



TREATMENT OUTCOMES PROFILE (SECURE SETTING)

CDS-Q

Office for Health Improvement & Disparities

CLIENT REF KEYWORKER DOB

SEX M F INITIAL RECEPTION DATE

To be completed within 2 weeks of initial reception by the keyworker with the client

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

Record the number of using days in each of the 4 weeks prior to custody and the average amount used on a using day

	Week 4	Week 3	Week 2	Week 1	Average / day	Total
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) Includes street heroin and non-prescribed opioids	<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 In any form and when combined with other substances	<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

Record number of days client injected non-prescribed drugs during the 4 weeks prior to custody.

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"/>	} If either answer is 'Yes' record 'Y'. Otherwise record 'N'.			
C. Injected using a spoon, water or filter used by somebody else	Yes <input type="checkbox"/> No <input type="checkbox"/>				
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 28 days prior to custody?	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"/>

HEALTH & SOCIAL FUNCTIONING

A. 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	<input type="text"/> 0-20
Record days worked, or at college or school in the four weeks prior to custody	Week 4 Week 3 Week 2 Week 1	
B. Days in paid work	<input type="text"/> 0-7	<input type="text"/> 0-28
C. Days in volunteering or unpaid structured work placement	<input type="text"/> 0-7	<input type="text"/> 0-28
D. Days attended college or school	<input type="text"/> 0-7	<input type="text"/> 0-28
E. 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	<input type="text"/> 0-20
Record accommodation status for the four weeks prior to custody		
F. Acute housing problem	Yes <input type="checkbox"/> No <input type="checkbox"/>	<input type="text"/> Y/N
G. Unsuitable housing Housing situation that is likely to have a negative impact on health and wellbeing and / or on the likelihood of achieving recovery	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 (Able to enjoy life, gets on with family and partner, etc)	0 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 Poor Good	<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 TOP should always capture drug and alcohol use pre-custody, so it is important that the recall period is the 28 days before the client entered prison. 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