Client Record Number

NC-TOPPS Initial Assessment 2

For SFY 03-04

[7/1/03 Revision]

18. For K-12 only:

a. What grade are you currently in?

b. For your most recent reporting period, what grades did you get most of the time? *(mark only one)*

☐ A's ☐ B's ☐ C's ☐ D's ☐ F's

19. For K-12 only: In the past 3 months, how many days of school have you missed due to...

a. Expulsion

b. Out-of-school suspension

c. Truancy

d. Are you currently expelled from regular school?

☐ Y ☐ N

20. During the past 3 months, how many hours per week, on average, did you work for pay?

(enter 0, if none)

b. How many TANF unpaid hours per week did you work *(enter 0, if none)*?

21. During the past 3 months, what best describes your employment status? *(mark only one)*

☐ Full-time work (working 35 hours or more a week) → *(skip to 22)*

☐ Part-time work (working less than 35 hours a week) → *(skip to 22)*

☐ Unemployed (seeking work or on layoff from a job) → *(skip to 22)*

☐ Not in labor force (not seeking work)

b. If *not seeking work*, what describes your current activities/situation? *(mark all that apply)*

☐ Homemaker ☐ Incarcerated (juvenile or adult facility)

☐ Student ☐ Institutionalized

☐ Retired ☐ Other

☐ Disabled

22. What is your current marital status? *(include same sex partnerships as living as married)* *(mark only one)*

☐ Married ☐ Separated

☐ Living as married ☐ Widowed

☐ Divorced ☐ Never been married

23. In the past 3 months, who did you live with most of the time? *(mark all that apply)*

☐ Lived alone ☐ Parent(s)

☐ Spouse/partner ☐ Foster family

☐ Child(ren) ☐ Other

24. In the past 3 months, where did you live most of the time? *(mark only one)*

☐ Homeless (in a shelter, on the street, in a vehicle)

☐ Correctional facility (juvenile or adult)

☐ Institution (MH/SA inpatient hospital, residential treatment)

☐ Community-based facility (halfway house, group/therapeutic home)

☐ Private residence (home, apartment)

☐ Other

25. Females only: Are you currently pregnant?

☐ Y ☐ N *(skip to 26)* ☐ Unsure *(skip to 26)*

b. How many weeks have you been pregnant?

c. Have you been referred to prenatal care? ☐ Y ☐ N

d. Are you receiving prenatal care? ☐ Y ☐ N

e. Do you have an identified public or private primary health care provider? *(excluding emergency/urgent care MD)* ☐ Y ☐ N

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

☐ Y ☐ N→ *(skip to 27)*

b. Do you have legal custody of all, some or none of your children?

☐ All→ *(skip to e)* ☐ Some ☐ None

c. Does DSS have legal custody of all, some or none of your children?

☐ All ☐ Some ☐ None

d. Are you currently seeking legal custody of all, some or none of your children?

☐ All ☐ Some ☐ None

e. Are all, some or none of the children in your legal custody receiving preventive and primary health care?

☐ All ☐ Some ☐ None ☐ NA (no children in legal custody)

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

☐ Y ☐ N→ *(skip to 28)*

b. Was the investigation due to an infant testing positive on a drug screen? ☐ Y ☐ N ☐ NA

28. Was your admission to treatment required by Child Welfare Services of DSS?

☐ Y ☐ N

29. In the past 3 months, how often did you participate in ...

a. positive community/leisure activities?

☐ Never ☐ A few times ☐ Once a week or more

b. recovery-related support or self-help groups?

☐ Never ☐ A few times ☐ Once a week or more

Confidentiality of SA client-identifying information is protected under Federal regulations, 42 CFR Part 2 and HIPAA, 45 CFR Parts 160 and 164. Client-identifying information may be disclosed without client consent to the Division of Mental Health, Developmental Disabilities, and Substance Abuse Services (DMH/DD/SAS) and to its authorized evaluation contractors under the audit or evaluation exception. Redisclosure of client-identifying information without client consent is explicitly prohibited. Form is to be returned to the North Carolina Treatment Outcomes & Program Performance System (NC-TOPPS) at NCSU Center for Urban Affairs, Campus Box 7401, Raleigh, NC 27695. Direct your questions to (919) 515-1318. Sponsored by the NC DMH/DD/SAS.

Client Record Number

NC-TOPPS Initial Assessment 3

For SFY 03-04

[7/1/03 Revision]

30. Please mark the frequency of use for each substance abused in the past 12 months and past 3 months (or the past 12 or 3 months before entering jail/prison or other institution).

[illegible]	Past 12 months					Past 3 months				
	Not Used	1-3 times monthly	1-2 times weekly	3-6 times weekly	Daily	Not Used	1-3 times monthly	1-2 times weekly	3-6 times weekly	Daily
Tobacco use *(any tobacco products)*	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Heavy alcohol use *(>=5(4) drinks per sitting)*	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Less than heavy alcohol use	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Marijuana or hashish use	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Cocaine or crack use	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Heroin use	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Other opiates or opioids	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Other drug use ☐☐ (enter code from list below)	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐

Other Drug Codes

5=Non-prescription Methadone
7=PCP
8=Other Hallucinogen
9=Methamphetamine
10=Other Amphetamine
11=Other Stimulant
12=Benzodiazepine
13=Other Tranquilizer
14=Barbiturate
15=Other Sedative or Hypnotic
16=Inhalant
17=Over-the-Counter
22=OxyContin (Oxycodone)
29=Ecstasy (MDMA)

31. In the past month, how many cigarettes did you smoke per day, on average? *(enter 0, if none)* ☐☐

32. How long have you been abstinent at this time? *(enter 0 if not abstinent)* ☐☐ ☐ Days ☐ Mos. ☐ Wks. ☐ Yrs.

33. What is the longest, uninterrupted period you have ever maintained abstinence from alcohol or other drugs since you started using regularly? *(do not include nicotine or tobacco products)* ☐☐ ☐ Days ☐ Mos. ☐ Wks. ☐ Yrs.

34. Have you ever used a needle to get any drug injected under your skin, into a muscle, or into a vein for nonmedical reasons?

☐ Y ☐ N → *(skip to 35)* ☐ Deferred → *(skip to 35)*

b. What is the most recent time that you ever used a needle in that way?

☐ Within the past 3 months
☐ Within the past year
☐ Within the past 10 years
☐ More than 10 years ago

35. Have you ever 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?

☐ Y ☐ N ☐ Deferred

b. What is the most recent time that you did any one of these activities?

☐ Within the past 3 months
☐ Within the past year
☐ Within the past 10 years
☐ More than 10 years ago

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

☐ Never → *(skip to 37)*
☐ A few times
☐ Once a week or more
☐ Deferred → *(skip to 37)*

b. By whom were you physically hurt? *(mark all that apply)*

☐ Spouse/partner ☐ Your child
☐ Parent ☐ Other adult
☐ Sibling ☐ Other child (peer)

Confidentiality of SA client-identifying information is protected under Federal regulations, 42 CFR Part 2 and HIPAA, 45 CFR Parts 160 and 164. Client-identifying information may be disclosed without client consent to the Division of Mental Health, Developmental Disabilities, and Substance Abuse Services (DMH/DD/SAS) and to its authorized evaluation contractors under the audit or evaluation exception. Redisclosure of client-identifying information without client consent is explicitly prohibited. Form is to be returned to the North Carolina Treatment Outcomes & Program Performance System (NC-TOPPS) at NCSU Center for Urban Affairs, Campus Box 7401, Raleigh, NC 27695. Direct your questions to (919) 515-1318. Sponsored by the NC DMH/DD/SAS.

Client Record Number

NC-TOPPS Initial Assessment 4

For SFY 03-04

[7/1/03 Revision]

37. Have you ever been forced or pressured to do sexual acts against your will?
☐ Y ☐ N→ *(skip to 38)* ☐ Deferred→ *(skip to 38)*

b. What is the most recent time that you have been forced or pressured against your will?
☐ Within the past 3 months
☐ Within the past year
☐ Within the past 10 years
☐ More than 10 years ago

38. In your lifetime, have you ever attempted suicide?
☐ Y ☐ N

39. In the past 3 months, have you had thoughts of suicide?
☐ Y ☐ N

40. Do you use faith, prayer, religious or other spiritual involvement to help you with daily living?
☐ No ☐ Sometimes ☐ Regularly

41. In your lifetime, how many times have you been arrested/adjudicated? ☐☐

42. Are you currently under any type of correctional supervision? (adult or juvenile system) ☐ Y ☐ N

43. In the past 6 months, how many times have you been arrested for any offense including DWI? *(excluding traffic violations)* ☐☐

44. Is your admission to treatment required by the criminal or juvenile justice system?
☐ Y ☐ N

45. In the 3 months prior to your current admission, how many weeks were you enrolled in substance abuse treatment (not including detox)? *(enter 0, if none)* ☐☐

46. In the past 3 months, how many...
a. nights in a medical/surgical hospital did you spend? *(excluding birth delivery)* ☐☐
b. nights in an inpatient hospital psychiatric facility did you spend? ☐☐
c. nights in an inpatient hospital substance abuse treatment facility did you spend? ☐☐
d. admissions to a detox facility did you have? ☐☐
e. visits to a hospital emergency room did you have? ☐☐
f. contacts after hours to an emergency crisis facility or an area program emergency facility, did you have? ☐☐

47. In your lifetime, how many prior admissions *(not including this admission)* to...
a. an inpatient hospital or residential substance abuse treatment facility have you had? ☐☐
b. a detox facility have you had? ☐☐
c. an outpatient substance abuse treatment facility have you had? ☐☐
d. an inpatient hospital mental health treatment facility have you had? ☐☐
e. an outpatient mental health treatment have you had? ☐☐

48. Do you have an active, stable relationship with at least one adult who serves as a positive role model? *(i.e., member of clergy, neighbor, family member, coach)* ☐ Y ☐ N

49. How supportive do you think your family and/or friends will be of your treatment and recovery efforts?
☐ Not supportive
☐ Somewhat supportive
☐ Very supportive
☐ No family/friends

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

	Excellent	Good	Fair	Poor
a. Psychological health (well-being)	☐	☐	☐	☐
b. Physical health	☐	☐	☐	☐
c. Relationships with family or significant others	☐	☐	☐	☐

51. How important to you now is help or services in any of the following areas?

	Not Important	Somewhat Important	Very Important	NA
a. Educational improvement	☐	☐	☐	☐
b. Finding or keeping a job	☐	☐	☐	☐
c. Food or shelter	☐	☐	☐	☐
d. Transportation	☐	☐	☐	☐
e. Child care	☐	☐	☐	☐
f. Family and/or peer relationships	☐	☐	☐	☐
g. Medical	☐	☐	☐	☐
h. Psychological/emotional	☐	☐	☐	☐
i. Legal	☐	☐	☐	☐
j. Interpreter (deaf or foreign language)	☐	☐	☐	☐
k. Tobacco use cessation	☐	☐	☐	☐

52. How many days did you wait between your first contact with this program and your first substance abuse service (i.e. screening, assessment)? *(enter 0, if none)* ☐☐☐

Confidentiality of SA client-identifying information is protected under Federal regulations, 42 CFR Part 2 and HIPAA, 45 CFR Parts 160 and 164. Client-identifying information may be disclosed without client consent to the Division of Mental Health, Developmental Disabilities, and Substance Abuse Services (DMH/DD/SAS) and to its authorized evaluation contractors under the audit or evaluation exception. Redisclosure of client-identifying information without client consent is explicitly prohibited. Form is to be returned to the North Carolina Treatment Outcomes & Program Performance System (NC-TOPPS) at NCSU Center for Urban Affairs, Campus Box 7401, Raleigh, NC 27695. Direct your questions to (919) 515-1319. Sponsored by the NC DMH/DD/SAS.