

NDTMS ADULT REFERENCE DATA

CDS-Q

CONSENT FOR NDTMS			
N	No client has not consented		
Y	Yes client has consented		
CLIENT PARTICIPATING IN IPS (IPS areas only)			
N	No	Y	Yes
CONSENT FOR IPS (IPS areas only)			
N	No – IPS client has not consented		
Y	Yes – IPS client has consented		
CLIENT STATED SEX			
1	Male	9	Not specified
2	Female	0	Not known
PREVIOUSLY TREATED			
N	No	Y	Yes
TOP CARE COORDINATION			
N	No	Y	Yes
CLIENT STATED SEXUAL ORIENTATION			
1	Heterosexual or Straight		
2	Gay or Lesbian		
3	Bisexual		
U	Person asked and does not know or is not sure		
Z	Not stated		
4	Other sexual orientation not listed		
9	Not known		
PREGNANT §			
N	No	Y	Yes
COUNTRY OF BIRTH			
Country Codes - www.iso.org/iso/country_codes			
Z	Not stated		
POSTCODE			
ZZ99 3VZ Default Postcode for clients with no fixed abode			
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		

ETHNICITY		
		ONS GROUP
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
T	White Gypsy or Roma or Traveller or Irish Traveller	White
Z	Not stated	Not Stated
99	Ethnicity is unknown	
RELIGION		
A	Baha'i	
B	Buddhist	
C	Christian	
D	Hindu	
E	Jain	
F	Jewish	
G	Muslim	
H	Pagan	
I	Sikh	
J	Zoroastrian	
K	Other	
L	None	
M	Declines to disclose	
N	Unknown	
BRITISH ARMED FORCES VETERAN		
Y	Yes	
N	No	
Z	Client declined to answer	

All fields marked § are also collected at CIR level

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WHAT IS THE CLIENT'S CURRENT HOUSING SITUATION? §	
1	Owns home
2	Rented home only – self-contained – private landlord
3	Rented home only – self-contained – social landlord
4	Rented home only – shares facilities – private landlord
5	Rented home only – shares facilities – social landlord
6	Other – university or college accommodation
7	Other – living with friends permanently
8	Other – living with family permanently
9	Other – supported accommodation
10	Other – healthcare setting
11	Other – accommodation tied to job (including armed forces)
12	Other – approved premises
13	Other – authorised Gypsy and Traveller site
14	No home of their own – living with friends as a short-term guest
15	No home of their own – living with family as a short-term guest
16	No home of their own – sofa surfing (sleeps on different friends' floor or sofa each night)
17	No home of their own – lives on the streets/rough sleeping
18	No home of their own – squatting
19	No home of their own – night/winter shelter
20	No home of their own – bed and breakfast/hotel
21	No home of their own – hostel
22	No home of their own – supported accommodation
23	No home of their own – temporary housing
24	No home of their own – unauthorised Gypsy and Traveller encampment
IS THE CLIENT THREATENED WITH HOMELESSNESS IN THE NEXT 56 DAYS (8 WEEKS)? §	
N	No
Y	Yes
REFERRAL SOURCE	
4	Self
69	Self-referred via health professional
37	Relative/peer/concerned other
3	GP
4	Arrest referral
70	Community Rehabilitation Company (CRC)
6	DRR
71	National Probation Service
72	Liaison and Diversion
19	Adult social care 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		
30	Children and family services		
38	Adult mental health services		
39	Adult treatment provider		
40	Young people's structured treatment provider		
EMPLOYMENT STATUS			
1	Regular employment		
2	Pupil/student		
9	Long term sick or disabled		
10	Homemaker		
12	Unemployed and seeking work		
13	Not receiving benefits		
14	Unpaid voluntary work		
15	Retired from paid work		
16	Unemployed and not seeking work		
99	Not stated		
5	Other		
6	Not known		
TIME SINCE LAST PAID EMPLOYMENT			
0	<1 year	n*	>3 years
1	1-2 years	97	Never employed
2	2-3 years	99	Client declined to answer
* between 3-75 years. Years should be rounded down			
PARENTAL RESPONSIBILITY FOR CHILDREN UNDER 18 §			
Y	Yes	Z	Client declined to answer
N	No		
IF CLIENT HAS PARENTAL RESPONSIBILITY, DO ANY OF THESE CHILDREN LIVE WITH THE CLIENT? §			
11	All	13	None
12	Some	15	Client declined to answer
CHILDREN UNDER 18 LIVING WITH CLIENT §			
0	None	n	n = integer between 0 and 30
1	1	98	Client declined to answer
2	2	99	Undisclosed number
IF A CLIENT HAS PARENTAL RESPONSIBILITY AND/OR CHILDREN LIVING WITH THEM, WHAT HELP ARE THE CHILDREN RECEIVING? (can select up to three) §			
1	Early help (family support)		
2	Child in need (LA service)		
3	Has a Child Protection Plan (LA service)		
4	Looked after child (LA service)		
5	None of the children are receiving any help	<i>Must be the only selection if used</i>	
6	Other relevant child or family support service		
7	Not known		
99	Client declined to answer		

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HAS THE CLIENT EVER BEEN THE VICTIM OF DOMESTIC ABUSE §			
1	Yes – currently (last 28 days)	4	No
2	Yes – previously	5	Client declined to answer
3	Yes – currently and previously	6	Not appropriate to ask
HAS THE CLIENT EVER ABUSED SOMEONE CLOSE TO THEM? §			
1	Yes – currently (last 28 days)	4	No
2	Yes – previously	5	Client declined to answer
3	Yes – currently and previously	6	Not appropriate to ask
HAS THE CLIENT EVER RECEIVED MONEY OR GOODS IN EXCHANGE FOR SEX?			
A	Yes – in the past year	C	No
B	Yes – but not in the past year	Z	Client declined to answer
INJECTING STATUS			
P	Previously injected (but not currently)	N	Never injected
C	Currently injecting	Z	Client declined to answer
WHAT IS THE CLIENT'S SADQ SCORE?			
0-60	The client's SADQ score		
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 course		
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		
2	Negative (never infected)		
3	Unknown		
4	Negative (cleared by treatment)		
5	Negative (cleared naturally)		

HAS THE CLIENT BEEN REFERRED FOR HEP C TREATMENT? §			
N	No	Y	Yes
IS THE CLIENT HIV POSITIVE? §			
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		
7	Yes – not yet issued		
8	No – offered and refused		
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
DOES THE CLIENT HAVE A MENTAL HEALTH TREATMENT NEED? §			
N	No	Z	Client declined to answer
Y	Yes		
IS THE CLIENT RECEIVING TREATMENT FOR THEIR MENTAL HEALTH NEED/S? (can select up to three) §			
1	Already engaged with CMHT/other services		
2	Engaged with IAPT		
3	Receiving 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		<i>Must be the only selection if used</i>
99	Client declined to commence treatment for their mental health need		
PROPORTION OF FACE-TO-FACE APPOINTMENTS WITH THE KEYWORKER			
A	All face-to-face	D	Mostly digital
B	Mostly face-to-face	E	All digital
C	Equal mix of face-to-face and digital	For a list of the sub-modalities, refer to the interventions aid	

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TREATMENT INTERVENTIONS	
94	Pharmacological intervention
95	Psychosocial intervention
96	Recovery support
111	IPS (Individual Placement & Support)
113	ADDER support
114	Accelerator support
117	RSDATG engagement
INTERVENTION SETTING	
1	Community
2	Inpatient unit
3	Primary care
4	Secure setting
5	Residential
6	Recovery house

DISCHARGE REASON		
80	Treatment completed – drug-free	<i>PLANNED</i>
81	Treatment completed – alcohol-free	
82	Treatment completed – occasional user (not opiates or crack)	
83	Transferred – not in custody	<i>TRANSFERRED</i>
84	Transferred – in custody	
74	Transferred – recommissioning transfer	
71	Incomplete – onward referral offered and refused	<i>UNPLANNED</i>
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	
93	Transferred – programme completed at the residential provider - additional residential treatment required	<i>TRANSFERRED – FOR RESIDENTIAL SETTINGS ONLY</i>
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	

Please refer to the business definitions for further notes and guidance

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