

NORMS Follow-up

National Outcomes Recording & Monitoring System – Follow-up

Name: _____

Follow-up period: 1st 2nd 3rd 4th 5th 6th 7th 8th

ID #: _____

Interviewer: _____

Date of Birth: _____ / _____ / _____
month day year

Current Date: _____ / _____ / _____
month day year

TREATMENT RATINGS

Note: Ask this only on specified follow-up periods.

Rate how helpful the following treatment components have been for recovery using the scale: 1 = not helpful; 2 = a little; 3 = some; 4 = very

Code 0 for not applicable

- 01. Group Therapy _____
- 02. Individual counseling _____
- 03. Lectures & education _____
- 04. Working the AA/NA steps _____
- 05. Peer-group meetings (e.g., AA) _____
- 06. Family portion of program _____
- 07. Talking with other clients _____
- 08. Overall rating for the program _____

CONTINUED CARE & SELF-HELP GROUPS

Rate attendance using the scale:

1 = never/stopped 3 = Several times a mo.
2 = Once a month or less 4 = At least once a week

How often did you attend the following during the past **three** months:

- 09. Formal aftercare _____
- 10. AA _____
- 11. NA _____
- 12. Rational Recovery _____
- 13. SMART Recovery groups _____
- 14. Other support group _____

During the past 3 months how troubled were you by:

- | | None | Some | A lot |
|---------------------------|------|------|-------|
| 15. Being bored | 1 | 2 | 3 |
| 16. Being under stress | 1 | 2 | 3 |
| 17. Being anxious | 1 | 2 | 3 |
| 18. Being nervous | 1 | 2 | 3 |
| 19. Feeling uncomfortable | 1 | 2 | 3 |
| 20. Craving alcohol | 1 | 2 | 3 |
| 21. Craving drugs | 1 | 2 | 3 |

SUBSTANCES USE

Rate level of use during the past 3 mo. as follows:

1 = no use; **2** = used < 1 wk.; **3** = used > 1 wk.

How long have you used any of the following during the past 3 months?

- 22. Alcohol _____
- 23. Marijuana _____
- 24. Cocaine in any form _____
- 25. Heroin _____
- 26. Opioid medications to get high _____
- 27. Methamphetamine _____
- 28. Other stimulants _____
- 29. Rx for anxiety to get high _____
- 30. Hallucinogens _____
- 31. Other drugs or inhalants _____

If no use, code the following item as 12, the other items as 0 (zero) and skip to section on healthcare utilization.

During the past 3 months, what was your longest period of abstinence in weeks? ____ weeks

Which of the following have you experienced related to substance use in the past 3 months?

- 32. Used more or longer than intended _____ (1) No
_____ (2) Yes
- 33. Neglected some usual responsibilities _____ (1) No
_____ (2) Yes
- 34. Wanted to cut down or stop using _____ (1) No
_____ (2) Yes
- 35. Others objected to your use _____ (1) No
_____ (2) Yes
- 36. Preoccupied about using (thinking a lot about) _____ (1) No
_____ (2) Yes
- 37. Used to relieve emotional distress _____ (1) No
_____ (2) Yes
- 38. Experienced any withdrawal symptoms _____ (1) No
_____ (2) Yes

HEALTHCARE UTILIZATION

In the past 3 months, how often were you hospitalized for the following:

39. Detoxification _____
40. Alcohol/drug treatment _____
41. Psychiatric _____
42. Illness/injury _____
43. Pregnancy (Females only) _____
44. Other reason _____

Days of hospitalization in past 3 months: _____

Days Hospitalized

45. Detoxification _____
46. Alcohol/drug treatment _____
47. Psychiatric _____
48. Illness/injury _____
49. Pregnancy (Females only) _____
50. Other reason _____

In the past 3 months, how many times did you go to an emergency room for care?

51. Detoxification _____
52. Alcohol/drug treatment _____
53. Psychiatric _____
54. Illness/injury _____
55. Pregnancy (Females only) _____
56. Other reason _____

During the past 3 months, how many physician, clinic, or other scheduled outpatient visits have you made for:

57. Detoxification _____
58. Alcohol/drug treatment _____
59. Psychiatric _____
60. Illness/injury _____
61. Pregnancy (Females only) _____
62. Other reason _____

MOTOR VEHICLE ISSUES

63. During the past 3 months, how many times as a driver were you involved in a motor vehicle accident (car, truck, motorcycle boat, snowmobile, etc.) _____
64. During the past 3 months, how many times were you ticketed or arrested for driving under the influence of alcohol or drugs? _____
65. During the past 3 months, how many times were you ticketed or arrested for speeding or any other moving violation? _____

ARRESTS/LEGAL ISSUES

During the past 3 months, how often were you arrested for:

66. Disorderly conduct _____
67. Assault/battery _____
68. Theft, robbery, burglary _____
69. Possession of drugs, etc. _____
70. Sale of drugs _____
71. Prostitution _____
72. Other reason _____

VOCATIONAL FUNCTIONING

During the past 3 months how many months have you

73. Worked full time _____
74. Worked part time _____
75. Been unemployed _____
76. Not worked by choice _____

If you worked outside the home in the past 3 months have you had any problems with:

77. Being late for work ___ (1) No ___ (2) Yes
78. Missing work ___ (1) No ___ (2) Yes
79. Getting work done ___ (1) No ___ (2) Yes
80. Making mistakes ___ (1) No ___ (2) Yes
81. Boss or supervisor ___ (1) No ___ (2) Yes
82. Getting hurt ___ (1) No ___ (2) Yes
83. Other problem ___ (1) No ___ (2) Yes
84. If you worked during the past 3 months, how many days of work did you miss? _____