

**NC-TOPPS Update/EC Interview SFY 18-19 (all items; all response categories)**

Purple text = July 1, 2018 revisions

**intAssessmentType**

(automatic when user selects type of interview)

**Type of Interview**3 month Update<sub>1</sub>  
6 month Update<sub>2</sub>  
12 month Update<sub>3</sub>  
Other Bi-Annual Update<sub>4</sub>Episode Completion<sub>5</sub>**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 Initial interview)**Consumer Date of Birth:** \_\_/\_\_/\_\_**intGender** (automatically populates from Initial interview)**Consumer Gender:**Male<sub>1</sub>  
Female<sub>2</sub>**varcharLastNm** (automatically populates from Initial interview)**First three letters of consumer last name:** \_\_\_**varcharFirstInitial** (automatically populates from Initial interview)**First letter of consumer first name:** \_**intCountyResidence****Consumer County of Residence:** \_\_**varcharCNDSSIDNumber** (automatically populates from Initial 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****Please select the appropriate age/disability category(ies) for which the individual will be receiving services and supports. (For EC change wording:) Please select the appropriate age/disability category(ies) for which the individual has received services and supports.**Child Mental Health, age 6-11<sub>1</sub>Adolescent Mental Health, age 12-17<sub>2</sub>Adult Mental Health, age 18 and up<sub>3</sub>Adolescent Substance Use Disorder, age 12-17<sub>2</sub>Adult Substance Use Disorder, age 18 and up<sub>3</sub>

(EC only)

**dateDischarge****Discharge Date (date of last paid service for this episode of care):** \_\_/\_\_/\_\_

**ynServicesPsychotherapy, ynServicesFamTherapywoPatient, ynServicesFamTherapywPatient, ynServicesGroupTherapyMulti, ynServicesGroupTherapyNonMulti, ynServicesBHCIndTherapy, ynServicesBHCGroupTherapy, ynServicesBHCFamwConsumer, ynServicesBHCFamwoConsumer, ynServicesBHCNonLicProvider, ynServicesBHCGroupNonLicProv, ynServicesBHCFamwConsNonLicProv, ynServicesBHCFamwoConsNonLicProv, ynServicesAlcDrugGroup, ynServicesAlcDrugGroupNonLicProv, ynServicesSAIOP, ynServicesACTT, ynServicesCST, 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, ynServices ADATC (Adult only), varcharServicesOther**

**1. Please select all services the consumer is currently receiving or has previously received for this episode of care. (mark all that apply)**(For EC change wording:) **Please select all services the consumer has received for this episode of care. (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 disorders<sub>1</sub>qualified professional in mental health<sub>2</sub>both<sub>3</sub>

(EC only)

**intSuspendTreatmentReason****3. Please indicate reason for Episode Completion: (mark only one)**Completed treatment<sub>1</sub>Discharged at program initiative<sub>2</sub>Refused treatment<sub>4</sub>Did not return as scheduled within 60 days<sub>5</sub> (skip to end of interview)Changed to service not required for NC-TOPPS<sub>10</sub>Moved out of area or changed to different LME-MCO<sub>11</sub>Incarcerated<sub>6</sub>Institutionalized<sub>8</sub>Died<sub>7</sub> (skip to end of interview)Never received any treatment or services<sub>9</sub> (Superusers only)Other<sub>15</sub>

(Administrative Discharge by CUACS=99)

**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**

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

(Adult SUD and Adolescent SUD Females only)

**ynMaternal**

**5. Is this consumer enrolled in a Pregnant/Maternal program?**

(Adolescent wording:) **Is this consumer enrolled in a specialty program for maternal, pregnant, perinatal, or post-partum?**

Yes<sub>1</sub> (\*\*program to answer Section III questions)

No<sub>2</sub> (skip to next question)

**intMaternalProgram**

**b. Which Pregnant/Maternal program is this consumer enrolled in?**

(Adolescent wording:) **Which specialty program for maternal, pregnant, perinatal, or post-partum is this consumer enrolled in?**

Community Choices – CASCADE – Charlotte<sub>1</sub>

Community Choices – CASCADE – Durham<sub>2</sub>

Community Choices – Outpatient Program – Charlotte<sub>3</sub>

~~\*\*switched order\*\* Duke Family Care Program Community Choices – Outpatient Program – Durham<sub>6</sub>~~

Community Choices – WISH Program<sub>4</sub>

Daymark Clean Start Program<sub>5</sub>

Insight Human Services – Perinatal Health Partners<sub>7</sub>

PORT ~~Human Services Health~~ – Kelly House<sub>8</sub>

RHA – Mary Benson House<sub>9</sub>

RHCC – Cambridge Court – Perinatal<sub>10</sub>

RHCC – Crystal Lake – Maternal<sub>11</sub>

RHCC – Grace Court<sub>12</sub>

RHCC – Our House<sub>13</sub>

RHCC – The Village – Perinatal<sub>14</sub>

Southlight – Perinatal Residential<sub>15</sub>

UNC Horizons – Day Break<sub>16</sub>

UNC Horizons – Outpatient Program<sub>17</sub>

UNC Horizons – Sunrise Perinatal<sub>18</sub>

UNC Horizons – Wake<sub>19</sub>

(Adult SUD Females only)

**ynCasaworks**

**6. Is this consumer enrolled in a CASAWORKS Residential program?**

Yes<sub>1</sub> (\*\*program to answer Section III questions)

No<sub>2</sub> (skip to next question)

**intCasaworksProgram**

**b. Which CASAWORKS Residential program is this consumer enrolled in?**

Community Choices – CASCADE CASAWORKS – Charlotte<sub>1</sub>

Community Choices – CASCADE CASAWORKS – Durham<sub>2</sub>

RHCC – Cambridge Court – CASAWORKS<sub>3</sub>

RHCC – Crystal Lake – CASAWORKS<sub>4</sub>

RHCC – The Village – CASAWORKS<sub>5</sub>

Southlight – CASAWORKS<sub>6</sub>

UNC Horizons – Sunrise CASAWORKS<sub>7</sub>

(Adult SUD only)

**ynWorkfirst**

**7. Is this consumer currently receiving Work First cash assistance?**

Yes<sub>1</sub>

No<sub>2</sub>

(Adult only)

**ynTASC**

**8. Is this consumer also a TASC client?**

Yes<sub>1</sub>

No<sub>2</sub>

(Adult SUD only)

**ynMethProgram**

**9. Is this consumer receiving or expected to receive methadone treatment?**

(For EC change wording:) **Did this consumer receive or was expected to receive methadone treatment?**

Yes<sub>1</sub>

No<sub>2</sub> (skip to ynBupren)

(if ynMethProgram = Yes)

**intDosageMethadone**

**b. What is the current methadone dosage?** (enter zero if not receiving methadone at this time) \_\_ \_mg

(For EC change wording:) **What was the last methadone dosage in the 60 days prior to episode completion?** (enter zero if no dose in the past 60 days) \_\_ \_mg

(if intDosageMethadone > 0)

**intMethPhase**

**10. Please describe the last methadone dosing:**

Induction<sub>1</sub> (skip to c if Update, skip to ynBupren if EC)

Stabilization<sub>2</sub> (skip to c if Update, skip to ynBupren if EC)

Taper<sub>3</sub>

(if intDosageMethadone > 0 and intMethPhase = Taper)

**intMethWithdrawal**

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

Voluntary<sub>1</sub>

Administrative<sub>2</sub>

(if intDosageMethadone > 0) (not for EC)

**ynMethSplitDose**

**c. Is methadone being given in a split dosage (e.g., 2 or more doses per day)?**

Yes<sub>1</sub>

No<sub>2</sub>

(if intDosageMethadone > 0) (not for EC)

**intMethTakeHome**

**d. What is the consumer's take home level?**

Level 1 (Sunday only)<sub>1</sub>

Level 2<sub>2</sub>

Level 3<sub>3</sub>

Level 4<sub>4</sub>

Level 5<sub>5</sub>

Level 6<sub>6</sub>

Level 7 (30 days)<sub>7</sub>

No take home level<sub>0</sub>

(Adult SUD only)

**ynBupren**

**11. Is this consumer receiving or expected to receive buprenorphine (mono or combo products, such as Subutex, Zubsolv, Suboxone, Probuphine, etc.) treatment?**

(For EC change wording:) **Did this consumer receive or was expected to receive buprenorphine (mono or combo products, such as Subutex, Zubsolv, Suboxone, Probuphine, etc.) treatment?**

Yes<sub>1</sub>

No<sub>2</sub> (skip to ynNaltrexone)

(if ynBupren = Yes)

**intAdministerBupren****b. How will the buprenorphine be administered?**(For EC change wording:) **How was the buprenorphine administered?**Oral (tablets or film)<sub>1</sub>  
Implant<sub>2</sub>**intDosageBupren****c. What is the current buprenorphine dosage?** (Enter zero, if none and skip to ynNaltrexone) \_\_ \_\_mg(For EC change wording:) **What was the last buprenorphine dosage in the 60 days prior to episode completion?** (enter zero if no dose in the past 60 days) \_\_ \_\_mg

(if intDosageBupren &gt; 0)

**intBuprenPhase****12. Please describe the last buprenorphine dosing:**Induction<sub>1</sub> (skip to ynNaltrexone)  
Stabilization<sub>2</sub> (skip to ynNaltrexone)  
Taper<sub>3</sub>

(if intDosageBupren &gt; 0 and intBuprenPhase = Taper)

**intBuprenWithdrawal****b. Is the buprenorphine withdrawal voluntary or administrative?**Voluntary<sub>1</sub>  
Administrative<sub>2</sub>

(Adult SUD only)

**ynNaltrexone****13. Is this consumer receiving or expected to receive naltrexone (such as Revia, Vivitrol, etc.) treatment?**(For EC change wording:) **Did this consumer receive or was expected to receive naltrexone (such as Revia, Vivitrol, etc.) treatment?**Yes<sub>1</sub>No<sub>2</sub> (skip to intTreatmentGroupAttended)

(if ynNaltrexone = Yes)

**intAdministerNaltrexone****b. How will the naltrexone be administered?**(For EC change wording:) **How was the naltrexone administered?**Oral<sub>1</sub>  
Injectable<sub>2</sub>**intDosageNaltrexone****c. What is the current naltrexone dosage?** (Enter zero, if none and skip to intTreatmentGroupAttended) \_\_ \_\_mg(For EC change wording:) **What was the last naltrexone dosage in the 60 days prior to episode completion?** (enter zero if no dose in the past 60 days) \_\_ \_\_mg

(if intDosageNaltrexone &gt; 0)

**intNaltrexonePhase****14. Please describe the last naltrexone dosing:**Induction<sub>1</sub> (skip to intTreatmentGroupAttended)  
Stabilization<sub>2</sub> (skip to intTreatmentGroupAttended)  
Taper<sub>3</sub>

(if intDosageNaltrexone &gt; 0 and intNaltrexonePhase = Taper)

**intNaltrexoneWithdrawal****b. Is the naltrexone withdrawal voluntary or administrative?**Voluntary<sub>1</sub>  
Administrative<sub>2</sub>

(if ynMethProgram = Yes or ynBupren = Yes or ynNaltrexone = Yes)

**15. Substance use disorder treatment participation and service units in the past 3 months:****intTreatmentGroupAttended**

Group Sessions: \_\_ \_\_ Attended

**intTreatmentIndividualAttended**

Individual/family sessions: \_\_ \_\_ Attended

(Adult SUD only)

**ynAntabuse****16. Does this consumer take Antabuse?**Yes<sub>1</sub>No<sub>2</sub>**intAttendance****17. Since the last interview, the consumer has attended scheduled treatment sessions...**All or most of the time<sub>2</sub>Sometimes<sub>1</sub>Rarely or never<sub>0</sub>

(Adult SUD and Adolescent SUD only)

**18. Number of drug tests conducted and number positive in the past 3 months:** (Do not count if positive for Methadone only)**intDrugTestConducted****a. Number conducted** \_\_ \_\_ (enter 0, if none & skip to next question)**intDrugTestPositive****b. Number positive** \_\_ \_\_ (enter 0, if none & skip to next question)**intDrugTestPositiveAlcohol, intDrugTestPositiveTHC, intDrugTestPositiveOpiates, intDrugTestPositiveBenzo, intDrugTestPositiveCocaine, intDrugTestPositiveAmphetamine, intDrugTestPositiveBarbiturate****c. How often did each substance appear for all tests conducted?**Alcohol\_\_ THC\_\_ Opiates\_\_ Benzo.\_\_  
Cocaine\_\_ Amphetamines\_\_ Barbiturates\_\_**ynServiceReceiveEducation, ynServiceReceiveJob, ynServiceReceiveHousing, ynServiceReceiveTransportation, ynServiceReceiveFood, ynServiceReceiveChildCare, ynServiceReceiveMedical, ynServiceReceiveDental, ynServiceReceiveHIVscreenRef, ynServiceReceiveLegal, ynServiceReceiveVolunteer, ynServiceReceiveNone****19. Since the individual started services for this episode of treatment, which of the following areas has the individual received help?** (mark all that apply) (Yes=1, No=2)Educational improvement<sub>1</sub>Finding or keeping a job<sub>2</sub> (Adult and Adolescent only)Housing (basic shelter or rent subsidy)<sub>3</sub> (answer b if adult)Transportation<sub>4</sub>Food supply<sub>12</sub> (answer c)Child care<sub>5</sub>Medical care<sub>6</sub>Dental care<sub>10</sub>Screening/treatment referral for HIV/TB/HEP<sub>7</sub>Legal issues<sub>8</sub>Volunteer opportunities<sub>11</sub>None of the above<sub>9</sub>

(Adult only)

**ynHousingSupportsRental, ynHousingSupportsCommunication, ynHousingSupportsBehavior, ynHousingSupportsLivingSkills, ynHousingSupportsOther**

**b. If housing, what supports are needed to improve the individual's current situation or would allow the individual 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

**intServicesHelpFood**

**c. If food supply, how helpful have the program services been in supplying food as needed?**

- Not helpful<sub>0</sub>
- Somewhat helpful<sub>1</sub>
- Very helpful<sub>2</sub>
- NA<sub>3</sub>

(Adolescent and Child only)

**ynFamilyInvolvedTrmtServices, ynFamilyInvolvedPersonPlanning, ynFamilyInvolvedNone**

**20. 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?**

(Child wording:) **In the past 3 months, has the individual's family or guardian been involved in any contact with staff concerning any of the following? (mark all that apply)**

- Treatment services
- Person-centered planning
- None of the above

**SECTION II: Complete items using information from consumer interview (preferred) or consumer record**

**ynInPersonInterview, ynTelephoneInterview, ynClinicalRecord**

**21. How are the next section's items being gathered? (mark all that apply)**

- In-person interview (Preferred)
- Telephone interview
- Clinical record/notes

(Adult and Adolescent only)

**intSexualOrientation**

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

- Straight<sub>1</sub>
- Lesbian or Gay<sub>2</sub>
- Bisexual<sub>3</sub>
- Other<sub>4</sub>
- Don't know/Not sure<sub>5</sub>
- Deferred<sub>6</sub>

(Adult and Adolescent only)

**intTransgender**

**23. Do you consider yourself to be transgender?**

- Yes, Transgender, male-to-female<sub>1</sub>
- Yes, Transgender, female-to-male<sub>2</sub>
- Yes, Transgender, gender non-conforming<sub>3</sub>
- No<sub>4</sub>
- Don't know/Not sure<sub>5</sub>
- Deferred<sub>6</sub>

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

**24. Do you ever have difficulty in participating in treatment because of problems with... (mark all that apply)**  
(Child wording:) **Does your child and/or family ever have difficulty entering treatment because of problems with... (mark all that apply)**

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

(Adolescent and Child only)

**ynAcademicProgramEnrolled**

**25. 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)

Yes<sub>1</sub>

No<sub>2</sub> (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:) **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](#)

**26. 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)?**

Yes<sub>1</sub>

No<sub>2</sub>

(Adolescent and Child only)

[intGrade](#)

**27. What grade are you currently in? \_\_ \_\_**

(Child wording:) **What grade is your child currently in? \_\_ \_\_**

(Adolescent and Child only)

[intSchoolAttend](#)

**28. Since beginning treatment, your school attendance has...**

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

improved<sub>1</sub>

stayed the same<sub>2</sub>

gotten worse<sub>3</sub>

(Adolescent and Child only)

[intRecentGrades](#)

**29. 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)

As<sub>1</sub> Bs<sub>2</sub> Cs<sub>3</sub> Ds<sub>4</sub> Fs<sub>5</sub> School does not use traditional grading system<sub>6</sub>

[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?**

Pass<sub>1</sub>

Fail<sub>2</sub>

(Adolescent and Child only)

**30. In the past 3 months, have you been...**

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

[ynSuspended](#)

**a. suspended from school?**

Yes<sub>1</sub>

No<sub>2</sub>

[ynExpelled](#)

**b. expelled from school?**

Yes<sub>1</sub>

No<sub>2</sub>

(Adult only)

**31. Since the last interview, have you earned a...**

[ynGED](#)

**a. GED?**

Yes<sub>1</sub>

No<sub>2</sub>

[ynHighSchoolDiploma](#)

**b. high school diploma?**

Yes<sub>1</sub>

No<sub>2</sub>

(Adult and Adolescent only)

[intEmploymentStatus](#)

**32. In the past 3 months, what best describes your employment status?**

(For EC change wording:) **Currently, what best describes your employment status?** (mark only one)

Full-time work<sub>1</sub> (working 35 hours or more a week) (answer b-1, b-2, b-3, and b-4)

Part-time work<sub>2</sub> (working 11-34 hours a week) (answer b-1, b-2, b-3, and b-4)

Part-time work<sub>5</sub> (working less than 10 hours a week) (answer b-1, b-2, b-3, and b-4)

Unemployed<sub>3</sub> (seeking work or on layoff from a job) (skip to next question)

Not in labor force<sub>4</sub> (not seeking work) (skip to c)

[intEmployedClassification](#)

**b-1. If employed, what best describes your job classification?**

Professional, technical, or managerial<sub>1</sub> (management, health related, math, sciences, computers, art, or entertainment)

Clerical or sales<sub>2</sub> (clerical, data entry, secretarial, or retail)

Service occupation<sub>3</sub> (food, lodging, recreation building/grounds cleaning or maintenance, law enforcement, fire fighters, barber/beauty services)

Agricultural or related occupation<sub>4</sub> (farming, fishing, or hunting)

Processing occupation<sub>5</sub> (processing or packaging)

Machine trades<sub>6</sub> (printing or metal working)

Bench work<sub>7</sub> (assembly or manufacturing)

Structural work<sub>8</sub> (painting, construction, or handyman)

Miscellaneous occupation<sub>9</sub> (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 wage<sub>1</sub> (more than \$7.25 an hour)  
 Minimum wage<sub>2</sub> (\$7.25 an hour)  
 Lower than minimum wage<sub>3</sub> (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?**Yes<sub>1</sub>No<sub>2</sub>

(Adult only)

**intCurrentStatus****c. If not seeking work, what best describes your current status? (mark only one)**Homemaker<sub>1</sub>Student<sub>2</sub>Retired<sub>3</sub>Chronic medical condition which prevents employment<sub>4</sub>Incarcerated (juvenile or adult facility)<sub>5</sub>Institutionalized<sub>6</sub>Day program services<sub>8</sub>Volunteer<sub>9</sub>None of the above<sub>7</sub>**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?**Never<sub>0</sub>A few times<sub>1</sub>More than a few times<sub>4</sub>

(Adult and Adolescent only)

**intRecoverySupport****b. recovery support or mutual aid groups?**Never<sub>0</sub>(skip to next question)A few times<sub>1</sub>More than a few times<sub>4</sub>

(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 month<sub>0</sub>1-3 times (less than once per week)<sub>1</sub>4-7 times (about once per week)<sub>2</sub>8-15 times (2 or 3 times per week)<sub>3</sub>16-30 times (4 or more times per week)<sub>4</sub>some attendance, but frequency unknown<sub>5</sub>**intProblemsInterfere****34. 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?**Never<sub>0</sub>A few times<sub>1</sub>More than a few times<sub>2</sub>**intSymptomsBother****35. 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 Severe<sub>5</sub>Severe<sub>4</sub>Moderate<sub>3</sub>Mild<sub>2</sub>Not present<sub>1</sub>**intMedsTaken****36. 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 prescription<sub>3</sub>All or most of the time<sub>2</sub>Sometimes<sub>1</sub>Rarely or never<sub>0</sub>**intTimesMoved****37. In the past 3 months, how many times have you moved residences?**(Child wording:) **In the past 3 months, how many times has your child moved residences? \_ \_****intHabitationPlace****38. In the past 3 months, where did you live most of the time?**(For EC change wording:) **Currently, where do you live?**(Child wording:) **In the past 3 months, where did your child live most of the time?**(For Child EC change wording:) **Currently, where does your child live?**(Adult wording:) Living independently (own/rent home/apartment)<sub>5</sub>(Adolescent and Child wording:) In a family setting (private or foster home)<sub>5</sub>(Adult wording:) Stable housing with friends or family at minimal or no cost<sub>26</sub>(Adult wording:) Residential program (halfway house, group home, alternative family living, family care home)<sub>24</sub>(Adolescent and Child wording:) Residential program (group home, PRTF)<sub>24</sub> (answer b)(Adult wording:) Institutional setting (hospital or jail)<sub>25</sub>(Adolescent and Child wording:) Institutional setting (hospital or detention center/jail)<sub>25</sub>Homeless<sub>1</sub> (answer c)Temporary housing<sub>15</sub> (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.**(For EC change wording:) **If residential program, please specify the type of residential program you currently live in.**(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.**(For Child EC change wording:) **If residential program, please specify the type of residential program your child currently lives in.**Therapeutic foster home<sub>8</sub>Level III group home<sub>9</sub>Level IV group home<sub>10</sub>State-operated residential treatment center<sub>11</sub>Psychiatric Residential Treatment Facility (PRTF)<sub>16</sub>SA residential treatment facility<sub>12</sub> (Adolescent only)Halfway house<sub>6</sub> (SUD only)Other<sub>15</sub>

**intHabitationHomeless**

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

(For EC change wording:) **If homeless, please specify your living situation currently.**

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

(For Child EC change wording:) **If homeless, please specify your child's living situation currently.**

Sheltered<sub>1</sub> (homeless shelter or domestic violence shelter)  
Unsheltered (on the street, in a car, camp)<sub>2</sub>

**intHabitationTempHousing**

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

(For EC change wording:) **If temporary housing, please specify your living situation currently.**

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

(For Child EC change wording:) **If temporary housing, please specify your child's living situation currently.**

Unstable housing with frequent moves to and from  
relative's/friend's homes<sub>1</sub>

Hotel/motel<sub>2</sub>

(Adolescent and Child only)

**ynLivingArrange**

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

Yes<sub>1</sub>

No<sub>2</sub>

(Adolescent and Child only)

**ynOutsideCommunity**

**40. In the past 3 months, have you received any residential services outside of your home community?**

(Child wording:) **In the past 3 months, has your child received any residential services outside of his/her home community?**

Yes<sub>1</sub>

No<sub>2</sub>

(Child, Adolescent MH and Adult MH only)

**ynUsedTobacco**

**41. In the past 3 months, have you used tobacco or alcohol?**  
(Child wording:) **In the past 3 months, has your child used tobacco or alcohol?**

Yes<sub>1</sub>

No<sub>2</sub>

Don't know<sub>3</sub> (Child only)

(Child, Adolescent MH and Adult MH only)

**ynUsedDrugs**

**42. In the past 3 months, have you used illicit drugs or other substances other than tobacco and alcohol?**

(Child wording:) **In the past 3 months, has your child used illicit drugs or other substances other than tobacco and alcohol?**

Yes<sub>1</sub>

No<sub>2</sub>

Don't know<sub>3</sub> (Child only)

(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, intBenzoinUsePastMonth, intOtherTranqUsePastMonth, intBarbiturateUsePastMonth, intOtherSedativeUsePastMonth, intInhalantUsePastMonth, intOverCounterUsePastMonth, intOxyContinUsePastMonth, intEcstasyUsePastMonth, intDilantinUsePastMonth, intGHBGBLUsePastMonth, intKetamineUsePastMonth, intSpiceUsePastMonth**

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

Not Used<sub>0</sub>

1-3 times monthly or less<sub>1</sub>

1-2 times weekly<sub>2</sub>

3-6 times weekly<sub>3</sub>

Daily<sub>4</sub>

(Adult MH and Adolescent MH only)

**intCJSInvolve**

**44. In general, since entering treatment your involvement in the criminal/juvenile justice system has...**

increased<sub>1</sub>

decreased<sub>2</sub>

stayed the same<sub>3</sub>

**intArrestsRecent**

**45. In the past month, how many times have you been arrested for any offense including DWI? \_\_**

(Adolescent wording:) **In the past month, how many times have you been arrested or had a petition filed for any offense including DWI? \_\_**

(Child wording:) **In the past month, how many times has your child had a petition filed for any offense? \_\_**

**ynCorrectionalSupervision**

**46. (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?**

Yes<sub>1</sub>

No<sub>2</sub>

(Adult SUD and Adolescent SUD Females only)

**ynChildren**

**47. Do you have children under the age of 18?**

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

Yes<sub>1</sub>

No<sub>2</sub> (skip to next question)

**intNumberChildren**

**b. How many children do you have? \_\_**

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

**c. Since the last interview, how many children have you...**

**intChildrenCustodyGained**

**c-1. gained legal custody of? \_\_**

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

**intChildrenCustodyLost**

c-2. lost legal custody of? \_\_

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

**intChildrenCustodyBegunSeek**

c-3. begun seeking legal custody of? \_\_

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

**intChildrenCustodyStopSeek**

c-4. stopped seeking legal custody of? \_\_

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

**intChildrenCustodyStillSeek**

c-5. continued seeking legal custody of? \_\_

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

**intChildrenCustodyBabyRemoved**

d. Since the last interview, how many newborn baby(ies) have been removed from your legal custody? \_\_

**intParentRightsTerminated**

e. Since the last interview, how many children have your parental rights been terminated from? \_\_

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

**intChildrenHealthCare**

f. How many children in your legal custody are receiving preventative and primary health care? \_\_

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

**intChildrenScreened**

g. 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 intNumberChildren)

**ynChildAbuseNeglect**

h. Since the last interview, have you been investigated by DSS for child abuse or neglect?

Yes<sub>1</sub>No<sub>2</sub> (skip to Section III)

(if ynChildAbuseNeglect = Yes)

**intChildAbuseDrugScreen**

h-1. Was the investigation due to an infant testing positive on a drug screen?

Yes<sub>1</sub>No<sub>2</sub>NA<sub>3</sub>

**SECTION III: The next section includes questions which are important in determining consumer outcomes. These questions require that they be asked directly to the individual either in-person or by telephone.**

**ynInPerson**48. Is the individual present for an in-person or telephone interview or have you directly gathered information from the individual within the past two weeks?(Child wording:) Is the respondent present for an in-person or telephone interview or have you directly gathered information from the respondent within the past two weeks?Yes<sub>1</sub>No<sub>2</sub> (skip to end of interview)

(Adult and Adolescent Females only)

**intPregnant**49. **Females only:** Are you currently pregnant?Yes<sub>1</sub>No<sub>2</sub> (skip to next question)Unsure<sub>3</sub> (skip to next question)**intPregnantWeeks**

b. How many weeks have you been pregnant? \_\_

**ynPregnantPrenatalCareReferred**

c. Have you been referred to prenatal care?

Yes<sub>1</sub>No<sub>2</sub>**ynPregnantPrenatalCareReceived**

d. Are you receiving prenatal care?

Yes<sub>1</sub>No<sub>2</sub>

(Adult and Adolescent Females only)

**ynBirth**50. **Females only:** Have you given birth in the past year?Yes<sub>1</sub>No<sub>2</sub> (skip to next question)

(Adult SUD and Adolescent SUD Femles only)

**intBirthRecency**

b. How long ago did you give birth?

Less than 3 months ago<sub>1</sub>3 to 6 months ago<sub>2</sub>7 to 12 months ago<sub>3</sub>**ynReceivedPrenatalCare**

c. Did you receive prenatal care during pregnancy?

Yes<sub>1</sub>No<sub>2</sub>

(Adult SUD and Adolescent SUD Females only)

**intGestationWeeks**

d. What was the # of weeks gestation? \_\_

(Adult SUD and Adolescent SUD Females only)

**intBirthWeightPounds, intBirthWeightOunces**

e. What was the birth weight? pounds \_\_ ounces \_\_

**intBabyHealth**

f. How would you describe the baby's current health?

Good<sub>1</sub>Fair<sub>2</sub>Poor<sub>3</sub>Baby is deceased<sub>4</sub> (skip to next question)Baby is not in your custody<sub>5</sub> (skip to next question)**intBabyHealthCare**

g. Is the baby receiving regular Well Baby/Health Check services?

Yes<sub>1</sub>No<sub>2</sub>**ynHealthProvider**

51. Since the last interview, have you visited a physical health care provider for a routine check up?

(Child wording:) Since the last interview, has your child visited a physical health care provider for a routine check up?

Yes<sub>1</sub>No<sub>2</sub>**ynDentistVisit**

52. Since the last interview, have you visited a dentist for a routine check up?

(Child wording:) Since the last interview, has your child visited a dentist for a routine check up?

Yes<sub>1</sub>No<sub>2</sub>



(Adolescent and Child only)

**intAdultRoleModel**

**53. 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)

- None<sub>0</sub>  
1 or 2<sub>1</sub>  
3 or more<sub>2</sub>

(Adult and Adolescent only)

**intReadiness**

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

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

(Adult SUD only)

**intSponsorFrequency**

**55. In the past month, if you have a sponsor, how often have you had contact with him or her?**

- Don't have a sponsor<sub>5</sub>  
Never<sub>0</sub>  
A few times<sub>1</sub>  
More than a few times<sub>4</sub>

(Adult and Adolescent only)

**intFamilyFriendsSupport**

**56. How supportive has your family and/or friends been of your treatment and recovery efforts?**

- Not supportive<sub>0</sub>  
Somewhat supportive<sub>1</sub>  
Very supportive<sub>2</sub>  
No family/friends<sub>3</sub>

(Adult SUD and Adolescent SUD only)

**intNeedleUse**

**57. 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?**

- Yes<sub>1</sub>  
No<sub>2</sub>  
Deferred<sub>3</sub>

(Adult SUD only)

**intSexualRisk**

**58. In the past 3 months, 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?

- Yes<sub>1</sub>  
No<sub>2</sub>  
Deferred<sub>3</sub>

**intAbuse**

**59. 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?**

- Never<sub>0</sub>  
A few times<sub>1</sub> (answer b if Adult)  
More than a few times<sub>4</sub> (answer b if Adult)  
Deferred<sub>3</sub>

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(Adult only)

**ynAbuseRestrainingOrder**

**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?**

- Yes<sub>1</sub>  
No<sub>2</sub>

**intAbuser**

**60. 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?**

- Never<sub>0</sub>  
A few times<sub>1</sub>  
More than a few times<sub>4</sub>  
Deferred<sub>3</sub>

(Adult SUD only)

**intSexualAbuse**

**61. In the past 3 months, have you been forced or pressured to do sexual acts?**

- Yes<sub>1</sub>  
No<sub>2</sub>  
Deferred<sub>3</sub>

**intHurtSelf**

**62. 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)?**

(Child wording:) **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)?**

- Never<sub>0</sub>  
A few times<sub>1</sub>  
More than a few times<sub>2</sub>

**intSuicideThoughts**

**63. Since the last interview, how often have you had thoughts of suicide?**

(Child wording:) **Since the last interview, how often has your child had thoughts of suicide?**

- Never<sub>0</sub>  
A few times<sub>1</sub>  
More than a few times<sub>2</sub>  
Don't know<sub>3</sub> (Child only)

**ynSuicideAttempted**

**64. Since the last interview, have you attempted suicide?**

(Child wording:) **Since the last interview, has your child attempted suicide?**

- Yes<sub>1</sub>  
No<sub>2</sub>

**65. In the past 3 months, how well have you been doing in the following areas of your life?**

(Child wording:) **In the past 3 months, how well has your child been doing in the following areas of his/her life?**

Excellent<sub>1</sub>, Good<sub>2</sub>, Fair<sub>3</sub>, Poor<sub>4</sub>

**intRatingPsychHealth**

a. Emotional well-being

**intRatingPhysicalHealth**

b. Physical health

**intRatingRelationships**

b. Relationships with family or significant others

(Child wording:) Relationships with family

**intRatingHousing**

c. Living/Housing situation

**intRatingEmployEducation****e. Employment/Education (Adult only)**

**66. 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?**

Yes<sub>1</sub>No<sub>2</sub>**ynERVisits**

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

Yes<sub>1</sub>No<sub>2</sub>**ynHospitalNights**

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

Yes<sub>1</sub>No<sub>2</sub>**ynNightsPsychHospital**

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

Yes<sub>1</sub>No<sub>2</sub>**ynNightsHomeless**

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

Yes<sub>1</sub>No<sub>2</sub>**ynNightsJail**

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

Yes<sub>1</sub>No<sub>2</sub>

**67. How helpful have the program services been in...**

**intServicesHelpLifeQuality**

**a. improving the quality of your life?**

(Child wording:) **improving the quality of your child's life?**

Not helpful<sub>0</sub>Somewhat helpful<sub>1</sub>Very helpful<sub>2</sub>NA<sub>3</sub>**intServicesHelpSymptoms**

**b. decreasing your symptoms?**

(Child wording:) **decreasing your child's symptoms?**

Not helpful<sub>0</sub>Somewhat helpful<sub>1</sub>Very helpful<sub>2</sub>NA<sub>3</sub>**intServicesHelpHope**

**c. increasing your hope about the future?**

(Child wording:) **increasing your child's hope about the future?**

Not helpful<sub>0</sub>Somewhat helpful<sub>1</sub>Very helpful<sub>2</sub>NA<sub>3</sub>**intServicesHelpControl**

**d. increasing your control over your life?**

(Child wording:) **increasing your child's control over his/her life?**

Not helpful<sub>0</sub>Somewhat helpful<sub>1</sub>Very helpful<sub>2</sub>NA<sub>3</sub>**intServicesHelpEducation**

**e. improving your educational status?**

(Child wording:) **improving your child's educational status?**

Not helpful<sub>0</sub>Somewhat helpful<sub>1</sub>Very helpful<sub>2</sub>NA<sub>3</sub>

(Adult only)

**intServicesHelpHousing**

**f. improving your housing status?**

Not helpful<sub>0</sub>Somewhat helpful<sub>1</sub>Very helpful<sub>2</sub>NA<sub>3</sub>

(Adult only)

**intServicesHelpEmploy**

**g. improving your vocational/employment status?**

Not helpful<sub>0</sub>Somewhat helpful<sub>1</sub>Very helpful<sub>2</sub>NA<sub>3</sub>

(Data Entry User Only (DEU))

**ynHasSignaturePage**

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

Yes<sub>1</sub>No<sub>2</sub>