



CLIENT REF KEYWORKER DOB
 SEX M F START REVIEW EXIT POST EXIT DATE

To be completed at treatment start, at 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				Average / day	Total
	Week 4	Week 3	Week 2	Week 1		
A. Alcohol	<input type="text"/> 0-7	<input type="text"/> 0-7	<input type="text"/> 0-7	<input type="text"/> 0-7	<input type="text"/> UNITS	<input type="text"/> 0-28
B. Opiates/Opioids (Illicit) <small>Includes street heroin and non-prescribed opioids</small>	<input type="text"/> 0-7	<input type="text"/> 0-7	<input type="text"/> 0-7	<input type="text"/> 0-7	<input type="text"/> G	<input type="text"/> 0-28
C. Crack	<input type="text"/> 0-7	<input type="text"/> 0-7	<input type="text"/> 0-7	<input type="text"/> 0-7	<input type="text"/> G	<input type="text"/> 0-28
D. Cocaine	<input type="text"/> 0-7	<input type="text"/> 0-7	<input type="text"/> 0-7	<input type="text"/> 0-7	<input type="text"/> G	<input type="text"/> 0-28
E. Amphetamines	<input type="text"/> 0-7	<input type="text"/> 0-7	<input type="text"/> 0-7	<input type="text"/> 0-7	<input type="text"/> G	<input type="text"/> 0-28
F. Cannabis	<input type="text"/> 0-7	<input type="text"/> 0-7	<input type="text"/> 0-7	<input type="text"/> 0-7	<input type="text"/> SPLIFFS	<input type="text"/> 0-28
G. Other substance. Specify:	<input type="text"/> 0-7	<input type="text"/> 0-7	<input type="text"/> 0-7	<input type="text"/> 0-7	<input type="text"/> G	<input type="text"/> 0-28
H. Tobacco <small>In any form and when combined with other substances</small>	<input type="text"/> 0-7	<input type="text"/> 0-7	<input type="text"/> 0-7	<input type="text"/> 0-7	<input type="text"/>	<input type="text"/> 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			
A. Injected	<input type="text"/> 0-7	<input type="text"/> 0-7	<input type="text"/> 0-7	<input type="text"/> 0-7			<input type="text"/> 0-28
B. Injected with a needle or syringe used by somebody else	Yes <input type="checkbox"/> No <input type="checkbox"/>						<input type="text"/> 0-28
C. Injected using a spoon, water or filter used by somebody else	Yes <input type="checkbox"/> No <input type="checkbox"/>						<input type="text"/> 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"/>		Weekly/ most weeks <input type="checkbox"/>	Daily/ most days <input type="checkbox"/>	<input type="text"/>

*If either answer is 'Yes' record 'Y'.
Other-*

HEALTH & SOCIAL FUNCTIONING	A. Client's rating psychological health <small>(Anxiety, depression, problem emotions and feelings)</small>	<input type="text"/> 0 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 <small>Poor Good</small>																			<input type="text"/> 0-20
	B. Days in paid work	Week 4	Week 3	Week 2	Week 1															<input type="text"/> 0-28	
	C. Days in volunteering or unpaid structured work placement	<input type="text"/> 0-7	<input type="text"/> 0-7	<input type="text"/> 0-7	<input type="text"/> 0-7															<input type="text"/> 0-28	
	D. Days attended college or school	<input type="text"/> 0-7	<input type="text"/> 0-7	<input type="text"/> 0-7	<input type="text"/> 0-7															<input type="text"/> 0-28	
	E. Client's rating physical health <small>(Extent of physical symptoms and bothered by illness)</small>	<input type="text"/> 0 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 <small>Poor Good</small>																			<input type="text"/> 0-20
	F. Acute housing problem	Yes <input type="checkbox"/> No <input type="checkbox"/>																			<input type="text"/> Y/N
	G. Unsuitable housing <small>Housing situation that is likely to have a negative impact on health and wellbeing and / or on the likelihood of achieving recovery</small>	Yes <input type="checkbox"/> No <input type="checkbox"/>																			<input type="text"/> Y/N
	H. At risk of eviction	Yes <input type="checkbox"/> No <input type="checkbox"/>																			<input type="text"/> Y/N
	I. Client's rating overall quality of life <small>(For example, able to enjoy life, gets on with family and partner)</small>	<input type="text"/> 0 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 <small>Poor Good</small>																			<input type="text"/> 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 pre-treatment drug 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 approp. to offer	<input type="checkbox"/>			
		Offered & refused	<input type="checkbox"/>	Deferred-clinical reason	<input type="checkbox"/>			
	Latest hep C test date	<input type="text"/>						
	Hep C test result antibody status	Positive	<input type="checkbox"/>	Negative	<input type="checkbox"/>	Unknown	<input type="checkbox"/>	
	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
	Unknown	<input type="checkbox"/>						
Client referred for hep C treatment[^]	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>				
HIV positive[^]	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Unknown	<input type="checkbox"/>	Declined to answer	<input type="checkbox"/>
HIV latest test date	<input type="text"/>							

HOUSING	What is the client's current housing situation?[^]	<input type="text"/>			
	Is the client threatened with homelessness in the next 56 days (8 weeks)?[^]	Yes	<input type="checkbox"/>	No	<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 - curr and prev	<input type="checkbox"/>	No	<input type="checkbox"/>
		Declined to answer	<input type="checkbox"/>	Not app. to ask	<input type="checkbox"/>				
HEALTH	Has the client ever abused someone close to them?[^]	Yes - currently	<input type="checkbox"/>	Yes - previously	<input type="checkbox"/>	Yes - curr and prev	<input type="checkbox"/>	No	<input type="checkbox"/>
		Declined to answer	<input type="checkbox"/>	Not app. 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"/>
	Latest health care assessment date	<input type="text"/>					

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"/>		Assessed as not appropriate	<input type="checkbox"/>		
NALOXONE	Has the client been administered with naloxone to reverse the effects of an overdose in the last 6 months?[^]		Nasal and injectable	<input type="checkbox"/>		Service does not provide naloxone	<input type="checkbox"/>		
			Not yet issued	<input type="checkbox"/>		Offered and refused	<input type="checkbox"/>		
		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?[^]			0-30	<input type="checkbox"/>	Undisclosed number	<input type="checkbox"/>	Declined to answer	<input type="checkbox"/>							
	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"/>	Child in need (LA service)	<input type="checkbox"/>	CPP (LA service)	<input type="checkbox"/>	Looked after child (LA service)	<input type="checkbox"/>	None receiving any help	<input type="checkbox"/>	Declined to answer	<input type="checkbox"/>	Other relevant child or family support service	<input type="checkbox"/>	Not known

MENTAL HEALTH	Does client have a mental health treatment need?[^]	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Declined to answer	<input type="checkbox"/>								
	Is client receiving treatment for their mental health need? (If yes, record up to 3 options)	Community mental health team	<input type="checkbox"/>	Improved Access to Psychological Therapy (IAPT)	<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

PHARMACOLOGICAL	Drug	Purpose		Drug	Purpose	
	Methadone (oral solution)*	Opioid assessment & stabilisation	<input type="text"/>	Benzodiazepine	Benzodiazepine maintenance	<input type="text"/>
		Opioid withdrawal	<input type="text"/>	Benzodiazepine	Stimulant withdrawal	<input type="text"/>
		Opioid maintenance	<input type="text"/>		GHB/GBL withdrawal	<input type="text"/>
	Current daily dose of liquid oral methadone medication (ml)*			Stimulant (such as dexamphetamine)	Stimulant withdrawal	<input type="text"/>
		Opioid assessment & stabilisation	<input type="text"/>	Pregabalin	Gabapentinoid withdrawal	<input type="text"/>
	Buprenorphine (tablet / wafer)#	Opioid withdrawal	<input type="text"/>	Gabapentin	Gabapentinoid withdrawal	<input type="text"/>
		Opioid maintenance	<input type="text"/>	Naltrexone (oral)	Opioid relapse prevention	<input type="text"/>
	Buprenorphine (tablet / wafer) with naloxone#	Opioid assessment & stabilisation	<input type="text"/>		Alcohol relapse prevention/consumption reduction	<input type="text"/>
		Opioid withdrawal	<input type="text"/>		Chlordiazepoxide	Alcohol withdrawal
	Opioid maintenance	<input type="text"/>	Diazepam	Alcohol withdrawal	<input type="text"/>	
Current daily dose of oral buprenorphine medication (mg)#			Carbamazepine	Alcohol withdrawal	<input type="text"/>	
Is consumption of OST medication currently supervised? Should be completed for all clients where OST has been selected (indicated with * or #)			Other prescribed medication for alcohol withdrawal	Alcohol withdrawal	<input type="text"/>	
	Opioid withdrawal	<input type="text"/>	Acamprosate	Alcohol relapse prevention	<input type="text"/>	
	Opioid maintenance	<input type="text"/>	Disulfiram	Alcohol relapse prevention	<input type="text"/>	
Diamorphine injection	Opioid assessment & stabilisation/withdrawal/maintenance	<input type="text"/>	Vitamin B and C supplement	Prevent/treat Wernicke's encephalopathy/Wernicke-Korsakoffs	<input type="text"/>	
Methadone injection	Opioid assessment and stabilisation/withdrawal/maintenance	<input type="text"/>	Other medication	Any other medication for the treatment of drug or alcohol misuse / dependence / withdrawal / associated symptoms	<input type="text"/>	

PSYCHOSOCIAL	Motivational interventions	<input type="text"/>	Psychodynamic therapy	<input type="text"/>
	Contingency management	<input type="text"/>	12-step work	<input type="text"/>
	Family and social network	<input type="text"/>	Counselling (BACP accredited)	<input type="text"/>
	Psychosocial for co-existing mental health	<input type="text"/>	Cognitive and behavioural interventions	<input type="text"/>

RECOVERY SUPPORT	Peer support involvement	<input type="text"/>	Recovery check-ups	<input type="text"/>
	Facilitated access to mutual aid	<input type="text"/>	Behavioural based relapse prevention	<input type="text"/>
	Family support	<input type="text"/>	Complementary therapies	<input type="text"/>
	Parenting support	<input type="text"/>	Mental health focussed interventions	<input type="text"/>
	Housing support	<input type="text"/>	Smoking cessation	<input type="text"/>
	Employment support	<input type="text"/>	Education and training support	<input type="text"/>
	Client provided with prescribing for relapse prevention (post structured treatment only)	<input type="text"/>	Supported work projects	<input type="text"/>
	Client provided with domestic abuse support for victim/survivor	<input type="text"/>	Client provided with domestic abuse support for perpetrator	<input type="text"/>