

NC-TOPPS Recovery Follow-up Interview SFY 18-19 (all items; all response categories)

Purple text = July 1, 2018 revisions

intAssessmentType

(automatic when user selects Recovery Follow-up interview)

Type of Interview

Recovery Follow-up₉

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 (automatically populates from EC Interview)

Consumer Date of Birth: __/__/__

intGender (automatically populates from EC Interview)

Consumer Gender:

Male₁

Female₂

varcharLastNm (automatically populates from EC Interview)

First three letters of consumer's last name:

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

varcharFirstInitial (automatically populates from EC Interview)

First letter of consumer's first name: _

intCountyResidence

Consumer County of Residence: __

varcharCNDSSIDNumber (automatically populates from EC Interview)

(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 (automatically populates from EC Interview)

Please select the appropriate age/disability category(ies) for which the individual will be receiving services and supports.

Child Mental Health, age 6-11₁

Adolescent Mental Health, age 12-17₂

Adult Mental Health, age 18 and up₃

Adolescent Substance Use Disorder, age 12-17₂

Adult Substance Use Disorder, age 18 and up₃

ynInPerson

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

Yes₁

No₂ -- (answer only questions 2 and 3)

datetimeContacted1, datetimeContacted2, datetimeContacted3

2. Date(s) contact attempted: select up to 3 dates

varcharComments

3. If ynInPerson=No, Comments - reason not contacted: text box

(Adolescent and Child only)

ynAcademicProgramEnrolled

4. 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)

(Child wording:) **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)**

Yes₁

No₂

(Adolescent and Child only)

intSchoolAttend

5. Since leaving treatment, your school attendance has...

(Child wording:) **Since leaving treatment, your child's school attendance has...**

improved₁

stayed the same₂

gotten worse₃

(Adult and Adolescent only)

intEmploymentStatus

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

Full-time work₁ (working 35 hour or more a week) (answer b)

Part-time work₂ (working-11-34 hours a week) (answer b)

Part-time work₅ (working less than 10 hours a week) (answer b)

Unemployed₃ (seeking work or on layoff from a job)

Not in labor force₄ (not seeking work)

ynEmployedEducationProgram

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

Yes₁

No₂

7. Since leaving treatment, how often have you participated in ...(Child wording:) **Since leaving treatment, how often has your child participated in ...****intCommunityActivities****a. positive community/leisure activities?**(Child and Adolescent wording:) **extracurricular activities?**Never₀A few times₁More than a few times₄

(Adult and Adolescent only)

intRecoverySupport**b. recovery support or mutual aid groups?**Never₀A few times₁More than a few times₄**intProblemsInterfere****8. Since leaving treatment, how often have your problems interfered with work, school, or other daily activities?**(Child wording:) **Since leaving treatment, how often have your child's problems interfered with play, school, or other daily activities?**Never₀A few times₁More than a few times₂**intSymptomsBother****9. Since leaving treatment, how would you describe your mental health symptoms?**(Child wording:) **Since leaving treatment, how would you describe your child's mental health symptoms?**Extremely Severe₅Severe₄Moderate₃Mild₂Not present₁**intMedsTaken****10. If you have a current prescription for psychotropic medications, how often have you taken this medication as prescribed?**(Child wording:) **If your child has a current prescription for psychotropic medications, how often has s/he taken this medication as prescribed?**No prescription₃All or most of the time₂Sometimes₁Rarely or never₀

(Adult SUD only)

ynMethProgram**11. Did this consumer receive or was expected to receive methadone treatment?**Yes₁No₂ (skip to ynBupren)

(if ynMethProgram = Yes)

intDosageMethadone**b. What was the last methadone dosage in the 60 days prior to this recovery follow-up?** (enter zero if no dose in the past 60 days) __ __ _mg

(if intDosageMethadone > 0)

intMethPhase**12. Please describe the last methadone dosing:**Induction₁ (skip to ynBupren)Stabilization₂ (skip to ynBupren)Taper₃

(if intDosageMethadone > 0 and intMethPhase = Taper)

intMethWithdrawal**b. Is the methadone withdrawal voluntary or administrative?**Voluntary₁Administrative₂

(Adult SUD only)

ynBupren**13. Did this consumer receive or was expected to receive buprenorphine (mono or combo products, such as Subutex, Zubsolv, Suboxone, Probuphine, etc.) treatment?**Yes₁No₂ (skip to ynNaltrexone)

(if ynBupren = Yes)

intAdministerBupren**b. How was the buprenorphine administered?**Oral (tablets or film)₁Implant₂**intDosageBupren****c. What was the last buprenorphine dosage in the 60 days prior to this recovery follow-up?** (enter zero if no dose in the past 60 days) __ __mg

(if intDosageBupren > 0)

intBuprenPhase**14. Please describe the last buprenorphine dosing:**Induction₁ (skip to ynNaltrexone)Stabilization₂ (skip to ynNaltrexone)Taper₃

(if intDosageBupren > 0 and intBuprenPhase = Taper)

intBuprenWithdrawal**b. Is the buprenorphine withdrawal voluntary or administrative?**Voluntary₁Administrative₂

(Adult SUD only)

ynNaltrexone**15. Did this consumer receive or was expected to receive naltrexone (such as Revia, Vivitrol, etc.) treatment?**Yes₁No₂ (skip to intHabitationPlace)

(if ynNaltrexone = Yes)

intAdministerNaltrexone**b. How was the naltrexone administered?**Oral₁Injectable₂**intDosageNaltrexone****c. What was the last naltrexone dosage in the 60 days prior to this recovery follow-up?** (enter zero if no dose in the past 60 days) __ __mg

(if intDosageNaltrexone > 0)

intNaltrexonePhase**16. Please describe the last naltrexone dosing:**Induction₁ (skip to intHabitationPlace)Stabilization₂ (skip to intHabitationPlace)Taper₃

(if intDosageNaltrexone > 0 and intNaltrexonePhase = Taper)

intNaltrexoneWithdrawal**b. Is the naltrexone withdrawal voluntary or administrative?**Voluntary₁Administrative₂

intHabitationPlace

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

(Child wording:) Since leaving treatment, where has your child lived 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

(Adult wording:) Institutional setting (hospital or jail)²⁵

(Adolescent and Child wording:) Institutional setting (hospital or detention center/jail)²⁵

Homeless¹

Temporary housing¹⁵

(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, intDilantinUsePastYear, intGHBGBLUsePastYear, intKetamineUsePastYear, intSpiceUsePastYear

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

Not Used⁰

1-3 times monthly or less¹

1-2 times weekly²

3-6 times weekly³

Daily⁴

intArrestsRecent

19. Since leaving treatment, how many times have you been arrested for any offense including DWI? __

(Adolescent wording:) Since leaving treatment, how many times have you been arrested or had a petition filed for any offense including DWI? __

(Child wording:) Since leaving treatment, how many times has your child had a petition filed for any offense? __

ynCorrectionalSupervision

20. (Adult wording:) Since leaving treatment, have you been under the supervision of the criminal justice system?

(Adolescent wording:) Since leaving treatment, have you had a Court Counselor or have you been under the supervision of the justice system (adult or juvenile)?

(Child wording:) Since leaving treatment, has your child had a Court Counselor or has your child been under the supervision of the juvenile justice system?

Yes¹

No²

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

(Child wording:) Since leaving treatment, how well has your child been doing in the following areas of his/her life?

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)

22. Since leaving treatment, have you ...

(Child wording:) Since leaving treatment, 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

d. spent nights homeless (sheltered or unsheltered)?

Yes¹

No²

ynNightsJail

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

Yes¹

No²

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

23. What help in any of the following areas are is now important to you?

(Child wording:) **What help in any of the following areas are is now important to your child?**

Educational improvement¹

Finding or keeping a job² (Adult and Adolescent only)

Housing³

Transportation⁴

Food supply¹²

Child care⁵

Medical care⁶

Dental care¹⁰

Legal issues⁸

Volunteer opportunities¹¹

None of the above⁹

varcharAdditionalQuestions

24. Comments/Notes: text box