

# NC-TOPPS Mental Health and Substance Use Disorder

**Adult (Ages 18 and up)**

## Initial Interview

Use this form for backup only. Do not mail. Enter data into web-based system:

(<http://www.ncdhs.gov/providers/provider-info/mental-health/nc-treatment-outcomes-and-program-performance-system>)

QP First Initial & Last Name _____	I certify that I am the QP who has conducted and completed this interview. QP signature _____ Date: _____ Please have the consumer sign and date and place in consumer's file. Consumer Signature _____ Date: _____
<b>Please provide the following consumer information:</b> LME-MCO Assigned Consumer Record Number _____ Consumer Date of Birth: _____ Consumer Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female First three letters of consumer's last name: _____ (If female, use consumer's maiden name) First letter of consumer's first name: _____  Consumer County of Residence: _____	<b>4. For Female Adult Substance Use Disorder individual:</b> Is this consumer being admitted to a Pregnant / Maternal program? <input type="checkbox"/> Yes <input type="checkbox"/> No → (skip to 5) a. Which Pregnancy/Maternal program is this consumer being admitted to? <input type="checkbox"/> Community Choices – CASCADE – Charlotte <input type="checkbox"/> Community Choices – CASCADE – Durham <input type="checkbox"/> Community Choices – Outpatient Program – Charlotte <input type="checkbox"/> Community Choices – WISH Program <input type="checkbox"/> Daymark Clean Start Program <input type="checkbox"/> Duke Family Care Program <input type="checkbox"/> Insight Human Services – Perinatal Health Partners <input type="checkbox"/> PORT Human Services – Kelly House <input type="checkbox"/> RHA – Mary Benson House <input type="checkbox"/> RHCC – Cambridge Court – Perinatal <input type="checkbox"/> RHCC – Crystal Lake – Maternal <input type="checkbox"/> RHCC – Grace Court <input type="checkbox"/> RHCC – Our House <input type="checkbox"/> RHCC – The Village – Perinatal <input type="checkbox"/> Southlight – Perinatal Residential <input type="checkbox"/> UNC Horizons – Day Break <input type="checkbox"/> UNC Horizons – Outpatient Program <input type="checkbox"/> UNC Horizons – Sunrise Perinatal <input type="checkbox"/> UNC Horizons - Wake
CNDS ID Number _____ Medicaid ID Number (Optional) _____ Medicaid County of Residence: _____ Provider Internal Consumer Record Number (Optional) _____ Local Area Code (Reporting Unit Number) (Optional) _____	<b>5. For Female Adult Substance Use Disorder individual:</b> Is this consumer being admitted to a CASAWORKS Residential Program? <input type="checkbox"/> Yes <input type="checkbox"/> No → (skip to 6) b. Which CASAWORKS Residential program is this consumer being admitted to? <input type="checkbox"/> Community Choices – CASCADE CASAWORKS – Charlotte <input type="checkbox"/> Community Choices – CASCADE CASAWORKS – Durham <input type="checkbox"/> RHCC – Cambridge Court – CASAWORKS <input type="checkbox"/> RHCC – Crystal Lake – CASAWORKS <input type="checkbox"/> RHCC – The Village – CASAWORKS <input type="checkbox"/> Southlight – CASAWORKS <input type="checkbox"/> UNC Horizons – Sunrise CASAWORKS
Please select the appropriate age/disability category(ies) for which the individual will be receiving services and supports. (Mark all that apply) <input type="checkbox"/> Adult Mental Health, age 18 and up <input type="checkbox"/> Adult Substance Abuse, age 18 and up	<b>6. For Adult Substance Use Disorder individual:</b> Is this consumer currently receiving Work First cash assistance? <input type="checkbox"/> Yes <input type="checkbox"/> No
Admission Date (date of first paid service for this episode of care): _____	<b>7. Is this consumer also a TASC client?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Begin Interview</b>	<b>8. For Adult Substance Use Disorder individual:</b> Is this consumer receiving or expected to receive methadone treatment? <input type="checkbox"/> Yes <input type="checkbox"/> No --> (skip to 9) b. What is the current methadone dosage? _____ mg    (enter zero if none, and skip to 9) c. For dosage level of Methadone greater than zero: Please describe the current methadone dosing: <input type="checkbox"/> Induction <input type="checkbox"/> Stabilization <input type="checkbox"/> Taper
<b>1. Please select all services the consumer is receiving.</b> (see Attachment I)	<b>3. Please indicate the DSM-5 diagnostic classification(s) for this individual.</b> (See Attachment II)
<b>2. If both Mental Health and Substance Abuse, is the treatment at this time mainly provided by a...</b> <input type="checkbox"/> qualified professional in substance abuse <input type="checkbox"/> qualified professional in mental health <input type="checkbox"/> both	<b>1. Please select all services the consumer is receiving.</b> (see Attachment I)

# NC-TOPPS Mental Health and Substance Use Disorder

<p><b>9. For Adult Substance Use Disorder Individual:</b>  <b>Is this consumer receiving or expected to receive buprenorphine (mono or combo products, such as Subutex, Zubsolv, Suboxone, Probuphine, etc.) treatment?</b>  <input type="checkbox"/> Yes      <input type="checkbox"/> No → (skip to 10)</p> <p>b. How will the buprenorphine be administered?  <input type="checkbox"/> Oral (tablets or film)    <input type="checkbox"/> Implant</p> <p>c. What is the current buprenorphine dosage?          _____ mg (enter zero, if none and skip to 10)</p> <p>d. For dosage level of buprenorphine greater than zero:          Please describe the current buprenorphine dosing/phase of care:  <input type="checkbox"/> Induction    <input type="checkbox"/> Stabilization    <input type="checkbox"/> Taper</p>	<p><b>17. What kind of benefits and/or insurance do you have?</b>          (mark all that apply)</p> <table style="width: 100%; border: none;"> <tr> <td><input type="checkbox"/> None</td> <td><input type="checkbox"/> Health Choice</td> </tr> <tr> <td><input type="checkbox"/> SSI</td> <td><input type="checkbox"/> Medicaid</td> </tr> <tr> <td><input type="checkbox"/> SSDI</td> <td><input type="checkbox"/> Medicare</td> </tr> <tr> <td><input type="checkbox"/> Private Insurance/Health Plan</td> <td><input type="checkbox"/> Other</td> </tr> <tr> <td><input type="checkbox"/> TRICARE/Military Coverage</td> <td><input type="checkbox"/> Unknown</td> </tr> </table>	<input type="checkbox"/> None	<input type="checkbox"/> Health Choice	<input type="checkbox"/> SSI	<input type="checkbox"/> Medicaid	<input type="checkbox"/> SSDI	<input type="checkbox"/> Medicare	<input type="checkbox"/> Private Insurance/Health Plan	<input type="checkbox"/> Other	<input type="checkbox"/> TRICARE/Military Coverage	<input type="checkbox"/> Unknown												
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<p><b>10. For Adult Substance Use Disorder Individual:</b>  <b>Is this consumer receiving or expected to receive naltrexone (such as Revia, Vivitrol, etc.) treatment?</b>  <input type="checkbox"/> Yes      <input type="checkbox"/> No → (skip to 11)</p> <p>b. How will the naltrexone be administered?  <input type="checkbox"/> Oral    <input type="checkbox"/> Injectable</p> <p>c. What is the current naltrexone dosage?          _____ mg (enter zero, if none and skip to 11)</p> <p>d. For dosage level of naltrexone greater than zero:          Please describe the current naltrexone dosing/phase of care:  <input type="checkbox"/> Induction    <input type="checkbox"/> Stabilization    <input type="checkbox"/> Taper</p>	<p><b>18. What is the highest grad you completed or degree you received in school?</b></p> <table style="width: 100%; border: none;"> <tr> <td><input type="checkbox"/> Grade K, 1, 2, 3, 4, or 5</td> <td><input type="checkbox"/> 2-year college/assoc. degree</td> </tr> <tr> <td><input type="checkbox"/> Grade 6, 7, or 8</td> <td><input type="checkbox"/> 4-year college degree</td> </tr> <tr> <td><input type="checkbox"/> Grade 9, 10, 11 or 12 (no diploma)</td> <td><input type="checkbox"/> Graduate work, no degree</td> </tr> <tr> <td><input type="checkbox"/> HS diploma/GED</td> <td><input type="checkbox"/> Professional degree or more</td> </tr> <tr> <td><input type="checkbox"/> Some college or technical/vocational school</td> <td></td> </tr> </table>	<input type="checkbox"/> Grade K, 1, 2, 3, 4, or 5	<input type="checkbox"/> 2-year college/assoc. degree	<input type="checkbox"/> Grade 6, 7, or 8	<input type="checkbox"/> 4-year college degree	<input type="checkbox"/> Grade 9, 10, 11 or 12 (no diploma)	<input type="checkbox"/> Graduate work, no degree	<input type="checkbox"/> HS diploma/GED	<input type="checkbox"/> Professional degree or more	<input type="checkbox"/> Some college or technical/vocational school													
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<p><b>11. Are you of Hispanic, Latino, or Spanish origin?</b>  <input type="checkbox"/> Yes    <input type="checkbox"/> No</p>	<p><b>19. In the past 3 months, what best describes your employment status?</b> (mark only one)</p> <p><input type="checkbox"/> Full-time work (working 35 hours or more a week)          → (answer b-1, b-2 and b-3)</p> <p><input type="checkbox"/> Part-time work (working 11-34 hours a week)          → (answer b-1, b-2 and b-3)</p> <p><input type="checkbox"/> Part-time work (working less than 10 hours a week)          → (answer b-1, b-2 and b-3)</p> <p><input type="checkbox"/> Unemployed (seeking work or on layoff from a job)          → (skip to 20)</p> <p><input type="checkbox"/> Not in labor force (not seeking work)          → (answer c)</p> <p>b-1. If employed, what best describes your job classification?</p> <table style="width: 100%; border: none;"> <tr><td><input type="checkbox"/> Professional, technical, or managerial</td></tr> <tr><td><input type="checkbox"/> Clerical or sales</td></tr> <tr><td><input type="checkbox"/> Service occupation</td></tr> <tr><td><input type="checkbox"/> Agricultural or related occupation</td></tr> <tr><td><input type="checkbox"/> Processing occupation</td></tr> <tr><td><input type="checkbox"/> Machine trades</td></tr> <tr><td><input type="checkbox"/> Bench work</td></tr> <tr><td><input type="checkbox"/> Structural work</td></tr> <tr><td><input type="checkbox"/> Miscellaneous occupation (other)</td></tr> </table> <p>b-2. If employed, what employee benefits do you receive? Mark all that apply)</p> <table style="width: 100%; border: none;"> <tr> <td><input type="checkbox"/> Insurance</td> <td><input type="checkbox"/> Other</td> </tr> <tr> <td><input type="checkbox"/> Paid time off</td> <td><input type="checkbox"/> None</td> </tr> <tr> <td><input type="checkbox"/> Meal/Retail discounts</td> <td></td> </tr> </table> <p>b-3. If employed, what currently describes your rate of pay?</p> <table style="width: 100%; border: none;"> <tr><td><input type="checkbox"/> Above minimum wage (more than \$7.25 an hour)</td></tr> <tr><td><input type="checkbox"/> Minimum wage (\$7.25 an hour)</td></tr> <tr><td><input type="checkbox"/> Lower than minimum wage (due to student status, piece work, working for tips or employer under sub-minimum wage certificate)</td></tr> </table> <p>c. If not seeking work, what best describes your current status? (mark only one)</p> <table style="width: 100%; border: none;"> <tr><td><input type="checkbox"/> Homemaker</td></tr> <tr><td><input type="checkbox"/> Student</td></tr> <tr><td><input type="checkbox"/> Retired</td></tr> <tr><td><input type="checkbox"/> Chronic medical condition which prevents employment</td></tr> </table>	<input type="checkbox"/> Professional, technical, or managerial	<input type="checkbox"/> Clerical or sales	<input type="checkbox"/> Service occupation	<input type="checkbox"/> Agricultural or related occupation	<input type="checkbox"/> Processing occupation	<input type="checkbox"/> Machine trades	<input type="checkbox"/> Bench work	<input type="checkbox"/> Structural work	<input type="checkbox"/> Miscellaneous occupation (other)	<input type="checkbox"/> Insurance	<input type="checkbox"/> Other	<input type="checkbox"/> Paid time off	<input type="checkbox"/> None	<input type="checkbox"/> Meal/Retail discounts		<input type="checkbox"/> Above minimum wage (more than \$7.25 an hour)	<input type="checkbox"/> Minimum wage (\$7.25 an hour)	<input type="checkbox"/> Lower than minimum wage (due to student status, piece work, working for tips or employer under sub-minimum wage certificate)	<input type="checkbox"/> Homemaker	<input type="checkbox"/> Student	<input type="checkbox"/> Retired	<input type="checkbox"/> Chronic medical condition which prevents employment
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<p><b>12. Which of these groups best describes you?</b></p> <table style="width: 100%; border: none;"> <tr> <td><input type="checkbox"/> African American/Black</td> <td><input type="checkbox"/> Alaska Native</td> </tr> <tr> <td><input type="checkbox"/> White/Anglo/Caucasian</td> <td><input type="checkbox"/> Asian</td> </tr> <tr> <td><input type="checkbox"/> Multiracial</td> <td><input type="checkbox"/> Pacific Islander</td> </tr> <tr> <td><input type="checkbox"/> American Indian/Native American</td> <td><input type="checkbox"/> Other</td> </tr> </table>	<input type="checkbox"/> African American/Black	<input type="checkbox"/> Alaska Native	<input type="checkbox"/> White/Anglo/Caucasian	<input type="checkbox"/> Asian	<input type="checkbox"/> Multiracial	<input type="checkbox"/> Pacific Islander	<input type="checkbox"/> American Indian/Native American	<input type="checkbox"/> Other	<p><input type="checkbox"/> Incarcerated (juvenile or adult facility)</p> <p><input type="checkbox"/> Institutionalized</p> <p><input type="checkbox"/> Day program services</p> <p><input type="checkbox"/> Volunteer</p> <p><input type="checkbox"/> None of the above</p>														
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<p><b>13. Which of the following best describes your sexual orientation?</b></p> <table style="width: 100%; border: none;"> <tr> <td><input type="checkbox"/> Straight</td> <td><input type="checkbox"/> Other</td> </tr> <tr> <td><input type="checkbox"/> Lesbian or Gay</td> <td><input type="checkbox"/> Don't know/Not sure</td> </tr> <tr> <td><input type="checkbox"/> Bisexual</td> <td><input type="checkbox"/> Deferred</td> </tr> </table>	<input type="checkbox"/> Straight	<input type="checkbox"/> Other	<input type="checkbox"/> Lesbian or Gay	<input type="checkbox"/> Don't know/Not sure	<input type="checkbox"/> Bisexual	<input type="checkbox"/> Deferred	<p><b>20. In the past 3 months, how often have your problems interfered with work, school, or other daily activities?</b></p> <table style="width: 100%; border: none;"> <tr> <td><input type="checkbox"/> Never</td> <td><input type="checkbox"/> A few times</td> <td><input type="checkbox"/> More than a few times</td> </tr> </table>	<input type="checkbox"/> Never	<input type="checkbox"/> A few times	<input type="checkbox"/> More than a few times													
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<p><b>14. Do you consider yourself to be transgender?</b></p> <table style="width: 100%; border: none;"> <tr><td><input type="checkbox"/> Yes, Transgender, male-to-female</td></tr> <tr><td><input type="checkbox"/> Yes, Transgender, female-to-male</td></tr> <tr><td><input type="checkbox"/> Yes, Transgender, gender non-conforming</td></tr> <tr><td><input type="checkbox"/> No</td></tr> <tr><td><input type="checkbox"/> Don't know/Not sure</td></tr> <tr><td><input type="checkbox"/> Deferred</td></tr> </table>	<input type="checkbox"/> Yes, Transgender, male-to-female	<input type="checkbox"/> Yes, Transgender, female-to-male	<input type="checkbox"/> Yes, Transgender, gender non-conforming	<input type="checkbox"/> No	<input type="checkbox"/> Don't know/Not sure	<input type="checkbox"/> Deferred																	
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<p><b>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?</b></p> <table style="width: 100%; border: none;"> <tr><td><input type="checkbox"/> Yes, active Military, Military Reserve or National Guard</td></tr> <tr><td><input type="checkbox"/> Yes, veteran or prior service member</td></tr> <tr><td><input type="checkbox"/> Yes, family member</td></tr> <tr><td><input type="checkbox"/> No</td></tr> </table>	<input type="checkbox"/> Yes, active Military, Military Reserve or National Guard	<input type="checkbox"/> Yes, veteran or prior service member	<input type="checkbox"/> Yes, family member	<input type="checkbox"/> No																			
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<input type="checkbox"/> No																							
<p><b>16. At any time in the past, have you been suspected of having a head or brain injury?</b>  <input type="checkbox"/> Yes      <input type="checkbox"/> No</p>																							



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Adult (Ages 18 and up)

Initial Interview

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<p><b>31. For Adult Substance Use Disorder individual:</b>  <b>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?</b></p> <p><input type="checkbox"/> Never  <input type="checkbox"/> Within the past 3 months  <input type="checkbox"/> Within the past year  <input type="checkbox"/> More than a year ago  <input type="checkbox"/> Deferred</p>	<p><b>39. How many times have you been arrested for any offense including DWI... (enter zero, if none)</b></p> <p>a. in the past month _____</p> <p>b. in the past year _____</p> <p>c. in your lifetime _____</p>																														
<p><b>32. For Adult Substance Use Disorder individual:</b>  <b>If ever, when have you participated in any of the following activities without using a condom?</b></p> <p>Had sex with someone who was <u>not your spouse or primary partner [or] knowingly</u> had sex with someone who injected drugs [or] traded, gave, or received sex for drugs, money, or gifts?</p> <p><input type="checkbox"/> Never  <input type="checkbox"/> Within the past year  <input type="checkbox"/> More than a year ago  <input type="checkbox"/> Deferred</p>	<p><b>40. Are you under the supervision of the criminal justice system?</b>  <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><b>41. For Adult Substance Use Disorder individual:</b>  <b>In the 3 months prior to your current admission, how many weeks were you enrolled in substance use disorder treatment (not including detox)? _____ (enter zero, if none)</b></p> <p><b>42. In the past 6 months have you...</b></p> <p>a. had <b>contacts</b> with an emergency crisis provider?  <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>b. had <b>visits</b> to a hospital emergency room?  <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>c. spent <b>nights</b> in a medical/surgical hospital? (excluding birth delivery)  <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>d. spent <b>nights</b> in a psychiatric inpatient hospital?  <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>e. spent <b>nights</b> homeless? (sheltered or unsheltered)  <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>f. spent <b>nights</b> in detention, jail, or prison? (adult or juvenile system)  <input type="checkbox"/> Yes <input type="checkbox"/> No</p>																														
<p><b>33. In the past 3 months, how often have you been hit, kicked, slapped, or otherwise physically hurt?</b></p> <p><input type="checkbox"/> Never  <input type="checkbox"/> A few times  <input type="checkbox"/> More than a few times  <input type="checkbox"/> Deferred</p>	<p><b>43. How supportive do you think your family and/or friends will be of your treatment and recovery efforts?</b></p> <p><input type="checkbox"/> Not supportive <span style="margin-left: 150px;"><input type="checkbox"/> Very supportive</span>  <input type="checkbox"/> Somewhat supportive <span style="margin-left: 150px;"><input type="checkbox"/> No family/friends</span></p>																														
<p><b>34. In the past 6 months, how often have YOU hit, kicked, slapped, or otherwise physically hurt someone?</b></p> <p><input type="checkbox"/> Never  <input type="checkbox"/> A few times  <input type="checkbox"/> More than a few times  <input type="checkbox"/> Deferred</p>	<p><b>44. What is your level of readiness (Stage of Change) for addressing your recovery/resiliency?</b></p> <p><input type="checkbox"/> Not ready for action (Pre-contemplation)  <input type="checkbox"/> Considering action sometime in the next few months (Contemplation)  <input type="checkbox"/> Seriously considering action this week (Preparation)  <input type="checkbox"/> Already taking action (Action)  <input type="checkbox"/> Maintaining new behaviors (Maintenance)</p>																														
<p><b>35. For adult Substance Use Disorder individual:</b>  <b>If ever, when have you been forced or pressured to do sexual acts?</b></p> <p><input type="checkbox"/> Never  <input type="checkbox"/> Within the past 3 months  <input type="checkbox"/> Within the past year  <input type="checkbox"/> More than a year ago  <input type="checkbox"/> Deferred</p>	<p><b>45. How well have you been doing in the following areas of your life in the past year?</b></p> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 60%;"></th> <th style="text-align: center; border-bottom: 1px solid black;">Excellent</th> <th style="text-align: center; border-bottom: 1px solid black;">Good</th> <th style="text-align: center; border-bottom: 1px solid black;">Fair</th> <th style="text-align: center; border-bottom: 1px solid black;">Poor</th> </tr> </thead> <tbody> <tr> <td>a. Emotional well-being</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>b. Physical health</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>c. Relationships with family or significant others</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>d. Living/Housing situation</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>e. Employment/Education</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </tbody> </table>		Excellent	Good	Fair	Poor	a. Emotional well-being	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	b. Physical health	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	c. Relationships with family or significant others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	d. Living/Housing situation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	e. Employment/Education	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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<p><b>36. 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 yourself)?</b></p> <p><input type="checkbox"/> Never  <input type="checkbox"/> A few times  <input type="checkbox"/> More than a few times</p>																															
<p><b>37. In your lifetime, have you ever attempted suicide?</b></p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>																															
<p><b>38. In the past 3 months, how often have you had thoughts of suicide?</b></p> <p><input type="checkbox"/> Never <input type="checkbox"/> A few times <input type="checkbox"/> More than a few times</p>																															

