify the type of residential program your child lived in most of the time in the past 3 months.**

Therapeutic foster home₈Level III group home₉Level IV group home₁₀State-operated residential treatment center₁₁Psychiatric Residential Treatment Facility (PRTF)₁₆Substance use residential treatment facility₁₂ (Adolescent only)Halfway house₆ (SUD only)Other₁₅**intHabitationHomeless**

c. If homeless, please specify your living situation most of the time in the past 3 months.

(Child wording:) **If homeless, please specify your child's living situation most of the time in the past 3 months.**

Sheltered₁ (homeless shelter or domestic violence shelter)Unsheltered₂ (on the street, in a car, camp)**intHabitationTempHousing**

d. If temporary housing, please specify your living situation most of the time in the past 3 months.

(Child wording:) **If temporary housing, please specify your child's living situation most of the time in the past 3 months.**

Unstable housing with frequent moves to and from

relative's/friend's homes₁Hotel/motel₂

(Adolescent and Child only)

ynLivingArrange

28. Was this living arrangement in your home community?

(Child wording:) **Was this living arrangement in your child's home community?**

Yes₁No₂**intHealthProviderRecency**

29. How long has it been since you last visited a physical health care provider for a routine check up?

(Child wording:) **How long has it been since your child last visited a physical health care provider for a routine check up?**

Never₀Within the past year₁Within the past 2 years₂Within the past 5 years₃More than 5 years ago₄**intDentistVisitRecency**

30. How long has it been since you last visited a dentist for a routine check up?

(Child wording:) **How long has it been since your child last visited a dentist for a routine check up?**

Never₀Within the past year₁Within the past 2 years₂Within the past 5 years₃More than 5 years ago₄

(Adult and Adolescent Females only)

intPregnant

31. Females only: Are you currently pregnant?

Yes₁No₂ (skip to next question)Unsure₃ (skip to next question)**intPregnantWeeks**

b. How many weeks have you been pregnant? __

ynPregnantPrenatalCareReferred

c. Have you been referred to prenatal care?

Yes₁No₂**ynPregnantPrenatalCareReceived**

d. Are you receiving prenatal care?

Yes₁No₂

(Adult SUD and Adolescent SUD Females only)

ynChildren

32. Do you have children under the age of 18?

(Adolescent wording:) **Do you have children?**

Yes₁No₂ (skip to next question)**intNumberChildren**

a. How many children do you have? __

(**programming note: # must be greater than '0')

intChildrenCustody

b. How many children are in your legal custody? __ (skip to *intChildrenHealthCare* if *intNumberChildren=intChildrenCustody*; skip *intChildrenHealthCare* and *intChildrenScreened* if '0')

(**programming note: # can not be greater than *intNumberChildren*)

intChildrenCustodyDSS

c. How many children are in the legal custody of DSS? __

(**programming note: # can not be greater than *intNumberChildren* or greater than *intNumberChildren* minus *intChildrenCustody*)

intChildrenCustodySeeking

d. How many children are you currently seeking legal custody of? __

(**programming note: # can not be greater than *intNumberChildren* or greater than *intNumberChildren* minus *intChildrenCustody*)

intChildrenHealthCare

e. How many children in your legal custody are receiving preventative and primary health care? __

(**programming note: # can not be greater than *intChildrenCustody*)

intChildrenScreened

f. How many children in your legal custody have been screened for mental health and/or substance use disorder prevention or treatment services? __

(**programming note: # can not be greater than *intChildrenCustody*)

ynChildAbuseNeglect

g. In the past year, have you been investigated by DSS for child abuse or neglect?

Yes₁No₂ (skip to *intCommunityActivities*)(if *ynChildAbuseNeglect* = Yes)**intChildAbuseDrugScreen**

g-2. Was the investigation due to an infant testing positive on a drug screen?

Yes₁No₂NA₃(if *ynChildAbuseNeglect* = Yes)**ynTreatmentRequiredCSDSS**

g-3. Was your admission to treatment required by Child Welfare Services of DSS?

Yes₁No₂

33. In the past 3 months, how often did you participate in ...
(Child wording:) **In the past 3 months, how often did your child participate in ...**

intCommunityActivities

a. positive community/leisure activities?

(Child and Adolescent wording:) **extracurricular activities?**

Never₀

A few times₁

More than a few times₄

(Adult and Adolescent only)

intRecoverySupport

b. recovery support or mutual aid groups?

Never₀ (skip to next question)

A few times₁

More than a few times₄

(Adult and Adolescent only)

intRecoverySupportPastMonth

c. In the past month, how many times did you attend recovery support or mutual aid groups?

Did not attend in past month₀

1-3 times (less than once per week)₁

4-7 times (about once per week)₂

8-15 times (2 or 3 times per week)₃

16-30 times (4 or more times per week)₄

some attendance, but frequency unknowns₅

(Child, Adolescent MH and Adult MH only)

ynUsedTobacco

34. (Adult MH wording:) In the past year, have you used tobacco or alcohol?

(Adolescent MH wording:) **Have you ever used tobacco or alcohol?**

(Child wording:) **Has your child used tobacco or alcohol?**

Yes₁

No₂

Don't know₃ (Child only)

(Child, Adolescent MH and Adult MH only)

ynUsedDrugs

35. (Adult MH wording:) In the past year, have you used illicit drugs or other substances other than tobacco and alcohol?

(Adolescent MH wording:) **Have you ever used illicit drugs or other substances other than tobacco and alcohol?**

(Child wording:) **Has your child used illicit drugs or other substances other than tobacco and alcohol?**

Yes₁

No₂

Don't know₃ (Child only)

(Do not ask MH if ynUsedTobacco and ynUsedDrugs = 'No')

(Adult and Adolescent only)

intTobaccoUsePastYear, intHeavyAlcoholUsePastYear, intRegularAlcoholUsePastYear, intMarijuanaUsePastYear, intCocaineUsePastYear, intHeroinUsePastYear, intOpiatesUsePastYear, intNonPrescMethUsePastYear, intPCPUsePastYear, intOtherHallUsePastYear, intMethamphetamineUsePastYear, intOtherAmphetamineUsePastYear, intOtherStimulantUsePastYear, intBenzoUsePastYear, intOtherTranqUsePastYear, intBarbiturateUsePastYear, intOtherSedativeUsePastYear, intInhalantUsePastYear, intOverCounterUsePastYear, intOxyContinUsePastYear, intEcstasyUsePastYear, intDilantinUsePastYear, intGHBGBLUsePastYear, intKetamineUsePastYear, intSpiceUsePastYear

36. Please mark the frequency of use for each substance in the past 12 months.

Not Used₀

1-3 times monthly or less₁

1-2 times weekly₂

3-6 times weekly₃

Daily₄

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(Do not ask MH if ynUsedTobacco and ynUsedDrugs = 'No')

(Adult and Adolescent only)

intTobaccoUsePastMonth, intHeavyAlcoholUsePastMonth, intRegularAlcoholUsePastMonth, intMarijuanaUsePastMonth, intCocaineUsePastMonth, intHeroinUsePastMonth, intOpiatesUsePastMonth, intNonPrescMethUsePastMonth, intPCPUsePastMonth, intOtherHallUsePastMonth, intMethamphetamineUsePastMonth, intOtherAmphetamineUsePastMonth, intOtherStimulantUsePastMonth, intBenzoUsePastMonth, intOtherTranqUsePastMonth, intBarbiturateUsePastMonth, intOtherSedativeUsePastMonth, intInhalantUsePastMonth, intOverCounterUsePastMonth, intOxyContinUsePastMonth, intEcstasyUsePastMonth, intDilantinUsePastMonth, intGHBGBLUsePastMonth, intKetamineUsePastMonth, intSpiceUsePastMonth

37. Please mark the frequency of use for each substance in the past month.

Not Used₀

1-3 times monthly or less₁

1-2 times weekly₂

3-6 times weekly₃

Daily₄

(Adult SUD and Adolescent SUD only)

intNeedleUseRecency

38. 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?

Never₀

Within the past 3 months₁

Within the past year₂

More than a year ago₃

Deferred₄

(Adult SUD only)

intSexualRiskRecency

39. If ever, when have you participated in any of the following activities without using a condom?

had sex with someone who was not your spouse or primary partner [or] knowingly had sex with someone who injected drugs [or] traded, gave, or received sex for drugs, money, or gifts?

Never₀

Within the past 3 months₁

Within the past year₂

More than a year ago₃

Deferred₄

intAbuse

40. In the past 3 months, how often have you been hit, kicked, slapped, or otherwise physically hurt?

(Child wording:) **In the past 3 months, how often has your child been hit, kicked, slapped, or otherwise physically hurt?**

Never₀

A few times₁ (answer b and answer c if Adult)

More than a few times₄ (answer b and answer c if Adult)

Deferred₃

ynAbuseRecency

b. In the past 7 days, have you been hit, kicked, slapped, or otherwise physically hurt?

(Child wording:) **In the past 7 days, has your child been hit, kicked, slapped, or otherwise physically hurt?**

Yes₁

No₂

(Adult only)

ynAbuseRestrainingOrder

c. Do you currently have a restraining order in place against someone who is associated with these recent threats or acts of violence?

Yes₁

No₂

intAbuser

41. In the past 3 months, how often have you hit, kicked, slapped, or otherwise physically hurt someone?
(Child wording:) **In the past 3 months, how often has your child hit, kicked, slapped, or otherwise physically hurt someone?**

- Never₀
A few times₁
More than a few times₄
Deferred₃

(Adult SUD only)

intSexualAbuseRecency

42. If ever, when have you been forced or pressured to do sexual acts?

- Never₀
Within the past 3 months₁
Within the past year₂
More than a year ago₃
Deferred₄

intHurtSelf

43. 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)?

(Child wording:) **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)?**

- Never₀
A few times₁
More than a few times₂

ynSuicideAttempted

44. In your lifetime, have you ever attempted suicide?
(Child wording:) **In your child's lifetime, has s/he ever attempted suicide?**

- Yes₁
No₂

intSuicideThoughts

45. In the past 3 months, how often have you had thoughts of suicide?

(Child wording:) **In the past 3 months, how often has your child had thoughts of suicide?**

- Never₀
A few times₁
More than a few times₂
Don't know₃ (Child only)

46. (Adult wording:) How many times have you been arrested for any offense including DWI....

(Adolescent wording:) **How many times have you been arrested or had a petition filed for any offense including DWI....**

(Child wording:) **How many times has your child had a petition filed for any offense....**

intArrestsRecent

a. in the past month __ __

intArrestsYear

b. in the past year __ __

intArrests

c. in your lifetime __ __
(Child wording): **in their lifetime** __ __

ynCorrectionalSupervision

47. (Adult wording:) Are you under the supervision of the criminal justice system?

(Adolescent wording:) **Do you have a Court Counselor or are you under the supervision of the justice system (adult or juvenile)?**

(Child wording:) **Does your child have a Court Counselor or is your child currently under the supervision of the juvenile justice system?**

- Yes₁
No₂

(Adult SUD and Adolescent SUD only)

intSatEnrolledWeeks

48. In the 3 months prior to your current admission, how many weeks were you enrolled in substance use disorder treatment (not including detox)? (enter 0, if none) __ __

49. In the past 3 months, have you ...

(Child wording:) **In the past 3 months, has your child ...**

ynCrisisProviderContacts

a. had contacts with an emergency crisis provider?

- Yes₁
No₂

ynERVisits

b. had visits to a hospital emergency room?

- Yes₁
No₂

ynHospitalNights

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

- Yes₁
No₂

ynNightsPsychHospital

d. spent nights in a psychiatric inpatient hospital?

- Yes₁
No₂

ynNightsHomeless

e. spent nights homeless (sheltered or unsheltered)?

- Yes₁
No₂

ynNightsJail

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

- Yes₁
No₂

(Adolescent and Child only)

intAdultRoleModel

50. How many active, stable relationship(s) with adult(s) who serve as positive role models do you have? (i.e., member of clergy, neighbor, family member, coach)

(Child wording:) **Other than yourself, how many active, stable relationship(s) with adult(s) who serve as positive role models does your child have? (i.e., member of clergy, neighbor, family member, coach)**

- None₀
1 or 2₁
3 or more₂

(Adult and Adolescent only)

intFamilyFriendsSupport

51. How supportive do you think your family and/or friends will be of your treatment and recovery efforts?

- Not supportive₀
Somewhat supportive₁
Very supportive₂
No family/friends₃

(Adult and Adolescent only)

intReadiness

52. What is your level of readiness (Stage of Change) for addressing your recovery/resiliency?

- Not ready for action (Pre-contemplation)₀
Considering action sometime in the next few months (Contemplation)₁
Seriously considering action this week (Preparation)₂
Already taking action (Action)₃
Maintaining new behaviors (Maintenance)₄

53. How well have you been doing in the following areas of your life in the past year?

(Child wording:) How well has your child been doing in the following areas of his/her life in the past year?

Excellent₁, Good₂, Fair₃, Poor₄

intRatingPsychHealth

a. Emotional well-being

intRatingPhysicalHealth

b. Physical health

intRatingRelationships

c. Relationships with family or significant others

(Child wording:) Relationships with family

intRatingHousing

d. Living/Housing situation

intRatingEmployEducation

e. Employment/Education (Adult only)

intProviderChoice

54. Did you receive a list or options, verbal or written, of places to receive services?

(Child wording:) Did you receive a list or options, verbal or written, of places for your child to receive services?

Yes, I received a list or options₁

No, I came here on my own₂

No, nobody gave me a list or options₃

ynTimely

55. Was your first service in a time frame that met your needs?

(Child wording:) Was your child's first service in a time frame that met his/her needs?

Yes₁

No₂

ynSpecialNeedWheelchair, ynSpecialNeedSignLanguage, ynSpecialNeedDeaf, ynSpecialNeedChildCare, ynSpecialNeedVision, ynSpecialNeedPhysicalDisability, ynSpecialNeedSenior, ynSpecialNeedForeignLanguage, ynSpecialNeedOther, ynSpecialNeedNone

56. Do you have a special need for any of the following? (mark all that apply)

(Child wording:) Does your child have a special need for any of the following? (mark all that apply)

Wheelchair/Mobility needs equipment or services

Equipment or services due to a physical disability

Equipment or services due to being deaf/hard of hearing

Sign language interpreter

Foreign language interpreter

Equipment or services due to being visually impaired

Child care

Equipment or services due to being a frail senior (Adult only)

Other

None of the above/NA

ynBarrierNone, ynBarrierMH, ynBarrierSA, ynBarrierHealth ynBarrierFamily, ynBarrierNeeds, ynBarrierEngagement, ynBarrierCost, ynBarrierStigma, ynBarrierAccess, ynBarrierDeaf, ynBarrierLanguage, ynBarrierLegal, ynBarrierTransportation, ynBarrierSchedule, ynBarrierHousing, ynBarrierSafety

57. Did you have difficulty entering treatment because of problems with... (mark all that apply)

(Child wording:) Did your child and/or family have difficulty entering treatment because of problems with... (mark all that apply)

No difficulties prevented you from entering treatment
Active mental health symptoms (anxiety or fear, agoraphobia, paranoia, hallucinations)
Active substance use disorder symptoms (addiction, relapse)
Physical health problems (severe illness, hospitalization)
Family or guardian issues (controlling spouse, family illness, child or elder care, domestic violence, parent/guardian cooperation)
Treatment offered did not meet needs (availability of appropriate services, type of treatment wanted by consumer not available, favorite therapist quit, etc.)
Engagement issues (AWOL, doesn't think s/he has a problem, denial, runaway, oversleeps)
Cost or financial reasons (no money for cab, treatment cost)
Stigma/Discrimination (race, gender, sexual orientation)
Treatment/Authorization access issues (insurance problems, waiting list, paperwork problems, red tape, lost Medicaid card, referral issues, citizenship, etc.)
Being deaf/hard of hearing
Language or communications issues (foreign language issues, lack of interpreter, etc.)
Legal reasons (incarceration, arrest)
Transportation/Distance to provider
Scheduling issues (work or school conflicts, appointment times not workable, no phone)
Lack of stable housing
Personal safety (domestic violence, intimidation or punishment)

intServiceValueEducation, intServiceValueJob, intServiceValueHousing, intServiceValueTransportation, intServiceValueFood, intServiceValueChildCare, intServiceValueMedical, intServiceValueDental, intServiceValueLegal, intServiceValueVolunteer, intServiceValueNone

58. What help in any of the following areas is important to you?

(Child wording:) What help in any of the following areas is important to your child? (mark all that apply)

(Important=2, Not important=0)

Educational improvement₁

Finding or keeping a job₂ (Adult and Adolescent only)

Housing (basic shelter or rent subsidy)₃ (answer b if adult)

Transportation₄

Food supply₁₂

Child care₅

Medical care₆

Dental care₁₀

Legal issues₈

Volunteer opportunities₁₁

None of the above₉

(Adult only)

ynHousingSupportsRental,
ynHousingSupportsCommunication,
ynHousingSupportsBehavior,
ynHousingSupportsLivingSkills, ynHousingSupportsOther

b. If *housing*, what supports are needed to improve your current situation or would allow you to live more successfully in the community? (mark all that apply)

Rental assistance (due to credit problems, criminal record, or no down payment)

Communication assistance (with landlord, housing management, or neighbors)

Behavioral health supports (with crisis management, medication compliance, environmental challenges, or problem solving)

Daily living skill development (for paying bills, housekeeping, transportation, meal preparation, or self-care)

Other

intSymptomsBother

59. In the past month, how would you describe your mental health symptoms?

(Child wording:) **In the past month, how would you describe your child's mental health symptoms?**

Extremely Severe₅

Severe₄

Moderate₃

Mild₂

Not present₁

intMedsTaken

60. In the past month, if you have a current prescription for psychotropic medications, how often have you taken this medication as prescribed?

(Child wording:) **In the past month, if your child has a current prescription for psychotropic medications, how often has your child taken this medication as prescribed?**

No prescription₃

All or most of the time₂

Sometimes₁

Rarely or never₀

ynHasSignaturePage (Data Entry User Only (DEU))

61. Do you have the printable interview form with the QP's signature?

Yes₁

No₂