

Client:



Clinical Management of Behavioral Health Services

Six Month Follow-Up GPRA Assessment

GPR100

Record Management Information

CMBHS Client ID

Client Type

Treatment client Client in recovery

Interview Type

Six-month follow-up

Did you conduct a follow-up Interview?

* Yes No

Interview Date

*

Behavioral Health Diagnosis Information

Please indicate the client's current behavioral health diagnoses using the International Classification of Diseases, 10th revision, Clinical Modification (ICD-10-CM) codes listed below. Please note that some substance use disorder ICD-10-CM codes have been cross-walked to the *Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-5)*, descriptors. Select up to three diagnoses. For each diagnosis selected, please indicate whether it is primary, secondary, or tertiary, if known. Only one diagnosis can be primary, only one can be secondary, and only one can be tertiary.

Minimum search 3 chars Code / 5 chars Descriptor

Diagnosis

Category

*

Don't know None of the above

1. In the past 30 days, was this client diagnosed with an opioid use disorder? Yes No Don't know

1a. In the past 30 days, which U.S. Food and Drug Administration (FDA)-approved medication did the client receive for the treatment of an opioid use disorder? **[CHECK ALL THAT APPLY.]**

- Methadone
[IF RECEIVED] Specify how many days received
- Buprenorphine
[IF RECEIVED] Specify how many days received
- Naltrexone
[IF RECEIVED] Specify how many days received
- Extended-release naltrexone
[IF RECEIVED] Specify how many days received
- Client was diagnosed with an opioid use disorder, but did not receive an FDA-approved medication for an opioid use disorder
- Client was not diagnosed with an opioid use disorder and did not receive an FDA-approved medication for an opioid use disorder
- Don't know

2. In the past 30 days, was this client diagnosed with an alcohol use disorder? Yes No Don't know

2a. In the past 30 days, which FDA-approved medication did the client receive for the treatment of this alcohol use disorder?
[CHECK ALL THAT APPLY.]

- Naltrexone
[IF RECEIVED] Specify how many days received
- Extended-release naltrexone
[IF RECEIVED] Specify how many days received
- Disulfiram
[IF RECEIVED] Specify how many days received
- Acamprosate
[IF RECEIVED] Specify how many days received
- Client was diagnosed with an alcohol use disorder, but did not receive an FDA-approved medication for an alcohol use disorder
- Client was not diagnosed with an alcohol use disorder and did not receive an FDA-approved medication for an alcohol use disorder
- Don't know

[FOLLOW-UP AND DISCHARGE INTERVIEWS: SKIP TO DRUG AND ALCOHOL USE SECTION.]

3. Was the client screened by your program for co-occurring mental health and substance use disorders?

- YES NO **[IF NO, THEN DO NOT RESPOND TO THE CLIENT SCREEN POSITIVE QUESTION]**

3a. **[IF YES]** Did the client screen positive for co-occurring mental health and substance use disorders?

- YES NO

Drug & Alcohol Information

- | 1. During the past 30 days, how many days have you used the following: | Number of Days | REFUSED | DON'T KNOW |
|--|----------------------|-----------------------|-----------------------|
| a. Any alcohol
[IF ZERO, SKIP TO ILLEGAL DRUGS QUESTION] | <input type="text"/> | <input type="radio"/> | <input type="radio"/> |
| b. Alcohol to intoxication (5+ drinks in one sitting) | <input type="text"/> | <input type="radio"/> | <input type="radio"/> |
| c. Alcohol to intoxication (4 or fewer drinks in one sitting and felt high) | <input type="text"/> | <input type="radio"/> | <input type="radio"/> |
| d. Illegal drugs
[IF RESPONSE TO "ANY ALCOHOL" OR "ILLEGAL DRUGS" QUESTION = 0, REFUSED, DON'T KNOW, THEN SKIP TO DRUGS QUESTION 2.] | <input type="text"/> | <input type="radio"/> | <input type="radio"/> |
| e. Both alcohol and drugs (on the same day) | <input type="text"/> | <input type="radio"/> | <input type="radio"/> |

Route of Administration Types:

1. Oral 2. Nasal 3. Smoking 4. Non-intravenous (IV) injection 5. IV

*NOTE THE USUAL ROUTE. FOR MORE THAN ONE ROUTE, CHOOSE THE MOST SEVERE. THE ROUTES ARE LISTED FROM LEAST SEVERE (1) TO MOST SEVERE (5).

- | 2. During the past 30 days, how many days have you used any of the following:
[IF THE VALUE IN ANY SUBSTANCE LISTED BELOW > 0, THEN THE VALUE IN ILLEGAL DRUGS QUESTION MUST BE > 0.] | Number of Days | REFUSED | DON'T KNOW | Route* | REFUSED | DON'T KNOW |
|---|----------------------|-----------------------|-----------------------|----------------------|-----------------------|-----------------------|
| a. Cocaine/Crack | <input type="text"/> | <input type="radio"/> | <input type="radio"/> | <input type="text"/> | <input type="radio"/> | <input type="radio"/> |
| b. Marijuana/Hashish (Pot, Joints, Blunts, Chronic, Weed, Mary Jane) | <input type="text"/> | <input type="radio"/> | <input type="radio"/> | <input type="text"/> | <input type="radio"/> | <input type="radio"/> |
| c. Opiates: | | | | | | |
| 1. Heroin (Smack, H, Junk, Skag) | <input type="text"/> | <input type="radio"/> | <input type="radio"/> | <input type="text"/> | <input type="radio"/> | <input type="radio"/> |
| 2. Morphine | <input type="text"/> | <input type="radio"/> | <input type="radio"/> | <input type="text"/> | <input type="radio"/> | <input type="radio"/> |
| 3. Dilaudid | <input type="text"/> | <input type="radio"/> | <input type="radio"/> | <input type="text"/> | <input type="radio"/> | <input type="radio"/> |
| 4. Demerol | <input type="text"/> | <input type="radio"/> | <input type="radio"/> | <input type="text"/> | <input type="radio"/> | <input type="radio"/> |
| 5. Percocet | <input type="text"/> | <input type="radio"/> | <input type="radio"/> | <input type="text"/> | <input type="radio"/> | <input type="radio"/> |

	Number of Days	REFUSED	DON'T KNOW	Route*	REFUSED	DON'T KNOW
6. Darvon	<input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="text"/>	<input type="radio"/>	<input type="radio"/>
7. Codeine	<input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="text"/>	<input type="radio"/>	<input type="radio"/>
8. Tylenol 2, 3, 4	<input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="text"/>	<input type="radio"/>	<input type="radio"/>
9. OxyContin/Oxycodone	<input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="text"/>	<input type="radio"/>	<input type="radio"/>
d. Non-prescription methadone	<input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="text"/>	<input type="radio"/>	<input type="radio"/>
e. Hallucinogens/psychedelics, PCP (Angel Dust, Ozone, Wack, Rocket Fuel), MDMA (Ecstasy, XTC, X, Adam), LSD (Acid, Boomers, Yellow Sunshine), Mushrooms, or Mescaline	<input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="text"/>	<input type="radio"/>	<input type="radio"/>
f. Methamphetamine or other amphetamines (Meth, Uppers, Speed, Ice, Chalk, Crystal, Glass, Fire, Crank)	<input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="text"/>	<input type="radio"/>	<input type="radio"/>
g. 1. Benzodiazepines: Diazepam (Valium); Alprazolam (Xanax); Triazolam (Halcion); and Estazolam (Prosom and Rohypnol, also known as roofies, roche, and cope)	<input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="text"/>	<input type="radio"/>	<input type="radio"/>
2. Barbiturates: Mephobarbital (Mebacut) and pentobarbital sodium (Nembutal)	<input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="text"/>	<input type="radio"/>	<input type="radio"/>
3. Non-prescription GHB (known as Grievous Bodily Harm, Liquid Ecstasy, and Georgia Home Boy)	<input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="text"/>	<input type="radio"/>	<input type="radio"/>
4. Ketamine (known as Special K or Vitamin K)	<input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="text"/>	<input type="radio"/>	<input type="radio"/>
5. Other tranquilizers, downers, sedatives, Hypnotics or	<input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="text"/>	<input type="radio"/>	<input type="radio"/>
h. Inhalants (poppers, snappers, rush, whippets)	<input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="text"/>	<input type="radio"/>	<input type="radio"/>
i. Other illegal drugs (Specify)	<input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="text"/>	<input type="radio"/>	<input type="radio"/>
If other, please specify	<input type="text"/>					

3. In the past 30 days, have you injected drugs? YES NO DON'T KNOW REFUSED
[IF ANY ROUTE OF ADMINISTRATION IN THE ABOVE SUBSTANCES = 4 or 5, THEN INJECTED DRUGS MUST BE = YES.]

[IF NO, REFUSED, OR DON'T KNOW, SKIP TO FAMILY AND LIVING CONDITIONS SECTION.]

4. In the past 30 days, how often did you use a someone else syringe/ needle, cooker, cotton, water or that someone else used? Always
 More than half the time
 Half the time
 Less than half the time
 Never
 REFUSED
 DON'T KNOW

Family & Living Conditions Information

1. In the past 30 days, where have you been living most of the time? *[DO NOT READ RESPONSE OPTIONS TO CLIENT.]*

- SHELTER (SAFE HAVENS, TRANSITIONAL LIVING CENTER [TLC], LOW-DEMAND FACILITIES, RECEPTION CENTERS, OTHER TEMPORARY DAY OR EVENING FACILITY)
- STREET/OUTDOORS (SIDEWALK, DOORWAY, PARK, PUBLIC OR ABANDONED BUILDING)
- INSTITUTION (HOSPITAL, NURSING HOME, JAIL/PRISON)
- HOUSED: OWN/RENT APARTMENT, ROOM, OR HOUSE
- HOUSED: DORMITORY/COLLEGE RESIDENCE
- HOUSED: HALFWAY HOUSE
- HOUSED: RESIDENTIAL TREATMENT
- HOUSED: OTHER (PLEASE SPECIFY) *
- REFUSED
- DON'T KNOW

2. How satisfied are you with the conditions of your living space?

- Very dissatisfied
- Dissatisfied
- Neither satisfied nor dissatisfied
- Satisfied
- Very satisfied
- REFUSED
- DON'T KNOW

3. During the past 30 days, how stressful have things been for you because of your use of alcohol or other drugs?

- Not at all
- Somewhat
- Considerably
- Extremely
- NOT APPLICABLE
- REFUSED
- DON'T KNOW

4. During the past 30 days, has your use of alcohol or other drugs caused you to reduce or give up important activities?

- Not at all
- Somewhat
- Considerably
- Extremely
- NOT APPLICABLE
- REFUSED
- DON'T KNOW

5. During the past 30 days, has your use of alcohol or other drugs caused you to have emotional problems?

- Not at all
- Somewhat
- Considerably
- Extremely
- NOT APPLICABLE
- REFUSED
- DON'T KNOW

6. Are you currently pregnant?

- YES
- NO
- REFUSED
- DON'T KNOW
- N/A – THE CLIENT IS MALE

7. Do you have children?

- YES
- NO
- REFUSED
- DON'T KNOW

7a. How many children do you have?

- REFUSED
- DON'T KNOW

7b. Are any of your children living with someone else due to a child protection court order?

- YES
- NO
- REFUSED
- DON'T KNOW

7c. [IF YES] How many of your children are living with someone else due to a child protection court order?

- REFUSED
- DON'T KNOW

7d. For how many of your children have you lost parental rights? [*THE CLIENT'S PARENTAL RIGHTS WERE TERMINATED.*]

REFUSED

DON'T KNOW

Education, Employment & Income Information

1. Are you currently enrolled in school or a job training program? [IF ENROLLED] Is that full time or part-time?

- NOT ENROLLED
- ENROLLED, FULL TIME
- ENROLLED, PART TIME
- OTHER (SPECIFY)
- REFUSED
- DON'T KNOW

*

2. What is the highest level of education you have finished, whether or not you received a degree?

- NEVER ATTENDED
- 1ST GRADE
- 2ND GRADE
- 3RD GRADE
- 4TH GRAD
- 5TH GRADE
- 6TH GRADE
- 7TH GRADE
- 8TH GRADE
- 9TH GRADE
- 10TH GRADE
- 11TH GRADE
- 12TH GRADE/HIGH SCHOOL DIPLOMA/EQUIVALENT
- COLLEGE OR UNIVERSITY/1ST YEAR COMPLETED
- COLLEGE OR UNIVERSITY/2ND YEAR COMPLETED/ACCOCIATE'S DEGREE (AA.AS)
- COLLEGE OR UNIVERSITY/3RD YEAR COMPLETED
- BACHELOR'S DEGREE (BA, BA) OR HIGHER
- VOCATIONAL/TECHNICAL (VOC/TECH) PROGRAM AFTER HIGH SCHOOL BUT NO VOC/TECH DIPLOMA
- VOC/TECH DIPLOMA AFTER HIGH SCHOOL
- REFUSED
- DON'T KNOW

3. Are you currently employed? [CLARIFY BY FOCUSING ON STATUS DURING MOST OF THE PREVIOUS WEEK, DETERMINING WHETHER CLIENT WORKED AT ALL OR HAD A REGULAR JOB BUT WAS OFF WORK. IF CLIENT IS “ENROLLED, FULL TIME” IN QUESTION 1 AND INDICATES “EMPLOYED, FULL TIME” IN QUESTION 3, ASK FOR CLARIFICATION. IF CLIENT IS INCARCERATED AND HAS NO WORK OUTSIDE OF JAIL, SELECT “UNEMPLOYED, NOT LOOKING FOR WORK” FOR THIS QUESTION.]

- EMPLOYED, FULL TIME (35+ HOURS PER WEEK, OR WOULD HAVE BEEN)
- EMPLOYED, PART TIME
- UNEMPLOYED, LOOKING FOR WORK
- UNEMPLOYED, DISABLED
- UNEMPLOYED, VOLUNTEER WORK
- UNEMPLOYED, RETIRED
- UNEMPLOYED, NOT LOOKING FOR WORK
- OTHER (SPECIFY) *
- REFUSED
- DON'T KNOW

4. Approximately, how much money did YOU receive (pre-tax individual income) in the past 30 days from...

- a. Wages \$ REFUSED DON'T KNOW
- b. Public assistance \$ REFUSED DON'T KNOW
- c. Retirement \$ REFUSED DON'T KNOW
- d. Disability \$ REFUSED DON'T KNOW
- e. Non-legal income \$ REFUSED DON'T KNOW
- f. Family and/or friends \$ REFUSED DON'T KNOW

5. Have you enough money to meet your needs?

- Not at all
- A little
- Moderately
- Mostly
- Completely
- REFUSED
- DON'T KNOW

Crime & Criminal Justice Status

1. In the past 30 days, how many times have you been arrested?

times REFUSED DON'T KNOW

2. In the past 30 days, how many times have you been arrested for drug-related offenses?

times REFUSED DON'T KNOW

3. In the past 30 days, how many nights have you spent in jail/prison?

nights REFUSED DON'T KNOW

4. In the past 30 days, how many times have you committed a crime?

times REFUSED DON'T KNOW

5. Are you currently awaiting charges, trial, or sentencing?

- YES
- NO
- REFUSED
- DON'T KNOW

6. Are you currently on parole or probation?

- YES
- NO
- REFUSED

DON'T KNOW

Mental and Physical Health Problems And Treatment/Recovery Information

1. How would you rate your overall health right now?

- Excellent Very Good Good
 Fair Poor REFUSED
 DON'T KNOW

2. During the past 30 days, did you receive:

a. Inpatient Treatment for:

i. Physical complaint

- Yes **[IF Yes]** Altogether How many nights?
 NO REFUSED DON'T KNOW

ii. Mental or Emotional difficulties

- Yes **[IF Yes]** Altogether How many nights?
 NO REFUSED DON'T KNOW

iii. Alcohol or substance abuse

- Yes **[IF Yes]** Altogether How many nights?
 NO REFUSED DON'T KNOW

b. Outpatient Treatment for:

i. Physical complaint

- Yes **[IF Yes]** Altogether How many nights?
 NO REFUSED DON'T KNOW

ii. Mental or Emotional difficulties

- Yes **[IF Yes]** Altogether How many nights?
 NO REFUSED DON'T KNOW

iii. Alcohol or substance abuse

- Yes **[IF Yes]** Altogether How many nights?
 NO REFUSED DON'T KNOW

c. Emergency room Treatment for:

i. Physical complaint

- Yes **[IF Yes]** Altogether How many nights?
 NO REFUSED DON'T KNOW

ii. Mental or Emotional difficulties

- Yes **[IF Yes]** Altogether How many nights?
 NO REFUSED DON'T KNOW

iii. Alcohol or substance abuse

- Yes **[IF Yes]** Altogether How many nights?
 NO REFUSED DON'T KNOW

3. During the past 30 days, did you engage in sexual activity?

- Yes NO NOT PERMITTED TO ASK
 REFUSED DON'T KNOW

[IF YES] Altogether how many?

3a. Sexual contacts (vaginal, oral, or anal) did you have?

Contacts

- REFUSED DON'T KNOW

3b. Unprotected sexual contacts did you have? **[THE VALUE IN 3b SHOULD NOT BE GREATER THAN THE VALUE IN 3a.] [IF ZERO, SKIP TO 4.]**

- REFUSED DON'T KNOW

3c. Unprotected sexual contacts were with an individual who is or was **[NONE OF THE VALUES IN 3c1–3c3 CAN BE GREATER THAN THE VALUE IN 3b.]**

1. HIV positive or has AIDS

- REFUSED DON'T KNOW

2. An injection drug user

- REFUSED DON'T KNOW

3. High on some substance

- REFUSED DON'T KNOW

4. Have you ever been tested for HIV?

- Yes [GO TO 4a.] NO [SKIP TO 5.]
 REFUSED [SKIP TO 5.] DON'T KNOW [SKIP TO 5.]

4a. Do you know the results of your HIV testing?

- Yes NO

5. How would you rate your quality of life?

- Very Poor Poor Neither Poor nor Good
 Good Very Good REFUSED
 DON'T KNOW

6. How satisfied are you with your health?

- Very Dissatisfied Dissatisfied
 Neither Satisfied or Dissatisfied
 Satisfied Very Satisfied
 REFUSED DON'T KNOW

7. Do you have enough energy for everyday life?

- Not at all A little Moderately
 Mostly Completely REFUSED
 DON'T KNOW

8. How satisfied are you with your ability to perform your daily activities?

- Very Dissatisfied Dissatisfied
 Neither Satisfied or Dissatisfied
 Satisfied Very Satisfied
 REFUSED DON'T KNOW

9. How satisfied are you with yourself?

- Very Dissatisfied Dissatisfied
 Neither Satisfied or Dissatisfied
 Satisfied Very Satisfied
 REFUSED DON'T KNOW

10. In the past 30 days, not due to your use of alcohol or drugs, how many days have you:

- | | Days | | |
|---|----------------------|-----------------------|--|
| a. Experienced serious depression | <input type="text"/> | <input type="radio"/> | REFUSED <input type="radio"/> DON'T KNOW |
| b. Experienced serious anxiety or tension | <input type="text"/> | <input type="radio"/> | REFUSED <input type="radio"/> DON'T KNOW |
| c. Experienced hallucinations | <input type="text"/> | <input type="radio"/> | REFUSED <input type="radio"/> DON'T KNOW |
| d. Experienced trouble understanding, concentrating, or remembering | <input type="text"/> | <input type="radio"/> | REFUSED <input type="radio"/> DON'T KNOW |
| e. Experienced trouble controlling violent behavior | <input type="text"/> | <input type="radio"/> | REFUSED <input type="radio"/> DON'T KNOW |
| f. Attempted suicide | <input type="text"/> | <input type="radio"/> | REFUSED <input type="radio"/> DON'T KNOW |
| g. Been prescribed medication for psychological/emotional problem | <input type="text"/> | <input type="radio"/> | REFUSED <input type="radio"/> DON'T KNOW |

[IF CLIENT REPORTS ZERO DAYS, REFUSED, OR DON'T KNOW TO ALL ITEMS IN QUESTION 10, SKIP TO ITEM 12.]

11. How much have you been bothered by these psychological or emotional problems in the past 30 days?

- Not at all Slightly Moderately
 Considerably Extremely REFUSED
 DON'T KNOW

VIOLENCE AND TRAUMA

12. Have you ever experienced violence or trauma in any setting (including community or school violence; domestic violence; physical, psychological, or sexual maltreatment/assault within or outside of the family; natural disaster; terrorism; neglect; or traumatic grief)?

- Yes
- NO
- REFUSED
- DON'T KNOW

[IF NO, REFUSED, OR DON'T KNOW, SKIP TO ITEM 13.]

Did any of these experiences feel so frightening, horrible, or upsetting that, in the past and/or the present, you:

12a. Have had nightmares about it or thought about it when you did not want to?

- Yes
- NO
- REFUSED
- DON'T KNOW

12b. Tried hard not to think about it or went out of your way to avoid situations that remind you of it?

- Yes
- NO
- REFUSED
- DON'T KNOW

12c. Were constantly on guard, watchful, or easily startled?

- Yes
- NO
- REFUSED
- DON'T KNOW

12d. Felt numb and detached from others, activities, or your surroundings?

- Yes
- NO
- REFUSED
- DON'T KNOW

13. In the past 30 days, how often have you been hit, kicked, slapped, or otherwise physically hurt?

- Never
- A Few Times
- More than a few times
- REFUSED
- DON'T KNOW

Social Connectedness Information

1. In the past 30 days, did you attend any voluntary self-help groups for recovery that were not affiliated with a religious or faith-based organization? In other words, did you participate in a nonprofessional, peer-operated organization that is devoted to helping individuals who have addiction-related problems, such as Alcoholics Anonymous, Narcotics Anonymous, Oxford House, Secular Organization for Sobriety, or Women for Sobriety, etc.?

- Yes
- NO
- Refused
- Don't Know

[IF YES] SPECIFY HOW MANY TIMES

- REFUSED
- DON'T KNOW

2. In the past 30 days, did you attend any religious/faith-affiliated recovery self-help groups?

- Yes
- NO
- Refused
- Don't Know

[IF YES] SPECIFY HOW MANY TIMES

- REFUSED
- DON'T KNOW

3. In the past 30 days, did you attend meetings of organizations that support recovery other than the organizations described above?

- Yes
- NO
- Refused
- Don't Know

[IF YES] SPECIFY HOW MANY TIMES

- REFUSED
- DON'T KNOW

4. In the past 30 days, did you have interaction with family and/or friends that are supportive of your recovery?

- Yes
- NO
- Refused
- Don't Know

[IF YES] SPECIFY HOW MANY TIMES

- REFUSED
- DON'T KNOW

5. To whom do you turn when you are having trouble? *[SELECT ONLY ONE.]*

- NO ONE
- FRIENDS
- OTHER(SPECIFY)
- CLERGY MEMBER
- REFUSED
- FAMILY MEMBER
- DON'T KNOW

*

6. How satisfied are you with your personal relationships?

- VERY DISSATISFIED
- SATISFIED
- DON'T KNOW

- DISSATISFIED
- VERY SATISFIED
- NEITHER SATISFIED NOR DISSATISFIED
- REFUSED

Follow-Up Status Information

[REPORTED BY PROGRAM STAFF ABOUT CLIENT ONLY AT FOLLOW-UP.]

1. What is the follow-up status of the client? [THIS IS A REQUIRED FIELD: NA, REFUSED, DON'T KNOW, AND MISSING WILL NOT BE ACCEPTED.]

- Deceased at time of due date
- Completed interview within specified window
- Completed interview outside specified window
- Located, but refused, Unspecified
- Located, but unable to gain
- Located, but otherwise unable to gain access
- Located, but withdrawn from project
- Unable to locate, moved
- Unable to locate, other (Specify)

*

2. Is the client still receiving services from your program?

- * YES NO

[IF THIS IS A FOLLOW-UP INTERVIEW, STOP NOW; THE INTERVIEW IS COMPLETE.]