

Publication withdrawn

This form was withdrawn in April 2024.

For the latest information about the National Drug Treatment Monitoring System (NDTMS), including up-to-date documentation, visit the [NDTMS website](#).



YOUNG PEOPLE'S OUTCOMES RECORD (SECURE SETTING)

Public Health
England

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

SUBSTANCE USE	How many days during the 28 days prior to arrival in the secure estate 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 28 days prior to arrival	Amount used on an average using day	Age when substance first used*
A. Cannabis	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
B. Alcohol	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
C. Tobacco/nicotine	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
D. Opiates (Illicit)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
E. Crack	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
F. Cocaine	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
G. Ecstasy	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
H. Amphetamines	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
I. Solvents	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
J. Ketamine	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
K. GHB	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
L. NPS	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
M. Tranquilisers	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
N. Other substance 1 Specify:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
O. Other substance 2 Specify:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
P. Other substance 3 Specify:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

RISK BEHAVIOUR	Tick YES or NO to the following questions	
	Question	Yes <input type="checkbox"/> No <input type="checkbox"/>
A. Alcohol use	In the 28 days prior to arrival in the secure estate, have you drunk more than 8 units (male) or more than 6 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 28 days prior to arrival in the secure estate?	Yes <input type="checkbox"/> No <input type="checkbox"/>

PATTERNS OF USE	Tick YES or NO to the following questions		
	A. During the 28 days prior to arrival, did you drink alcohol:	B. During the 28 days prior to arrival, did you use any other substances listed above (except tobacco):	
On a weekday, during the daytime	Yes <input type="checkbox"/> No <input type="checkbox"/>	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 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 daytime	Yes <input type="checkbox"/> No <input type="checkbox"/>
On a weekend, during the evening	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"/>	On your own	Yes <input type="checkbox"/> No <input type="checkbox"/>

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	
	Question	Scale (0-10)
A. Overall, how satisfied are you with your life today?	<input type="text"/>	0 - not at all satisfied 10 - extremely satisfied
B. Overall, how anxious did you feel yesterday?	<input type="text"/>	0 - not at all anxious 10 - extremely anxious
C. Overall, how happy did you feel yesterday?	<input type="text"/>	0 - not at all happy 10 - extremely happy
D. Overall, how well do you get on with your family?	<input type="text"/>	0 - not at all well 10 - extremely well
E. Overall, how well do you get on with your friends?	<input type="text"/>	0 - not at all well 10 - extremely well
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 <input type="checkbox"/> No <input type="checkbox"/>	

** Not submitted to NDTMS. For quantity use whichever measurements you find most useful for that substance.



WHEN AND HOW TO COMPLETE THE YOUNG PEOPLE'S OUTCOMES RECORD (YPOR)

Complete the outcomes record within 2 weeks of a young person's arrival in the secure setting from the community. Focus on the 28 days before the young person's arrival in the secure estate. Ideally the YPOR should be completed at the first assessment by a substance misuse worker. This provides a baseline record of behaviour in the month leading up to arrival. If the YPOR is completed after the young person has started treatment it should still focus on the 28 days before entering the secure estate.

Start by entering the details of the young person and keyworker, and the date on which the form is being completed. The young person and keyworker should then complete this form together. There are 5 kinds of questions:

(1) Days – the number of using days in the 28 days prior to arrival in the secure estate. 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 11-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.

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