

Publication withdrawn

This form was withdrawn in April 2024.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](#).



CLIENT REF [] KEYWORKER [] DOB []

SEX M [] F [] START [] REVIEW [] EXIT [] POST EXIT [] DATE []

To be completed at treatment start and exit by the keyworker with the client

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

Table with 4 columns: Substance, Number of days used in the past 28 days, Amount used on an average using day, and Age when substance first used*. Rows include Cannabis, Alcohol, Tobacco/nicotine, Opiates, Crack, Cocaine, Ecstasy, Amphetamines, Solvents, Ketamine, GHB, NPS, Tranquilisers, and Other substances.

RISK BEHAVIOUR section with 3 rows: A. Alcohol use, B. Ever injected*, C. Injecting. Each row includes a question and Yes/No checkboxes.

PATTERNS OF USE section with 2 columns: A. During the past 28 days, have you drunk alcohol; B. During the past 28 days, have you used any of the other substances listed above (except tobacco). Each column has 5 rows with Yes/No checkboxes.

HEALTH AND WELLBEING section with 6 rows: A-F. Each row includes a question and a 0-10 scale or Yes/No checkboxes.

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



YP COMBINED REVIEW FORM - CLIENT INFORMATION REVIEW (CIR)

CLIENT REF CIR DATE CIR 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"/>	Started vaccinations	<input type="checkbox"/>	Completed course	<input type="checkbox"/>	
		Offered & refused	<input type="checkbox"/>					
		Immunised already	<input type="checkbox"/>					
		Not offered	<input type="checkbox"/>					
		Not appropriate to offer	<input type="checkbox"/>					
		Deferred- clinical reason	<input type="checkbox"/>					
		Hep C intervention status [^]	Offered & accepted: Not yet had a test	<input type="checkbox"/>	Had a hep C test	<input type="checkbox"/>		
			Offered & refused	<input type="checkbox"/>				
			Not offered	<input type="checkbox"/>				
			Not appropriate to offer	<input type="checkbox"/>				
		Deferred- clinical reason	<input type="checkbox"/>					

To be completed at least every 6 months

HEALTH	Has YP been offered a screen for STIs? [^]	Offered and accepted	<input type="checkbox"/>	Offered and refused	<input type="checkbox"/>	Assessed as not appropriate to offer	<input type="checkbox"/>
	Has YP been offered a screen for Chlamydia? [^]	Offered and accepted	<input type="checkbox"/>	Offered and refused	<input type="checkbox"/>	Assessed as not appropriate to offer	<input type="checkbox"/>
	Latest health care assessment date	<input type="text"/>					
SAFEGUARDING	Is YP subject to a Child Protection Plan? [^]	Never	<input type="checkbox"/>	Previously	<input type="checkbox"/>	Currently	<input type="checkbox"/>
	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 yes, how many live with the client?	All	<input type="checkbox"/>	Some	<input type="checkbox"/>	None	<input type="checkbox"/>
	How many children under 18 in total live in the same house as the client? [^]		<input type="text" value="0-30"/>	Undisclosed number	<input type="checkbox"/>	Declined to answer	<input type="checkbox"/>
	What help are the client's children/ children living with the client receiving?	Early help	<input type="checkbox"/>	Child in need	<input type="checkbox"/>	CPP	<input type="checkbox"/>
		Looked after child	<input type="checkbox"/>	None receiving any help	<input type="checkbox"/>	Declined to answer	<input type="checkbox"/>
	(record up to 3 options)						
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?	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"/>
	(If yes, tick most significant Intervention)	Client declined treatment	<input type="checkbox"/>				

[^] indicates that field completion is required if completing a 'full' CIR



YP COMBINED REVIEW FORM - SUB INTERVENTION REVIEW (SIR)

CLIENT REF SIR DATE

To be completed at 6 monthly review and exit by the keyworker (client doesn't need to be present)

PSYCHOSOCIAL	Cognitive and behavioural interventions	<input type="checkbox"/>	Multi-component programmes	<input type="checkbox"/>
	Motivational interventions	<input type="checkbox"/>	Contingency management	<input type="checkbox"/>
	Structured family interventions	<input type="checkbox"/>	Counselling	<input type="checkbox"/>

MULTI AGENCY WORKING	Education/training	<input type="checkbox"/>	Sexual health/pregnancy	<input type="checkbox"/>
	Employment/volunteering	<input type="checkbox"/>	Meaningful activities	<input type="checkbox"/>
	Housing	<input type="checkbox"/>	Disability services	<input type="checkbox"/>
	Generic family support	<input type="checkbox"/>	Behavioural services	<input type="checkbox"/>
	Generic parenting support	<input type="checkbox"/>	Young carers	<input type="checkbox"/>
	Peer support involvement/mentoring	<input type="checkbox"/>	Smoking cessation	<input type="checkbox"/>
	Mental health	<input type="checkbox"/>	Youth services	<input type="checkbox"/>
	Offending	<input type="checkbox"/>	Children's social care	<input type="checkbox"/>
	Health	<input type="checkbox"/>		

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

Complete the green section within 2 weeks either side of the first intervention start date at the beginning of a young person's treatment journey.

All sections should be completed within 2 weeks either side of the discharge date of when the young person's treatment journey ends.

The questions in the green section should 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 5 kinds of questions:

- (1) Days – the number of using days in the past 28 days. Use an eventbased 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.

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