



CLIENT REF

KEYWORKER

DOB

SEX

M

F

START

REVIEW

EXIT

POST EXIT

DATE

To be completed at treatment start, initial 3 months, 6 monthly review and exit by the keyworker with the client

Use 'N/A' only if the client does not disclose information or does not answer

SUBSTANCE USE	Record the number of using days in each of the past 4 weeks and the average amount used on a using day	Week 4	Week 3	Week 2	Week 1	Average / day	Total
		0-7	0-7	0-7	0-7	UNITS	0-28
A. Alcohol		0-7	0-7	0-7	0-7	G	0-28
B. Opiates/Opioids (Illicit) Includes street heroin and non-prescribed opioids		0-7	0-7	0-7	0-7	G	0-28
C. Crack		0-7	0-7	0-7	0-7	G	0-28
D. Cocaine		0-7	0-7	0-7	0-7	G	0-28
E. Amphetamines		0-7	0-7	0-7	0-7	G	0-28
F. Cannabis		0-7	0-7	0-7	0-7	SPLIFFS	0-28
G. Tobacco		0-7	0-7	0-7	0-7	G	0-28
H. Other substance. Specify:		0-7	0-7	0-7	0-7	G	0-28

RISK BEHAVIOURS	Record number of days client injected non-prescribed drugs during the past 4 weeks.	Week 4	Week 3	Week 2	Week 1	Weekly/ most weeks	Daily/ most days
		0-7	0-7	0-7	0-7		
A. Injected		0-7	0-7	0-7	0-7		0-28
B. Injected with a needle or syringe used by somebody else	Yes <input type="checkbox"/> No <input type="checkbox"/>						0-28
C. Injected using a spoon, water or filter used by somebody else	Yes <input type="checkbox"/> No <input type="checkbox"/>						Y/N
D. How often has the client had 6 or more units (alcohol) if female, or 8 or more if male, on a single occasion in the last 28 days?	Not in last 28 days <input type="checkbox"/> Once in last 28 days <input type="checkbox"/>						0-28

HEALTH & QUALITY OF LIFE	HOUSING	EMPLOYMENT & EDUCATION	Record days worked or at college or school in the past 4 weeks	Week 4	Week 3	Week 2	Week 1	Total
				0-7	0-7	0-7	0-7	
A. Days in paid work				0-7	0-7	0-7	0-7	0-28
B. Days in volunteering or unpaid structured work placement				0-7	0-7	0-7	0-7	0-28
C. Days attended college or school				0-7	0-7	0-7	0-7	0-28
D. Acute housing problem			Record accommodation status for the past 4 weeks					Y/N
E. Unsuitable housing			Housing situation that is likely to have a negative impact on health and wellbeing and / or on the likelihood of achieving recovery					Y/N
If E 'unsuitable housing' is 'yes', please select all reasons that apply below:								
	Poor condition of the accommodation		Yes <input type="checkbox"/> No <input type="checkbox"/>					Y/N
	Location (unsafe)		Yes <input type="checkbox"/> No <input type="checkbox"/>					Y/N
	Location (unsuitable)		Yes <input type="checkbox"/> No <input type="checkbox"/>					Y/N
	Affordability		Yes <input type="checkbox"/> No <input type="checkbox"/>					Y/N
	Overcrowding		Yes <input type="checkbox"/> No <input type="checkbox"/>					Y/N
	Doesn't meet the needs of the individual		Yes <input type="checkbox"/> No <input type="checkbox"/>					Y/N
F. At risk of eviction			Yes <input type="checkbox"/> No <input type="checkbox"/>					Y/N
G. Client's rating psychological health (Anxiety, depression, problem emotions and feelings)			0 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 Poor Good					0-20
H. Client's rating physical health (Extent of physical symptoms and bothered by illness)			0 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 Poor Good					0-20
I. Client's rating overall quality of life (For example, able to enjoy life, gets on with family and partner)			0 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 Poor Good					0-20

A FEW THINGS TO REMEMBER

- the red shaded boxes are the only information that gets sent to NDTMS
- week 4 is the most recent week; week 1 is the least recent
- The Treatment Start TOP should always capture the pre-treatment use so it is important that the recall period is the 28 days before the treatment start date. Not doing this will skew outcomes as there is likely to be a lower baseline.

Alcohol units converter

Drink	%ABV	Units
Pint ordinary strength lager, beer or cider	3.5	2
Pint strong lager, beer or cider	5	3
440ml can ordinary strength lager	3.5	1.5
440ml can strong lager, beer or cider	5	2
440ml can super strength lager or cider	9	4
1 litre bottle ordinary strength cider	5	5
1 litre bottle strong cider	9	9

Drink	%ABV	Units
Glass of wine (175ml)	12	2
Large glass of wine (250ml)	12	3
Bottle of wine (750ml)	12	10
Single measure of spirits (25ml)	40	1
Bottle of spirits (750ml)	40	30
275ml bottle alcopops	5	1.5



ADULT COMBINED REVIEW FORM - CLIENT INFORMATION REVIEW (CIR)

CLIENT REF CIR DATE / / STAGE: PARTIAL ☐ FULL (6 monthly) ☐

Can be completed when any of the answers change (partial), and at least every 6 months (full)

BBV

Hep B intervention status[^]

Offered & accepted: Not yet had any vaccinations	<input type="checkbox"/>	Immunised already	<input type="checkbox"/>
Offered & accepted: Started vaccinations	<input type="checkbox"/>	Not offered	<input type="checkbox"/>
Offered & accepted: Completed course	<input type="checkbox"/>	Not appropriate to offer	<input type="checkbox"/>
Offered & refused	<input type="checkbox"/>	Deferred-clinical reason	<input type="checkbox"/>

Hep C intervention status[^]

Offered & accepted: Not yet had a test	<input type="checkbox"/>	Not offered	<input type="checkbox"/>
Offered & accepted: Had a hep C test	<input type="checkbox"/>	Not appropriate to test/re-test	<input type="checkbox"/>
Offered & refused	<input type="checkbox"/>	Deferred-clinical reason	<input type="checkbox"/>

Hep C latest test date / /

Hep C test result antibody status

Positive	<input type="checkbox"/>	Negative	<input type="checkbox"/>	Unknown	<input type="checkbox"/>
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Hep C test result for PCR (RNA) status

Positive	<input type="checkbox"/>	Never infected	<input type="checkbox"/>	Cleared by treatment	<input type="checkbox"/>	Cleared naturally	<input type="checkbox"/>
Unknown	<input type="checkbox"/>						

Client referred for hep C treatment[^]

Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Refused treatment	<input type="checkbox"/>
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Referred to hep C treatment date / /

HIV positive[^]

Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Unknown	<input type="checkbox"/>	Declined to answer	<input type="checkbox"/>
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HIV latest test date / /

HOUSING & EMPLOYMENT

What is the client's current housing situation?[^]

Is the client threatened with homelessness in the next 56 days (8 weeks)?[^]

Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
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The current employment status of the client[^]

Regular employment	<input type="checkbox"/>	Unemployed and seeking work	<input type="checkbox"/>	Unemployed and not seeking work	<input type="checkbox"/>
Pupil/student	<input type="checkbox"/>	Not receiving benefits	<input type="checkbox"/>	Not stated	<input type="checkbox"/>
Long term sick or disabled	<input type="checkbox"/>	Unpaid voluntary work	<input type="checkbox"/>	Other	<input type="checkbox"/>
Homemaker	<input type="checkbox"/>	Retired from paid work	<input type="checkbox"/>	Not known	<input type="checkbox"/>

DA

Has the client ever been the victim of domestic abuse?[^]

Yes - currently	<input type="checkbox"/>	Yes - previously	<input type="checkbox"/>	Yes - currently and previously	<input type="checkbox"/>	No	<input type="checkbox"/>
Declined to answer	<input type="checkbox"/>	Not appropriate to ask	<input type="checkbox"/>				

Has the client ever abused someone close to them?[^]

Yes - currently	<input type="checkbox"/>	Yes - previously	<input type="checkbox"/>	Yes - currently and previously	<input type="checkbox"/>	No	<input type="checkbox"/>
Declined to answer	<input type="checkbox"/>	Not appropriate to ask	<input type="checkbox"/>				

HEALTH

Referred for investigation for alcohol-related liver disease in the last 6 months?[^]

Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Unknown	<input type="checkbox"/>
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Latest health care assessment date / /



ADULT COMBINED REVIEW FORM - CLIENT INFORMATION REVIEW (CIR)

CLIENT REF CIR DATE / / STAGE: PARTIAL ☐ FULL (6 monthly) ☐

Can be completed when any of the answers change (partial), and at least every 6 months (full)

NALOXONE	Has the client been issued with naloxone in the last 6 months?^				Yes: Nasal naloxone <input type="checkbox"/>	No: Already in possession of adequate naloxone <input type="checkbox"/>
					Injectable naloxone <input type="checkbox"/>	Accepted but not yet issued <input type="checkbox"/>
				Nasal and injectable <input type="checkbox"/>	Assessed as not appropriate <input type="checkbox"/>	
					Service does not provide naloxone <input type="checkbox"/>	
					Offered and refused <input type="checkbox"/>	
Has the client been administered with naloxone to reverse the effects of an overdose in the last 6 months?^				Yes <input type="checkbox"/>	No <input type="checkbox"/>	
				Unknown <input type="checkbox"/>	Declined to answer <input type="checkbox"/>	
SAFEGUARDING	Pregnant?				Yes <input type="checkbox"/>	No <input type="checkbox"/>
	Parental responsibility for a child aged under 18 years?^				Yes <input type="checkbox"/>	No <input type="checkbox"/>
					Declined to answer <input type="checkbox"/>	
	If client has parental responsibility, do any of these children live with the client?				All <input type="checkbox"/>	Some <input type="checkbox"/>
					None <input type="checkbox"/>	Declined to answer <input type="checkbox"/>
How many children under 18 in total live in the same house as the client?^				<input type="text"/> 0-30	Undisclosed number <input type="checkbox"/>	
					Declined to answer <input type="checkbox"/>	
MENTAL HEALTH	If client has parental responsibility and/or children living them, what help are the children receiving? (record up to 3 options)				Early help (family support) <input type="checkbox"/>	None receiving any help <input type="checkbox"/>
					Child in need (LA service) <input type="checkbox"/>	Declined to answer <input type="checkbox"/>
					CPP (LA service) <input type="checkbox"/>	Other relevant child or family support service <input type="checkbox"/>
					Looked after child (LA service) <input type="checkbox"/>	Not known <input type="checkbox"/>
Does client have a mental health treatment need?^				Yes <input type="checkbox"/>	No <input type="checkbox"/>	
					Declined to answer <input type="checkbox"/>	
MENTAL HEALTH	Is client receiving treatment for their mental health need?				<input type="checkbox"/>	
	Community mental health team				<input type="checkbox"/>	
	NHS Talking Therapies for anxiety and depression (NHS TTad)				<input type="checkbox"/>	
	Receiving mental health treatment from GP				<input type="checkbox"/>	
	Receiving NICE recommended intervention				<input type="checkbox"/>	
	Has space in health based place of safety for crises				<input type="checkbox"/>	
	Treatment need identified but no treatment being received				<input type="checkbox"/>	
Client declined treatment				<input type="checkbox"/>		

^ indicates that field completion is required if completing a 'full' CIR.



CLIENT REF

SIR DATE

Proportion of face-to-
face appointments with
keyworker

All face-to-face/Mostly face-to-face/Equal mix/Mostly digital/All digital

To be completed at 6 monthly review and exit by the keyworker (client doesn't need to be present)

Tick all sub interventions delivered and record current daily dose if applicable

TEST	Illicit opiate/opioid drug test result	Positive <input type="checkbox"/>	Negative <input type="checkbox"/>	Cocaine drug test result	Positive <input type="checkbox"/>	Negative <input type="checkbox"/>	
PHARMACOLOGICAL	Current Prescribing Intention			Drug	Purpose		
	Assessment & stabilisation	<input type="checkbox"/>		Benzodiazepine	Benzodiazepine maintenance	<input type="checkbox"/>	
	Withdrawal	<input type="checkbox"/>		Benzodiazepine	Stimulant withdrawal	<input type="checkbox"/>	
	Maintenance	<input type="checkbox"/>			GHB/GBL withdrawal	<input type="checkbox"/>	
				Stimulant (such as dexamphetamine)	Stimulant withdrawal	<input type="checkbox"/>	
	Drug			Pregabalin	Gabapentinoid withdrawal	<input type="checkbox"/>	
	Methadone (oral solution)*	<input type="checkbox"/>		Gabapentin	Gabapentinoid withdrawal	<input type="checkbox"/>	
	Current daily dose of liquid oral methadone medication (ml)*	<input type="text"/>	ml				
	Buprenorphine (tablet / wafer)#	<input type="checkbox"/>		Naltrexone (oral)	Opioid relapse prevention	<input type="checkbox"/>	
	Current daily dose of oral buprenorphine medication (mg)#	<input type="text"/>	mg		Alcohol relapse prevention/consumption reduction	<input type="checkbox"/>	
	Is consumption of OST medication currently supervised? Should be completed for all clients where OST has been selected (indicated with * or #)	<input type="checkbox"/>		Chlordiazepoxide	Alcohol withdrawal	<input type="checkbox"/>	
				Diazepam	Alcohol withdrawal	<input type="checkbox"/>	
	Buprenorphine depot injection	<input type="checkbox"/>		Carbamazepine	Alcohol withdrawal	<input type="checkbox"/>	
	Diamorphine injection	<input type="checkbox"/>		Other prescribed medication for alcohol withdrawal	Alcohol withdrawal	<input type="checkbox"/>	
	Methadone injection	<input type="checkbox"/>		Acamprosate	Alcohol relapse prevention	<input type="checkbox"/>	
				Disulfiram	Alcohol relapse prevention	<input type="checkbox"/>	
				Vitamin B and C supplement	Prevent/treat Wernicke's encephalopathy/Wernicke-Korsakoffs	<input type="checkbox"/>	
				Other medication	Any other medication for the treatment of drug or alcohol misuse / dependence / withdrawal / associated symptoms	<input type="checkbox"/>	
	PSYCHOSOCIAL	Motivational interventions	<input type="checkbox"/>		Psychodynamic therapy	<input type="checkbox"/>	
		Contingency management	<input type="checkbox"/>		12-step work	<input type="checkbox"/>	
Family and social network		<input type="checkbox"/>		Counselling (BACP accredited)	<input type="checkbox"/>		
Psychosocial for co-existing mental health		<input type="checkbox"/>		Cognitive and behavioural interventions	<input type="checkbox"/>		
Structured community day programme		<input type="checkbox"/>					
RECOVERY SUPPORT	Peer support involvement	<input type="checkbox"/>		Behavioural based relapse prevention	<input type="checkbox"/>		
	Facilitated access to mutual aid	<input type="checkbox"/>		Complementary therapies	<input type="checkbox"/>		
	Family support	<input type="checkbox"/>		Mental health focussed interventions	<input type="checkbox"/>		
	Parenting support	<input type="checkbox"/>		Smoking cessation	<input type="checkbox"/>		
	Housing support	<input type="checkbox"/>		Education and training support	<input type="checkbox"/>		
	Employment support	<input type="checkbox"/>		Supported work projects	<input type="checkbox"/>		
	Client provided with domestic abuse support for victim/survivor	<input type="checkbox"/>		Client provided with domestic abuse support for perpetrator	<input type="checkbox"/>		
				Referral to peer-led initiatives	<input type="checkbox"/>		
	Client provided with prescribing for relapse prevention (post structured treatment only)	<input type="checkbox"/>					
Recovery check-ups (post structured treatment only)	<input type="checkbox"/>		Continuing care (post structured treatment only)	<input type="checkbox"/>			