

# Publication withdrawn

This guidance was withdrawn in April 2024.

For up-to-date information about the National Drug Treatment Monitoring System (NDTMS), see [core data set documentation on the NDTMS website](#).

# YOUNG PEOPLE'S SPECIALIST SUBSTANCE MISUSE OUTCOMES RECORD

**CLIENT ID**

**KEYWORKER**

**SEX**  
MALE  FEMALE

**TREATMENT STAGE**  
START  REVIEW  EXIT  POST-TREATMENT

**DOB**  
 /  /

**INTERVIEW DATE**  
 /  /

USE 'NA' ONLY IF THE CLIENT DOES NOT DISCLOSE INFORMATION OR DOES NOT ANSWER

## 1 SUBSTANCE USE

How many days during the past 28 days have you used any of these substances? On an average using day, how much did you use/drink? How old were you when you first used these substances?

	NUMBER OF DAYS USED IN THE PAST 28 DAYS	AMOUNT USED ON AN AVERAGE USING DAY	AGE WHEN SUBSTANCE FIRST USED*
A. CANNABIS	<input type="text" value="0-28"/>	<input type="text" value="GRAMS"/>	<input type="text"/>
B. ALCOHOL	<input type="text" value="0-28"/>	<input type="text" value="UNITS"/>	<input type="text"/>
C. TOBACCO/NICOTINE	<input type="text" value="0-28"/>	<input type="text" value="**"/>	<input type="text"/>
D. OPIATES (ILLICIT)	<input type="text" value="0-28"/>	<input type="text" value="**"/>	<input type="text"/>
E. CRACK	<input type="text" value="0-28"/>	<input type="text" value="**"/>	<input type="text"/>
F. COCAINE	<input type="text" value="0-28"/>	<input type="text" value="**"/>	<input type="text"/>
G. ECSTASY	<input type="text" value="0-28"/>	<input type="text" value="**"/>	<input type="text"/>
H. AMPHETAMINES	<input type="text" value="0-28"/>	<input type="text" value="**"/>	<input type="text"/>
I. SOLVENTS	<input type="text" value="0-28"/>	<input type="text" value="**"/>	<input type="text"/>
J. KETAMINE	<input type="text" value="0-28"/>	<input type="text" value="**"/>	<input type="text"/>
K. GHB	<input type="text" value="0-28"/>	<input type="text" value="**"/>	<input type="text"/>
L. NPS	<input type="text" value="0-28"/>	<input type="text" value="**"/>	<input type="text"/>
M. TRANQUILISERS	<input type="text" value="0-28"/>	<input type="text" value="**"/>	<input type="text"/>
N. OTHER SUBSTANCE 1 SPECIFY:	<input type="text" value="0-28"/>	<input type="text" value="**"/>	<input type="text" value="**"/>
O. OTHER SUBSTANCE 2 SPECIFY:	<input type="text" value="0-28"/>	<input type="text" value="**"/>	<input type="text" value="**"/>
P. OTHER SUBSTANCE 3 SPECIFY:	<input type="text" value="0-28"/>	<input type="text" value="**"/>	<input type="text" value="**"/>

## 2 SUBSTANCE-SPECIFIC RISK BEHAVIOUR

Tick YES or NO to the following questions

A. ALCOHOL USE	In the past 28 days have you drunk more than eight units (male) or more than six units (female) during a single drinking episode?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
B. EVER INJECTED*	Have you ever injected a substance?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
C. INJECTING	If yes, have you injected a substance within the past 28 days?	YES <input type="checkbox"/>	NO <input type="checkbox"/>

\* Answer these questions at treatment start only. \*\* Not submitted nationally. For quantity, use whichever measurements you find most useful for that substance.

### Ounces to grams converter

Ounces	Grams
One ounce	28
Half an ounce (½)	14
Quarter of an ounce (¼)	7
Eighth of an ounce (⅛)	3.5
Sixteenth of an ounce (1/16)	1.8

### 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	9
Single measure of spirits (25ml)	40	1
Bottle of spirits (750ml)	40	30
275ml bottle alcopops	5	1.5

# YOUNG PEOPLE'S SPECIALIST SUBSTANCE MISUSE OUTCOMES RECORD

## 3 PATTERNS OF USE

Tick YES or NO to the following questions

### A. ALCOHOL-USING BEHAVIOUR

During the past 28 days, have you drunk alcohol:

On a weekday, during the daytime	YES <input type="checkbox"/>	NO <input type="checkbox"/>
On a weekday, during the evening	YES <input type="checkbox"/>	NO <input type="checkbox"/>
On a weekend, during the daytime	YES <input type="checkbox"/>	NO <input type="checkbox"/>
On a weekend, during the evening	YES <input type="checkbox"/>	NO <input type="checkbox"/>
On your own	YES <input type="checkbox"/>	NO <input type="checkbox"/>

During the past 28 days, have you used any of the other substances on page one (except tobacco):

### B. OTHER SUBSTANCE-USING BEHAVIOUR

On a weekday, during the daytime	YES <input type="checkbox"/>	NO <input type="checkbox"/>
On a weekday, during the evening	YES <input type="checkbox"/>	NO <input type="checkbox"/>
On a weekend, during the daytime	YES <input type="checkbox"/>	NO <input type="checkbox"/>
On a weekend, during the evening	YES <input type="checkbox"/>	NO <input type="checkbox"/>
On your own	YES <input type="checkbox"/>	NO <input type="checkbox"/>

## 4 HEALTH AND WELLBEING

How do you feel about your life? Think about how you feel at the moment. On the scale, circle the score that is true for you.

### A. OVERALL, HOW SATISFIED ARE YOU WITH YOUR LIFE TODAY?

0=not at all satisfied, 10=completely satisfied.

0	1	2	3	4	5	6	7	8	9	10
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### B. OVERALL, TO WHAT EXTENT DO YOU FEEL THAT THE THINGS YOU DO IN YOUR LIFE ARE WORTHWHILE?

0=not at all worthwhile, 10=completely worthwhile.

0	1	2	3	4	5	6	7	8	9	10
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### C. OVERALL, HOW ANXIOUS DID YOU FEEL YESTERDAY?

0=not at all anxious, 10=completely anxious.

0	1	2	3	4	5	6	7	8	9	10
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### D. OVERALL, HOW HAPPY DID YOU FEEL YESTERDAY?

0=not at all happy, 10=completely happy.

0	1	2	3	4	5	6	7	8	9	10
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### E. OVERALL, HOW WELL DO YOU GET ON WITH YOUR FAMILY/FRIENDS?

0=not at all well, 10=completely well.

0	1	2	3	4	5	6	7	8	9	10
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### F. UNSUITABLE HOUSING

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

YES  NO

## WHEN AND HOW TO COMPLETE THE YOUNG PEOPLE'S OUTCOMES RECORD

Complete the outcomes record within two weeks either side of the first intervention start date at the beginning of a young person's treatment journey, and within two weeks either side of the discharge date of when the young person's treatment journey ends. Focus on the 28 days before the date the form is being completed. You can also complete the record at regular points during treatment (for example, at care-plan reviews), though this is not mandatory.

Start by entering the details of the young person and keyworker, and the date and treatment stage at which the form is being completed. The young person and keyworker should then complete this form together. There are five kinds of questions: (1) Days – the number of using days in the past 28 days. Use an event-based calendar with the young person to improve recall, but only record the total here. (2) Quantity – the amount used on an average using day. (3) Age – the age (in years) the young person first used the substance, whether or not this was first problematic use. Round down to get a whole number: for example, if the young person was 14 and a half, record the age as 14. (4) Yes and no – a simple tick for yes or no. (5) Ratings scale – an 10-point scale from poor to good. Together with the young person mark the scale at an appropriate place.

All information from the YPOR will be collected and reported to the same standards of confidentiality and security as other information collected during treatment. For more details, see the consent and confidentiality toolkit issued as part of the core dataset documentation.

THANK YOU FOR USING THE YPOR AND CONTRIBUTING TO NDTMS