Office for Health Improvement & Disparities

ADULT COMBINED REVIEW FORM - TREATMENT OUTCOMES PROFILE (TOP)

CDS-R

| 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	
A. Alcohol	0-7	0-7	0-7	0-7	UNITS		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			0-28
H. Other substance. Specify: In any form and when combined with other substances	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.

| A. Injected | 0-7 | 0-7 | 0-7 | 0-7 | | 0-28 |

B. Injected with a needle or syringe used by somebody else — Yes [ ] No [ ]

C. Injected using a spoon, water or filter used by somebody else — Yes [ ] No [ ]

} If either answer is 'Yes' record 'Y'. Other- [ ] 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 [ ] Once in last 28 days [ ] Weekly/ most weeks [ ] Daily/ most days [ ]

EMPLOYMENT & EDUCATION

Record days worked or at college or school in the past 4 weeks

	Week 4	Week 3	Week 2	Week 1		
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

HOUSING

Record accommodation status for the past 4 weeks

D. Acute housing problem — Yes [ ] No [ ] — Y/N

E. Unsuitable housing — Yes [ ] No [ ] — Y/N

Housing situation that is likely to have a negative impact on health and wellbeing and / or on the likelihood of achieving recovery

If E 'unsuitable housing' is 'yes', please select all reasons that apply below:

Poor condition of the accommodation — Yes [ ] No [ ] — Y/N

Location (unsafe) — Yes [ ] No [ ] — Y/N

Location (unsuitable) — Yes [ ] No [ ] — Y/N

Affordability — Yes [ ] No [ ] — Y/N

Overcrowding — Yes [ ] No [ ] — Y/N

Doesn't meet the needs of the individual — Yes [ ] No [ ] — Y/N

F. At risk of eviction — Yes [ ] No [ ] — Y/N

HEALTH & QUALITY OF LIFE

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)

Office for Health Improvement & Disparities

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	[ ]	Immunised already	[ ]
Offered & accepted: Started vaccinations	[ ]	Not offered	[ ]
Offered & accepted: Completed course	[ ]	Not appropriate to offer	[ ]
Offered & refused	[ ]	Deferred-clinical reason	[ ]

Hep C intervention status^

Offered & accepted: Not yet had a test	[ ]	Not offered	[ ]
Offered & accepted: Had a hep C test	[ ]	Not appropriate to test/re-test	[ ]
Offered & refused	[ ]	Deferred-clinical reason	[ ]

Hep C latest test date [/ /]

Hep C test result antibody status Positive [ ] Negative [ ] Unknown [ ]

Hep C test result for PCR (RNA) status Positive [ ] Never infected [ ] Cleared by treatment [ ] Cleared naturally [ ]
Unknown [ ]

Client referred for hep C treatment^ Yes [ ] No [ ] Refused treatment [ ]

Referred to hep C treatment date [/ /]

HIV positive^ Yes [ ] No [ ] Unknown [ ] Declined to answer [ ]

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 [ ] No [ ]

The current employment status of the client^

Regular employment	[ ]	Unemployed and seeking work	[ ]	Unemployed and not seeking work	[ ]
Pupil/student	[ ]	Not receiving benefits	[ ]	Not stated	[ ]
Long term sick or disabled	[ ]	Unpaid voluntary work	[ ]	Other	[ ]
Homemaker	[ ]	Retired from paid work	[ ]	Not known	[ ]

DA

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

Yes - currently	[ ]	Yes - previously	[ ]	Yes - currently and previously	[ ]	No	[ ]
Declined to answer	[ ]	Not appropriate to ask	[ ]				

Has the client ever abused someone close to them?^

Yes - currently	[ ]	Yes - previously	[ ]	Yes - currently and previously	[ ]	No	[ ]
Declined to answer	[ ]	Not appropriate to ask	[ ]				

HEALTH

Referred for investigation for alcohol-related liver disease in the last 6 months?^ Yes [ ] No [ ] Unknown [ ]

Latest health care assessment date [/ /]

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

ADULT COMBINED REVIEW FORM - CLIENT INFORMATION REVIEW (CIR)

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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 [ ]
- Injectable naloxone [ ]
- Nasal and injectable [ ]

No:
- Already in possession of adequate naloxone [ ]
- Accepted but not yet issued [ ]
- Assessed as not appropriate [ ]
- Service does not provide naloxone [ ]
- Offered and refused [ ]

Has the client been administered with naloxone to reverse the effects of an overdose in the last 6 months?^

Yes [ ]   No [ ]   Unknown [ ]   Declined to answer [ ]

SAFEGUARDING

Pregnant?   Yes [ ]   No [ ]

Parental responsibility for a child aged under 18 years?^   Yes [ ]   No [ ]   Declined to answer [ ]

If client has parental responsibility, do any of these children live with the client?   All [ ]   Some [ ]   None [ ]   Declined to answer [ ]

How many children under 18 in total live in the same house as the client?^   [0-30]   Undisclosed number [ ]   Declined to answer [ ]

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) [ ]
- Child in need (LA service) [ ]
- CPP (LA service) [ ]
- Looked after child (LA service) [ ]
- None receiving any help [ ]
- Declined to answer [ ]
- Other relevant child or family support service [ ]
- Not known [ ]

MENTAL HEALTH

Does client have a mental health treatment need?^   Yes [ ]   No [ ]   Declined to answer [ ]

Is client receiving treatment for their mental health need? (If yes, record up to 3 options)

- Community mental health team [ ]
- NHS Talking Therapies for anxiety and depression (NHS TTad) [ ]
- Receiving mental health treatment from GP [ ]
- Receiving NICE recommended intervention [ ]
- Has space in health based place of safety for crises [ ]
- Treatment need identified but no treatment being received [ ]
- Client declined treatment [ ]

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

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ADULT COMBINED REVIEW FORM - SUB INTERVENTION REVIEW (SIR)

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 [ ] Negative [ ]	Cocaine drug test result	Positive [ ] Negative [ ]

PHARMACOLOGICAL

Current Prescribing Intention

Assessment & stabilisation	[ ]
Withdrawal	[ ]
Maintenance	[ ]

Drug

Methadone (oral solution)*	[ ]
Current daily dose of liquid oral methadone medication (ml)*	[ ] ml
Buprenorphine (tablet / wafer)#	[ ]
Current daily dose of oral buprenorphine medication (mg)#	[ ] mg
Is consumption of OST medication currently supervised? Should be completed for all clients where OST has been selected (indicated with * or #)	[ ]
Buprenorphine depot injection	[ ]
Diamorphine injection	[ ]
Methadone injection	[ ]

Drug	Purpose	
Benzodiazepine	Benzodiazepine maintenance	[ ]
	Stimulant withdrawal	[ ]
	GHB/GBL withdrawal	[ ]
Stimulant (such as dexamphetamine)	Stimulant withdrawal	[ ]
Pregabalin	Gabapentinoid withdrawal	[ ]
Gabapentin	Gabapentinoid withdrawal	[ ]
Naltrexone (oral)	Opioid relapse prevention	[ ]
	Alcohol relapse prevention/consumption reduction	[ ]
Chlordiazepoxide	Alcohol withdrawal	[ ]
Diazepam	Alcohol withdrawal	[ ]
Carbamazepine	Alcohol withdrawal	[ ]
Other prescribed medication for alcohol withdrawal	Alcohol withdrawal	[ ]
Acamprosate	Alcohol relapse prevention	[ ]
Disulfiram	Alcohol relapse prevention	[ ]
Vitamin B and C supplement	Prevent/treat Wernicke's encephalopathy/Wernicke-Korsakoffs	[ ]
Other medication	Any other medication for the treatment of drug or alcohol misuse / dependence / withdrawal / associated symptoms	[ ]

PSYCHOSOCIAL

Motivational interventions	[ ]	Psychodynamic therapy	[ ]
Contingency management	[ ]	12-step work	[ ]
Family and social network	[ ]	Counselling (BACP accredited)	[ ]
Psychosocial for co-existing mental health	[ ]	Cognitive and behavioural interventions	[ ]
Structured community day programme	[ ]		

RECOVERY SUPPORT

Peer support involvement	[ ]	Behavioural based relapse prevention	[ ]
Facilitated access to mutual aid	[ ]	Complementary therapies	[ ]
Family support	[ ]	Mental health focussed interventions	[ ]
Parenting support	[ ]	Smoking cessation	[ ]
Housing support	[ ]	Education and training support	[ ]
Employment support	[ ]	Supported work projects	[ ]
Client provided with domestic abuse support for victim/survivor	[ ]	Client provided with domestic abuse support for perpetrator	[ ]
		Referral to peer-led initiatives	[ ]
Client provided with prescribing for relapse prevention (post structured treatment only)	[ ]		
Recovery check-ups (post structured treatment only)	[ ]	Continuing care (post structured treatment only)	[ ]