



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				Average / day	Total
	Week 4	Week 3	Week 2	Week 1		
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) <small>Includes street heroin and non-prescribed opioids</small>	<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 <small>In any form and when combined with other substances</small>	<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.					
	Week 4	Week 3	Week 2	Week 1		
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"/>	<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'	<input type="text"/> Y/N
C. Injected using a spoon, water or filter used by somebody else	Yes <input type="checkbox"/> No <input type="checkbox"/>					<input type="text"/> Y/N

HEALTH & SOCIAL FUNCTIONING	A. Client's rating psychological health <small>(Anxiety, depression, problem emotions and feelings)</small>																				
	0 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 <small>Poor Good</small>																				<input type="text"/> 0-20
Record days worked or at college or school in the past 4 weeks																					
B. Days in paid work	Week 4	Week 3	Week 2	Week 1	<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											
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"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<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"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<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"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/> 0-28											
F. Client's rating Physical Health <small>(Extent of physical symptoms and bothered by illness)</small>	0 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 <small>Poor Good</small>																				<input type="text"/> 0-20
Record accommodation status for the past 4 weeks																					
G. Acute housing problem	Yes <input type="checkbox"/> No <input type="checkbox"/>				<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/> Y/N											
H. Unsuitable housing <small>Housing situation that is likely to have a negative impact on health and wellbeing and / or on the likelihood of achieving recovery</small>	Yes <input type="checkbox"/> No <input type="checkbox"/>				<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/> Y/N											
I. At risk of eviction	Yes <input type="checkbox"/> No <input type="checkbox"/>				<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/> Y/N											
J. Client's rating overall quality of life <small>(For example, able to enjoy life, gets on with family and partner)</small>	0 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 <small>Poor Good</small>																				<input type="text"/> 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)

Public Health
England

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)

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"/>							
Latest hep C test date		<input type="text"/>							
Hep C test result antibody status		Hep Positive	<input type="checkbox"/>	Negative	<input type="checkbox"/>	Unknown	<input type="checkbox"/>		
C test result for PCR (RNA) status		Positive	<input type="checkbox"/>	Never infected	<input type="checkbox"/>	Cleared by treatment	<input type="checkbox"/>	Unknown <input type="checkbox"/>	
Client referred for hep C treatment[^]		Yes	<input type="checkbox"/>	No	<input type="checkbox"/>				
HIV positive[^]		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

HEALTH	Referred for investigation for alcohol-related liver disease in the last 6 months?[^]		Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Unknown	<input type="checkbox"/>
	Latest health care assessment date		<input type="text"/>					
NALOXONE	Has the client been issued with naloxone in the last 6 months?		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"/>	
SAFEGUARDING	Has the client been administered with naloxone to reverse the effects of an overdose in the last 6 months?[^]		Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Unknown	<input type="checkbox"/>
	Pregnant?		Yes	<input type="checkbox"/>	No	<input type="checkbox"/>		
SAFEGUARDING	Parental responsibility for a child aged under 18 years?[^]		Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Declined to answer	<input type="checkbox"/>
	Do any of these children live with 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"/>		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"/>
SAFEGUARDING	(record up to 3 options)		Looked after child	<input type="checkbox"/>	None receiving any help	<input type="checkbox"/>	Declined to answer	<input type="checkbox"/>
	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"/>
	(If yes, tick most significant intervention)		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"/>
MENTAL HEALTH			Client declined treatment	<input type="checkbox"/>				

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



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

PSYCHOSOCIAL	Motivational interventions	<input type="checkbox"/>	Psychodynamic therapy	<input type="checkbox"/>
	Contingency management	<input type="checkbox"/>	12-step work	<input type="checkbox"/>
	Family and social network	<input type="checkbox"/>	Counselling (BACP accredited)	<input type="checkbox"/>
	Psychosocial for co-existing mental health	<input type="checkbox"/>	Cognitive and behavioural interventions	<input type="checkbox"/>

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