



# ADULT COMBINED REVIEW FORM - TREATMENT OUTCOMES PROFILE (TOP)

CLIENT REF  KEYWORKER  DOB

SEX M  F  START  REVIEW  EXIT  POST EXIT  DATE

To be completed at treatment start, at 6 monthly review and exit by the keyworker with the client

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

**SUBSTANCE USE**

Record the number of using days in each of the past 4 weeks 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

**INJECTING**

Record number of days client injected non-prescribed drugs during the past 4 weeks.

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"/>				

**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

0-20

Record days worked or at college or school in the past 4 weeks

	Week 4	Week 3	Week 2	Week 1	
B. Days in paid work	<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
C. Days in volunteering	<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
D. Days in unpaid structured work placement	<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
E. Days attended college or school	<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

F. 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

0-20

Record accommodation status for the past 4 weeks

G. Acute housing problem Yes  No   Y/N

H. Unsuitable housing Yes  No   Y/N

I. At risk of eviction Yes  No   Y/N

J. Client's rating overall quality of life (For example, able to enjoy life, gets on with family and partner)

0 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20  
Poor Good

0-20

## A FEW THINGS TO REMEMBER

- the red shaded boxes are the only information that gets sent to PHE
- week 4 is the most recent week; week 1 is the least recent
- the Treatment Start TOP should always capture pre-treatment drug use, so it is important that the recall period is the 28 days before the treatment start date. 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



# ADULT COMBINED REVIEW FORM - CLIENT INFORMATION REVIEW (CIR)

CLIENT REF  CIR DATE  STAGE: PARTIAL  FULL (6 monthly)

Can be completed when any of the answers change (partial), and at least every 6 months (full)

<b>BBV</b>	<b>Hep B intervention status<sup>^</sup></b>	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"/>				
	<b>Hep C intervention status<sup>^</sup></b>	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"/>					
	<b>Latest hep C test date</b>	<input type="text"/>					
	<b>Hep C test result antibody status</b>	Positive	<input type="checkbox"/>	Negative	<input type="checkbox"/>	Unknown	<input type="checkbox"/>
	<b>Hep C test result for PCR (RNA) status</b>	Positive	<input type="checkbox"/>	Never infected	<input type="checkbox"/>	Cleared by treatment	<input type="checkbox"/>
	<b>Client referred for hep C treatment<sup>^</sup></b>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>		
	<b>HIV positive<sup>^</sup></b>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Unknown	<input type="checkbox"/>
						Declined to answer	<input type="checkbox"/>

To be completed at least every 6 months

<b>HEALTH</b>	<b>Referred for investigation for alcohol-related liver disease in the last 6 months?<sup>^</sup></b>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Unknown	<input type="checkbox"/>	
	<b>Latest health care assessment date</b>	<input type="text"/>						
<b>NALOXONE</b>	<b>Has the client been issued with naloxone in the last 6 months?</b>	Yes: Nasal naloxone	<input type="checkbox"/>	Injectable naloxone	<input type="checkbox"/>	Nasal and injectable	<input type="checkbox"/>	
		No: Already in possession of adequate naloxone	<input type="checkbox"/>	Assessed as not appropriate	<input type="checkbox"/>	Service does not provide naloxone	<input type="checkbox"/>	
	<b>Has the client been administered with naloxone to reverse the effects of an overdose in the last 6 months?<sup>^</sup></b>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Unknown	<input type="checkbox"/>	
<b>SAFEGUARDING</b>	<b>Pregnant?</b>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>			
	<b>Parental responsibility for a child aged under 18 years?<sup>^</sup></b>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Declined to answer	<input type="checkbox"/>	
	<b>Do any of these children live with client?</b>	All	<input type="checkbox"/>	Some	<input type="checkbox"/>	None	<input type="checkbox"/>	
						Declined to answer	<input type="checkbox"/>	
	<b>How many children under 18 in total live in the same house as the client?<sup>^</sup></b>	<input type="text"/>		0-30	Undisclosed number	<input type="checkbox"/>	Declined to answer	<input type="checkbox"/>
	<b>What help are the client's children/ children living with the client receiving?</b>	Early help	<input type="checkbox"/>					
	Child in need	<input type="checkbox"/>						
	CPP	<input type="checkbox"/>						
	Looked after child	<input type="checkbox"/>						
	(record up to 3 options)	None receiving any help	<input type="checkbox"/>					
		Declined to answer	<input type="checkbox"/>					
<b>MENTAL HEALTH</b>	<b>Does client have a mental health treatment need?<sup>^</sup></b>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Declined to answer	<input type="checkbox"/>	
	<b>Is client receiving treatment for their mental health need?</b>	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"/>					
		(If yes, tick most significant intervention)	Has space in health based place of safety for crises	<input type="checkbox"/>				
			Treatment need identified but no treatment being received	<input type="checkbox"/>				
		Client declined treatment	<input type="checkbox"/>					

<sup>^</sup> indicates that field completion is required if completing a 'full' CIR.



## ADULT 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)**

**Tick all sub interventions delivered and record current daily dose if applicable**

PHARMACOLOGICAL	Drug	Purpose		Drug	Purpose		
	Methadone (oral solution)*	Opioid assessment & stabilisation			Benzodiazepine	Benzodiazepine maintenance	
		Opioid withdrawal				Stimulant withdrawal	
		Opioid maintenance				GHB/GBL withdrawal	
	Current daily dose of liquid oral methadone medication (ml)*			ml	Stimulant (such as dexamphetamine)	Stimulant withdrawal	
	Buprenorphine (tablet / wafer)#	Opioid assessment & stabilisation			Pregabalin	Gabapentinoid withdrawal	
		Opioid withdrawal			Gabapentin	Gabapentinoid withdrawal	
		Opioid maintenance					
	Buprenorphine (tablet / wafer) with naloxone#	Opioid assessment & stabilisation			Naltrexone (oral)	Opioid relapse prevention	
		Opioid withdrawal				Alcohol relapse prevention/consumption reduction	
Opioid maintenance							
Current daily dose of oral buprenorphine medication (mg)#			mg	Chlordiazepoxide	Alcohol withdrawal		
Is consumption of OST medication currently supervised? Should be completed for all clients where OST has been selected (indicated with * or #)				Diazepam	Alcohol withdrawal		
				Carbamazepine	Alcohol withdrawal		
Buprenorphine depot injection (rods or fluid)	Opioid withdrawal			Other prescribed medication for alcohol withdrawal	Alcohol withdrawal		
	Opioid maintenance			Acamprosate	Alcohol relapse prevention		
Diamorphine injection	Opioid assessment & stabilisation/withdrawal/maintenance			Disulfiram	Alcohol relapse prevention		
				Vitamin B and C supplement	Prevent/treat Wernicke's encephalopathy/Wernicke-Korsakoffs		
Methadone injection	Opioid assessment and stabilisation/withdrawal/maintenance			Other medication	Any other medication for the treatment of drug or alcohol misuse / dependence / withdrawal / associated symptoms		

PSYCHOSOCIAL				
	Motivational interventions		Psychodynamic therapy	
	Contingency management		12-step work	
	Family and social network		Counselling (BACP accredited)	
Psychosocial for co-existing mental health		Cognitive and behavioural interventions		

RECOVERY SUPPORT				
	Peer support involvement		Recovery check-ups	
	Facilitated access to mutual aid		Behavioural based relapse prevention	
	Family support		Complementary therapies	
	Parenting support		Mental health focussed interventions	
	Housing support		Smoking cessation	
	Employment support		Domestic abuse/violence support	
	Education and training support		Client provided with prescribing for relapse prevention (post structured treatment only)	