

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.ncdhhs.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 provide the following consumer information:

LME-MCO Assigned Consumer Record Number:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Consumer Date of Birth:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Consumer Gender:

Male 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: _____

CNDS ID Number

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Medicaid ID Number (optional)

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Medicaid County of Residence: _____

Provider Internal Consumer Record Number (optional)

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Local Area Code (Reporting Unit Number) (optional)

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

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

Adult Mental Health, age 18 and up

Adult Substance Use Disorder, age 18 and up

Admission Date (date of first paid service for this episode of care):

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Begin Interview

1. Please select all services the consumer is currently receiving. (See Attachment I)

2. If both Mental Health and Substance Use Disorder, is the treatment at this time mainly provided by a...

qualified professional in substance use disorders

qualified professional in mental health

both

3. Please indicate the DSM-5 diagnostic classification(s) for this individual. (See Attachment II)

4. For Female Adult Substance Use Disorder individual: Is this consumer being admitted to a Pregnant/Maternal program?

Yes No -> (skip to 5)

b. Which Pregnant/Maternal program is this consumer being admitted to?

Community Choices - CASCADE - Charlotte

Community Choices - CASCADE - Durham

Community Choices - Outpatient Program - Charlotte

Community Choices - Outpatient Program - Durham

Community Choices - WISH Program

Daymark Clean Start Program

Insight Human Services - Perinatal Health Partners

PORT Health - Kelly House

RHA - Mary Benson House

RHCC - Cambridge Court - Perinatal

RHCC - Crystal Lake - Maternal

RHCC - Grace Court

RHCC - Our House

RHCC - The Village - Perinatal

Southlight - Perinatal Residential

UNC Horizons - Day Break

UNC Horizons - Outpatient Program

UNC Horizons - Sunrise Perinatal

UNC Horizons - Wake

5. For Female Adult Substance Use Disorder individual: Is this consumer being admitted to a CASAWORKS Residential program?

Yes No -> (skip to 6)

b. Which CASAWORKS Residential program is this consumer being admitted to?

Community Choices - CASCADE CASAWORKS - Charlotte

Community Choices - CASCADE CASAWORKS - Durham

RHCC - Cambridge Court - CASAWORKS

RHCC - Crystal Lake - CASAWORKS

RHCC - The Village - CASAWORKS

Southlight - CASAWORKS

UNC Horizons - Sunrise CASAWORKS

6. For Adult Substance Use Disorder individual: Is this consumer currently receiving Work First cash assistance?

Yes No

7. Is this consumer also a TASC client?

Yes No

8. For Adult Substance Use Disorder individual: Is this consumer receiving or expected to receive methadone treatment?

Yes 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:

Induction Stabilization Taper

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9. For Adult Substance Use Disorder individual:
Is this consumer receiving or expected to receive buprenorphine (mono or combo products, such as Subutex, Zubsolv, Suboxone, Probuphine, etc.) treatment?

Yes No → (skip to 10)

b. How will the buprenorphine be administered?

Oral (tablets or film) Implant

c. What is the current buprenorphine dosage?

mg (enter zero, if none and skip to 10)

d. For dosage level of Buprenorphine greater than zero:
Please describe the current buprenorphine dosing/phase of care:

Induction Stabilization Taper

10. For Adult Substance Use Disorder individual:
Is this consumer receiving or expected to receive naltrexone (such as Revia, Vivitrol, etc.) treatment?

Yes No → (skip to 11)

b. How will the naltrexone be administered?

Oral Injectable

c. What is the current naltrexone dosage?

mg (enter zero, if none and skip to 11)

d. For dosage level of Naltrexone greater than zero:
Please describe the current naltrexone dosing/phase of care:

Induction Stabilization Taper

11. Are you of Hispanic, Latino, or Spanish origin?

Yes No

12. Which of these groups best describes you?

African American/Black Alaska Native
 White/Anglo/Caucasian Asian
 Multiracial Pacific Islander
 American Indian/Native American Other

13. Which of the following best describes your sexual orientation?

Straight Other
 Lesbian or Gay Don't know/Not sure
 Bisexual Deferred

14. Do you consider yourself to be transgender?

Yes, Transgender, male-to-female
 Yes, Transgender, female-to-male
 Yes, Transgender, gender non-conforming
 No
 Don't know/Not sure
 Deferred

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?

Yes, active Military, Military Reserve or National Guard
 Yes, veteran or prior service member
 Yes, family member
 No

16. At any time in the past, have you been suspected of having a head or brain injury?

Yes No Not sure

17. What kind of benefits and/or insurance do you have?

(mark all that apply)

None Health Choice
 SSI Medicaid
 SSDI Medicare
 Private insurance/health plan Other
 TRICARE/Military Coverage Unknown

18. What is the highest grade you completed or degree you received in school?

Grade K, 1, 2, 3, 4, or 5 2-year college/assoc. degree
 Grade 6, 7, or 8 4-year college degree
 Grade 9, 10, 11, or 12 (no diploma) Graduate work, no degree
 HS diploma/GED Professional degree or more
 Some college or technical/vocational school

19. In the past 3 months, what best describes your employment status? (mark only one)

Full-time work (working 35 hours or more a week)
→ (answer b-1, b-2, b-3 and b-4)
 Part-time work (working 11-34 hours a week)
→ (answer b-1, b-2, b-3 and b-4)
 Part-time work (working less than 10 hours a week)
→ (answer b-1, b-2, b-3 and b-4)
 Unemployed (seeking work or on layoff from a job)
→ (skip to 20)
 Not in labor force (not seeking work)
→ (answer c)

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

Professional, technical, or managerial
 Clerical or sales
 Service occupation
 Agricultural or related occupation
 Processing occupation
 Machine trades
 Bench work
 Structural work
 Miscellaneous occupation (other)

b-2. If employed, what employee benefits do you receive?
(mark all that apply)

Insurance Other
 Paid time off None
 Meal/Retail discounts

b-3. If employed, what currently describes your rate of pay?

Above minimum wage (more than \$7.25 an hour)
 Minimum wage (\$7.25 an hour)
 Lower than minimum wage (due to student status, piece work, working for tips or employer under sub-minimum wage certificate)

b-4. If employed, are you also enrolled in an educational program?

Yes No

c. If not seeking work, what best describes your current status?

(mark only one)

Homemaker
 Student
 Retired
 Chronic medical condition which prevents employment
 Incarcerated (juvenile or adult facility)
 Institutionalized
 Day program services
 Volunteer
 None of the above

20. In the past 3 months, how often have your problems interfered with work, school, or other daily activities?

Never A few times More than a few times

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21. In the past year, how many times have you moved residences? (enter zero, if none)

22. In the past 3 months, where did you live most of the time?

Living independently (own/rent home/apartment)

Stable housing with friends or family at minimal or no cost

Residential program (halfway house, group home, alternative family living, family care home)

Institutional setting (hospital or jail)

Homeless → (answer b)

Temporary housing → (answer c)

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

Sheltered (homeless or domestic violence shelter)

Unsheltered (on the street, in a car, camp)

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

Unstable housing with frequent moves to and from relative's/ friend's homes

Hotel/motel

23. How long has it been since you last visited a physical health care provider for a routine check up?

Never Within the past 5 years

Within the past year More than 5 years ago

Within the past 2 years

24. How long has it been since you last visited a dentist for a routine check up?

Never Within the past 5 years

Within the past year More than 5 years ago

Within the past 2 years

25. Females only: Are you currently pregnant?

Yes No → (skip to 26) Unsure → (skip to 26)

b. How many weeks have you been pregnant?

c. Have you been referred to prenatal care? Yes No

d. Are you receiving prenatal care? Yes No

26. For Female Adult Substance Use Disorder individual: Do you have children under the age of 18?

Yes No → (skip to 27) (cont.→)

28. For Adult MH only individual: In the past year, have you used tobacco or alcohol?

Yes No

29. For Adult MH only individual: In the past year, have you used illicit drugs or other substances other than tobacco and alcohol?

Yes No → (skip to 31 if 'No' is answered on both questions 28 and 29)

30. Please mark the frequency of use for each substance in the past 12 months and past month.

Substance	Past 12 Months - Frequency of Use					Past Month - Frequency of Use				
	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)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Heavy alcohol use (≥5(4) drinks per sitting)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Less than heavy alcohol use	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Marijuana or hashish use	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cocaine or crack use	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Heroin use	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other opiates and synthetics	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other drug use <input type="text"/> <input type="text"/> (enter code from list below)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

b. How many children do you have?

c. How many children are in your legal custody? (skip to f if equal to number of children)

d. How many children are in the legal custody of DSS?

e. How many children are you currently seeking legal custody of?

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

g. How many children in your legal custody have been screened for mental health and/or substance use disorder prevention or treatment services?

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

Yes No → (skip to 27)

h-2. Was the investigation due to an infant testing positive on a drug screen?

Yes No NA

h-3. Was your admission to treatment required by Child Welfare Services of DSS?

Yes No

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

a. positive community/leisure activities?

Never A few times More than a few times

b. recovery support or mutual aid groups?

Never → (skip to 28)

A few times

More than a few times

c. In the past month, how many times did you attend recovery support or mutual aid groups?

Did not attend in past month

1-3 times (less than once per week)

4-7 times (about once per week)

8-15 times (2 or 3 times per week)

16-30 times (4 or more times per week)

some attendance, but frequency unknown

- Other Drug Codes**
- 5=Non-prescription Methadone
 - 7=PCP-Phencyclidine
 - 8=Other Hallucinogen
 - 9=Methamphetamine/Speed
 - 10=Other Amphetamine
 - 11=Other Stimulant
 - 12=Benzodiazepine
 - 13=Other Tranquilizer
 - 14=Barbiturate
 - 15=Other Sedative or Hypnotic
 - 16=Inhalant
 - 17=Over-the-Counter medications
 - 22=OxyContin (Oxycodone)
 - 29=Ecstasy (MDMA)
 - 57=Spice
 - 58=Dilantin
 - 59=GHB/GBL
 - 60=Ketamine

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31. For Adult Substance Use Disorder individual:
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?

Never
 Within the past 3 months
 Within the past year
 More than a year ago
 Deferred

39. How many times have you been arrested for any offense including DWI.... (enter zero, if none)

a. in the past month

b. in the past year

c. in your lifetime

32. For Adult Substance Use Disorder individual:
If ever, when 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?

Never
 Within the past 3 months
 Within the past year
 More than a year ago
 Deferred

40. Are you under the supervision of the criminal justice system?
 Yes No

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

Never → (skip to 34)
 A few times
 More than a few times
 Deferred → (skip to 34)

b. In the past 7 days, have you been hit, kicked, slapped, or otherwise physically hurt?
 Yes No

c. Do you currently have a restraining order in place against someone who is associated with these recent threats or acts of violence?
 Yes No

41. For Adult Substance Use Disorder individual:
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)

42. In the past 3 months, have you...

a. had **contacts** with an emergency crisis provider?
 Yes No

b. had **visits** to a hospital emergency room?
 Yes No

c. spent **nights** in a medical/surgical hospital? (excluding birth delivery)
 Yes No

d. spent **nights** in a psychiatric inpatient hospital?
 Yes No

e. spent **nights** homeless? (sheltered or unsheltered)
 Yes No

f. spent **nights** in detention, jail, or prison? (adult or juvenile system)
 Yes No

34. In the past 3 months, how often have you hit, kicked, slapped, or otherwise physically hurt someone?

Never
 A few times
 More than a few times
 Deferred

43. How supportive do you think your family and/or friends will be of your treatment and recovery efforts?

Not supportive Very supportive
 Somewhat supportive No family/friends

35. For Adult Substance Use Disorder individual:
If ever, when have you been forced or pressured to do sexual acts?

Never
 Within the past 3 months
 Within the past year
 More than a year ago
 Deferred

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

Not ready for action (Pre-contemplation)
 Considering action sometime in the next few months (Contemplation)
 Seriously considering action this week (Preparation)
 Already taking action (Action)
 Maintaining new behaviors (Maintenance)

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 self)?

Never A few times More than a few times

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

	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"/>

37. In your lifetime, have you ever attempted suicide?
 Yes No

38. In the past 3 months, how often have you had thoughts of suicide?

Never A few times More than a few times

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46. Did you receive a list or options, verbal or written, of places to receive services?

- Yes, I received a list or options
- No, I came here on my own
- No, nobody gave me a list or options

47. Was your first service in a time frame that met your needs?

- Yes No

48. Do you have a need for any of the following?

(mark all that apply)

- Wheelchair/Mobility equipment or services
- Equipment or services due to a physical disability
- Equipment or services due to being deaf/hard of hearing
- Sign language interpreter
- Foreign language interpreter
- Equipment or services due to being visually impaired
- Child care
- Equipment or services due to being a frail senior
- Other
- None of the above/NA

49. Did you have difficulty entering treatment because of problems with... (mark all that apply)

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

50. What help in any of the following areas is important to you? (mark all that apply)

- Educational improvement
- Finding or keeping a job
- Housing (basic shelter or rent subsidy) → (answer b)
- Transportation
- Food supply
- Child care
- Medical care
- Dental care
- Legal issues
- Volunteer opportunities
- None of the above

b. If housing, what supports are needed to improve your current situation or would allow you 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

51. In the past month, how would you describe your mental health symptoms?

- Extremely Severe
- Severe
- Moderate
- Mild
- Not present

52. In the past month, if you have a current prescription for psychotropic medications, how often have you taken this medication as prescribed?

- No prescription Sometimes
- All or most of the time Rarely or never

For Data Entry User (DEU) only: This printable interview form must be signed by the QP who completed the interview for this consumer.

Does this printable interview form have the QP's signature (see page 1)? Yes No

NOTE: This entire signed printable interview form must be placed in the consumer's record.

End of interview

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Do not mail this form

Attachment I: NC-TOPPS Services

Periodic Services (Substance Use Disorder Consumers)

- Psychotherapy - 90832--90838
- Family Therapy without Patient - 90846
- Family Therapy with Patient - 90847
- Group Therapy (multiple family group) - 90849
- Group Therapy (non-multiple family group) - 90853
- Behavioral Health Counseling - Individual Therapy - H0004
- Behavioral Health Counseling - Group Therapy - H0004 HQ
- Behavioral Health Counseling - Family Therapy with Consumer - H0004 HR
- Behavioral Health Counseling - Family Therapy without Consumer - H0004 HS
- Behavioral Health Counseling (non-licensed provider) - YP831
- Behavioral Health Counseling - Group Therapy (non-licensed provider) - YP832
- Behavioral Health Counseling - Family Therapy with Consumer (non-licensed provider) - YP833
- Behavioral Health Counseling - Family Therapy without Consumer (non-licensed provider) - YP834
- Alcohol and/or Drug Group Counseling - H0005
- Alcohol and/or Drug Group Counseling (non-licensed provider) - YP835

Community Based Services

- Substance Abuse Intensive Outpatient Program (SAIOP) - H0015
- Assertive Community Treatment Team (ACTT) - H0040
- Community Support Team (CST) - H2015, H2015 HT
- Substance Abuse Comprehensive Outpatient Treatment (SACOT) - H2035
- Individual Placement and Support (IPS) Supported Employment - YP630
- Supported Employment - H2023 U4
- Ongoing Supported Employment - H2026 U4

Facility Based Day Services

- Mental Health - Partial Hospitalization - H0035
- Child and Adolescent Day Treatment - H2012 HA

Opioid Services

- Opioid Treatment - H0020

Residential Services

- SA Non-Medical Community Residential Treatment - Adult - H0012 HB
- SA Medically Monitored Community Residential Treatment - H0013
- Behavioral Health - Long Term Residential - H0019
- Residential Treatment - Level II - Program Type (Therapeutic Behavioral Services) - H2020
- Psychiatric Residential Treatment Facility - YA230
- Group Living - High - YP780

Therapeutic Foster Care Services

- Residential Treatment - Level II - Family Type (Foster Care Therapeutic Child) - S5145

ADATC Services

- Alcohol and Drug Abuse Treatment Center

Other Services

Service Code: _____ **Service Description:** _____

Attachment II: DSM-5 Diagnostic Classifications

Neurodevelopmental Disorders

- Learning Disorders (315.00, 315.1, 315.2)
- Communication Disorders (307.9, 315.35, 315.39)
- Intellectual Disabilities (315.8, 317, 318.0, 318.1, 318.2, 319)
- Motor and Tic Disorders (307.20, 307.21, 307.22, 307.23, 307.3, 315.4)
- Autism Spectrum Disorder (299.00)
- Attention-Deficit/Hyperactivity Disorder (314.00, 314.01)
- Other Neurodevelopmental Disorders (315.8, 315.9)

Substance-Related and Addictive Disorders

- Alcohol-Related Disorders (303.90, 305.00)
- (Other) Drug-Related Disorders (304.00, 304.10, 304.20, 304.30, 304.40, 304.50, 304.60, 305.20, 305.30, 305.40, 305.50, 305.60, 305.70, 305.90)
- Gambling Disorder (312.31)

Schizophrenia Spectrum and Other Psychotic Disorders

- Schizophrenia and Other Psychotic Disorders (293.81, 293.82, 293.89, 295.40, 295.70, 295.90, 297.1, 298.8, 298.9)

Bipolar and Related Disorders

- Bipolar I Disorder (296.40, 296.41, 296.42, 296.43, 296.44, 296.45, 296.46, 296.50, 296.51, 296.52, 296.53, 296.54, 296.55, 296.56, 296.7)
- Bipolar II Disorder (296.89)
- Cyclothymic Disorder (301.13)

Depressive Disorders

- Major Depressive Disorder (296.20, 296.21, 296.22, 296.23, 296.24, 296.25, 296.26, 296.30, 296.31, 296.32, 296.33, 296.34, 296.35, 296.36)
- Persistent Depressive Disorder (Dysthymia) (300.4)
- Other Depressive Disorders (296.99, 311, 625.4)

Anxiety Disorders

- Anxiety Disorders (300.00, 300.01, 300.02, 300.09, 300.22, 300.23, 300.29, 309.21, 312.23)

Obsessive-Compulsive and Related Disorders

- Obsessive-Compulsive and Other Related Disorders (300.3, 300.7, 312.39, 698.4)

Trauma- and Stressor-Related Disorders

- Posttraumatic Stress Disorder (PTSD) (309.81)
- Adjustment Disorders (309.0, 309.24, 309.28, 309.3, 309.4)
- Other Trauma- and Stressor-Related Disorders (308.3, 309.89, 309.9, 313.89)

Dissociative Disorders

- Dissociative disorders (300.12, 300.13, 300.14, 300.15, 300.6)

Disruptive, Impulse-Control, and Conduct Disorders

- Conduct Disorder (312.81, 312.82, 312.89)
- Impulse Control Disorders (312.32, 312.33, 312.34)
- Oppositional Defiant Disorder (313.81)
- Other Disruptive Behavior Disorders (312.89, 312.9)

Gender Dysphoria Disorders

- Gender Dysphoria Disorders (302.6, 302.85)

Neurocognitive Disorders

- Delirium Disorders (292.81, 293.0, 780.09)
- Major and Mild Neurocognitive Disorders (290.40, 294.10, 294.11, 331.83, 331.9, 799.59)

Personality Disorders

- Cluster A Personality Disorders (301.0, 301.20, 301.22)
- Cluster C Personality Disorders (301.4, 301.6, 301.82)
- Cluster B Personality Disorders (301.50, 301.7, 301.81, 301.83)
- Other Personality Disorders (301.89, 301.9)

Feeding and Eating Disorders

- Anorexia Nervosa (307.1)
- Other Feeding and Eating Disorders (307.50, 307.51, 307.52, 307.53, 307.59)

Other Disorders

- Somatic Symptom and Related Disorders (300.11, 300.19, 300.7, 300.82, 300.89, 316)
- Elimination Disorders (307.6, 307.7, 787.60, 788.30, 788.39)
- Sexual Dysfunction Disorders (302.70, 302.71, 302.72, 302.73, 302.74, 302.75, 302.76, 302.79)
- Sleep-Wake Disorders (307.45, 307.46, 307.47, 327.21, 327.23, 327.24, 327.25, 327.26, 327.42, 333.94, 347.00, 347.01, 780.52, 780.54, 780.57, 780.59, 786.04)
- Paraphilic Disorders (302.2, 302.3, 302.4, 302.81, 302.82, 302.83, 302.84, 302.89, 302.9)
- Other Conditions That May Be a Focus of Clinical Attention (V-codes, 999.xx)
- Other Mental Disorders and Conditions (any codes not listed above)