NC-TOPPS Mental Health and Substance Abuse

Adolescent (Ages 12-17) Recovery Follow-Up Interview

	web-based system. (http:	• •		• •		,
	certify that I am the QP who has conducted and completed this nterview. QP Signature: Date: Date: lease have the consumer sign and date and place in consumer's					
	Please have the consumer ile. Consumer Signature		d date a	nd place	e in cons Date	
LME-MCO Assigned Consumer Record Number	6. Since leaving treatment a. extracurricular activities?		often ha	eve you	particip	ated in
	☐ Never ☐ A few times	□Мо	re than a		es	
CNDS ID Number	b. recovery-related support					
	Never A few times 7. Since leaving treatme		re than a			ns
Medicaid ID Number (optional)	7. Since leaving treatment how often have your problems interfered with work, school, or other daily activities?					
	Never ☐ A few times ☐ More than a few times 8. Since leaving treatment, how would you describe your mental					
	health symptoms?					
Medicaid County of Residence:	Extremely severe Severe					
Provider Internal Consumer Record Number (optional)	☐ Moderate☐ Mild					
	Not present					
Local Area Code (Reporting Unit Number) (optional)	9. If you have a current					
	medications, how often I prescribed?	nave yo	и такеп	tnis me	aication	as
	No prescription					
First three letters of consumer's last name: (If female, use consumer's maiden name)	☐ All or most of the time☐ Sometimes					
First letter of consumer's first name:	Rarely or never					
Date of Birth	time?	10. Since leaving treatment, where have you lived most of the time?				
	☐ In a family setting (priva☐ Residential program (sup				omo DDT	E)
	☐ Institutional setting (hos	pital or o	detention	center/j	iail)	')
Gender ☐ Male ☐ Female	Homeless Temporary housing					
Consumer County of Residence:	11. Since leaving treatm	ent, wh	ich of th	e follow	ing sub	stances
Were you able to contact the individual by telephone or in-person to complete this interview?	have you used?					
Yes No-> (answer only questions 1 and 2)	Substance	Pas		-	ency of	Use
1. Date(s) contact attempted:	-	Not Used	1-3 times monthly	1-2 times weekly		Daily
1: Date(s) contact attempted:					weekly	,
	Tobacco use (any tobacco products)				weekly	
	(any tobacco products) Heavy alcohol use					
2. If individual was not able to be contacted by telephone or in-person, Comments - reason not contacted:	(any tobacco products) Heavy alcohol use (>=5(4) drinks per sitting) Less than heavy alcohol use					
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2. If individual was not able to be contacted by telephone or in-person, Comments - reason not contacted: 3. Since leaving treatment, have you been enrolled in school or courses that satisfy requirements for a certification, diploma or degree? (Enrolled includes school breaks,	(any tobacco products) Heavy alcohol use (>=5(4) drinks per sitting) Less than heavy alcohol use Marijuana or hashish use Cocaine or					
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Use this form for backup only. <u>Do not mail.</u> Enter data into web-based system.(http://www.ncdhhs.gov/mhddsas/nc-topps)

12. Since leaving treatment, how many times have you been arrested or had a petition filed for any offense including DWI? (enter zero, if none)	16. What help in any of the following areas are now important to you? (mark all that apply) ☐ Educational improvement					
13. Since leaving treatment, have you had a Court Counselor	· ·					
or have you been under the supervision of the justice system	Finding or keeping a job					
(adult or juvenile)?	☐ Housing (basic shelter or rent subsidy)					
☐ Yes ☐ No	☐ Transportation					
14. Since leaving treatment, how well have you been doing in the following areas of your life?	☐ Child care					
Excellent Good Fair Poor	☐ Medical care					
a. Emotional well-being	☐ Dental care					
b. Physical health	☐ Legal issues					
c. Relationships with family	☐ Volunteer opportunities					
or significant others	□ None of the above					
d. Living/Housing situation \ \qquad	17. Comments/Notes:					
	17. Comments/Notes:					
15. Since leaving treatment, have you a. had <u>contacts</u> with an emergency crisis provider?						
Yes No						
b. had <u>visits</u> to a hospital emergency room?						
☐ Yes ☐ No c. spent <u>nights</u> in a medical/surgical hospital?						
(excluding birth delivery)						
☐ Yes ☐ No						
d. spent <u>nights</u> in a psychiatric inpatient hospital?						
☐ Yes ☐ No e. spent <u>nights</u> homeless? (sheltered or unsheltered)						
Yes No						
f. spent nights in detention, jail, or prison?						
(adult or juvenile system)						
Yes No						
End of interview						
Enter data into web-based system: http://www.ncdhhs.gov/mhddsas/nc-topps						
<u>Do not mail this form</u>						