



TOP CARE COORDINATION			
2	No	1	Yes
CONSENT FOR NDTMS			
N	No client has not consented		
Y	Yes client has consented		
CLIENT SEX AT REGISTRATION OF BIRTH			
1	Male	9	Not specified
2	Female	0	Not known
ETHNICITY			
A	White British	White	
B	White Irish	White	
C	Other White	White	
D	White and Black Caribbean	Mixed	
E	White and Black African	Mixed	
F	White and Asian	Mixed	
G	Other mixed	Mixed	
H	Indian	Asian/Asian British	
J	Pakistani	Asian/Asian British	
K	Bangladeshi	Asian/Asian British	
L	Other Asian	Asian/Asian British	
M	Caribbean	Black/Black British	
N	African	Black/Black British	
P	Other Black	Black/Black British	
R	Chinese	Other Ethnic	
S	Other	Other Ethnic	
Z	Not stated	Not stated	
99	Ethnicity is unknown		
COUNTRY OF BIRTH			
Country codes: http://www.iso.org/iso/country_codes			
Z	Not stated		
POSTCODE			
ZZ99 3VZ Default Postcode for clients with no fixed abode			
ACCOMMODATION NEED			
1	NFA - urgent housing problem		
2	Housing problem		
3	No housing problem		
CLIENT STATED SEXUAL ORIENTATION			
1	Heterosexual or Straight	Z	Not stated
2	Gay or Lesbian	4	Other sexual orientation not listed
3	Bisexual	9	Not known
U	Person asked and does not know or is not sure		

RELIGION OR BELIEF			
A	Baha'i	H	Pagan
B	Buddhist	I	Sikh
C	Christian	J	Zoroastrian
D	Hindu	K	Other
E	Jain	L	None
F	Jewish	M	Declines to disclose
G	Muslim	N	Patient religion unknown
DISABILITY			
1	Behaviour and emotional		
2	Hearing		
3	Manual dexterity		
4	Learning disability		
5	Mobility and gross motor		
6	Perception of physical danger		
7	Personal, self-care and continence		
8	Progressive conditions and physical health		
9	Sight		
10	Speech		
XX	Other		
NN	No disability		
ZZ	Not stated		
EMPLOYMENT STATUS			
1	Regular employment	14	Unpaid voluntary work
2	Pupil/student	15	Retired from paid work
9	Long term sick or disabled	16	Unemployed and not seeking work
10	Homemaker	99	Not stated
12	Unemployed and seeking work	5	Other
13	Not receiving benefits	6	Not known
TIME SINCE LAST PAID EMPLOYMENT			
0	Less than one year	n*	n years since paid employment
1	1 to 2 years	97	Never employed
2	2 to 3 years	99	Client declined to answer
ARMED FORCES VETERAN			
Y	Yes	Z	Client declined to answer
N	No		



REFERRAL SOURCE			
4	Self		
69	Self-referred via health professional		
37	Relative/peer/ concerned other		
3	GP		
63	Arrest referral		
70	Community Rehabilitation Company (CRC)		
6	DRR		
71	National Probation Service		
72	Liaison and Diversion		
19	Social Services		
74	Domestic abuse service		
59	Employment/education service		
10	Syringe exchange		
13	Prison		
22	Hospital		
76	Hospital alcohol care team/liaison nurse		
77	Housing/homelessness service		
36	Outreach		
56	Employer		
57	ATR		
75	Recommissioning transfer		
15	Other		
38	Adult mental health services		
39	Adult treatment provider		
40	Young people's structured treatment provider		
PREVIOUSLY TREATED			
N	No	Y	Yes
INJECTING STATUS			
P	Previously injected (but not currently)		
C	Currently injecting		
N	Never injected		
Z	Client declined to answer		
SADQ SCORE			
0-60	The client's SADQ Score	SADQ specified response	
98	Information not available		
99	Client declined to answer		
HEP B INTERVENTION STATUS			
B	Offered and refused		
C	Immunised already		
D	Not offered		
F	Assessed as not appropriate to offer		
G	Offered and accepted – not yet had any vaccinations		
H	Offered and accepted – started having vaccinations		
I	Offered and accepted – completed vaccination		
K	Deferred due to clinical reasons		

HEP C INTERVENTION STATUS			
B	Offered and refused		
D	Not offered		
F	Assessed as not appropriate to offer		
G	Offered and accepted – not yet had a test		
H	Offered and accepted – had a hep C test		
K	Deferred due to clinical reasons		
HEP C TEST RESULT ANTIBODY STATUS			
1	Positive	3	Unknown
2	Negative		
HEP C TEST RESULT PCR (RNA) STATUS			
1	Positive	3	Unknown
2	Negative (never infected)	4	Negative (cleared by treatment)
HAS THE CLIENT BEEN REFERRED FOR HEP C TREATMENT?			
2	No	1	Yes
HIV STATUS			
Y	Yes	U	Unknown
N	No	Z	Client declined to answer
REFERRAL FOR ALCOHOL RELATED LIVER DISEASE			
Y	Yes	U	Unknown
N	No		
HAS THE CLIENT BEEN ISSUED WITH NALOXONE?			
1	Yes – nasal naloxone		
2	Yes – injectable naloxone		
3	Yes – both nasal and injectable naloxone		
4	No – client already in possession of adequate naloxone		
5	No – assessed as not appropriate		
6	No – service does not provide naloxone		
HAS THE CLIENT EVER BEEN ADMINISTERED WITH NALOXONE TO REVERSE THE EFFECTS OF AN OVERDOSE?			
Y	Yes	U	Unknown
N	No	Z	Client declined to answer
PREGNANT			
N	No	Y	Yes
PARENTAL RESPONSIBILITY			
Y	Yes	Z	Client declined to answer
N	No		
DO ANY OF THESE CHILDREN LIVE WITH THE CLIENT?			
11	All the children live with client		
12	Some of the children live with client		
13	None of the children live with client		
15	Client declined to answer		



HOW MANY CHILDREN UNDER 18 IN TOTAL LIVE IN THE SAME HOUSE AS THE CLIENT?

0	No children living with client
1	1 child living with client
2	2 children living with client
n*	n children living with client
98	Client declined to answer
99	Undisclosed number

WHAT HELP ARE THE CLIENT'S CHILDREN/CHILDREN LIVING WITH THE CLIENT RECEIVING?

1	Early Help	
2	Child in need	
3	Has a child protection plan	
4	Looked after child	
5	None of the children are receiving any help	Available for option 1 only
99	Client declined to answer	

MENTAL HEALTH TREATMENT NEED

2	No	1	Yes
99	Client declined to answer		

RECEIVING TREATMENT FOR MENTAL HEALTH NEED

1	Already engaged with the community mental health team/ other mental health services
2	Engaged with Improved Access to Psychological therapy (IAPT)
3	Receiving mental health treatment from GP
4	Receiving any NICE- recommended psychosocial or pharmacological intervention provided for the treatment of a mental health problem in drug or alcohol services
5	Has an identified space in a health-based place of safety for mental health crises
6	Treatment need identified but no treatment being received
99	Client declined to commence treatment for their mental health need

TREATMENT INTERVENTION

94	Pharmacological intervention	Structured - high level
95	Psychosocial intervention	Structured - high level
96	Recovery support	Non-structured - high level

INTERVENTION SETTING

1	Community	4	Secure setting
2	Inpatient unit	5	Residential
3	Primary care	6	Recovery house

DISCHARGE REASON

80	Treatment completed – drug-free	PLANNED
81	Treatment completed – alcohol-free	
82	Treatment completed – occasional user (not opiates or crack)	
83	Transferred – not in custody	TRANSFERRED
84	Transferred – in custody	
74	Transferred – recommissioning transfer	
71	Incomplete – Onward referral offered and refused	UNPLANNED
85	Incomplete – dropped out	
86	Incomplete – treatment withdrawn by provider	
87	Incomplete – retained in custody	
88	Incomplete – treatment commencement declined by client	
89	Incomplete – client died	TRANSFERRED (for residential providers only)
93	Transferred – programme completed at the residential provider – additional residential treatment required	
94	Transferred – programme completed at the residential provider – additional community treatment required	
95	Transferred – programme not completed at the residential provider – additional residential treatment required	
96	Transferred – programme not completed at the residential provider – additional community treatment required	