



TREATMENT OUTCOMES PROFILE

0775483749

CLIENT ID

SEX MALE FEMALE

KEYWORKER

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 Total for NDTMS return

Record the number of using days in each of the past four weeks, and the average amount used on a using day

	WEEK 4	WEEK 3	WEEK 2	WEEK 1	AVERAGE PER DAY	Total for NDTMS return
A. ALCOHOL	<input type="text" value="0-7"/>	<input type="text" value="0-7"/>	<input type="text" value="0-7"/>	<input type="text" value="0-7"/>	<input type="text" value="0-7"/>	<input type="text" value="0-28"/>
B. OPIATES/OPIOIDS (ILLICIT) <small>Includes street heroin and any non-prescribed opioid, such as methadone and buprenorphine</small>	<input type="text" value="0-7"/>	<input type="text" value="0-7"/>	<input type="text" value="0-7"/>	<input type="text" value="0-7"/>	<input type="text" value="0-7"/>	<input type="text" value="0-28"/>
C. CRACK	<input type="text" value="0-7"/>	<input type="text" value="0-7"/>	<input type="text" value="0-7"/>	<input type="text" value="0-7"/>	<input type="text" value="0-7"/>	<input type="text" value="0-28"/>
D. COCAINE	<input type="text" value="0-7"/>	<input type="text" value="0-7"/>	<input type="text" value="0-7"/>	<input type="text" value="0-7"/>	<input type="text" value="0-7"/>	<input type="text" value="0-28"/>
E. AMPHETAMINES / Crystal Meth	<input type="text" value="0-7"/>	<input type="text" value="0-7"/>	<input type="text" value="0-7"/>	<input type="text" value="0-7"/>	<input type="text" value="0-7"/>	<input type="text" value="0-28"/>
F. CANNABIS	<input type="text" value="0-7"/>	<input type="text" value="0-7"/>	<input type="text" value="0-7"/>	<input type="text" value="0-7"/>	<input type="text" value="0-7"/>	<input type="text" value="0-28"/>
G. OTHER SUBSTANCE. SPECIFY:	<input type="text" value="0-7"/>	<input type="text" value="0-7"/>	<input type="text" value="0-7"/>	<input type="text" value="0-7"/>	<input type="text" value="0-7"/>	<input type="text" value="0-28"/>
H. TOBACCO <small>Includes ready-made and hand-rolled cigarettes, cannabis joints with tobacco, cigars, pipe tobacco, shisha/waterpipes, etc</small>	<input type="text" value="0-7"/>	<input type="text" value="0-7"/>	<input type="text" value="0-7"/>	<input type="text" value="0-7"/>	<input type="text" value="0-7"/>	<input type="text" value="0-28"/>

2 INJECTING RISK BEHAVIOUR

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

	WEEK 4	WEEK 3	WEEK 2	WEEK 1	Total for NDTMS return
A. INJECTED	<input type="text" value="0-7"/>	<input type="text" value="0-7"/>	<input type="text" value="0-7"/>	<input type="text" value="0-7"/>	<input type="text" value="0-28"/>
B. INJECTED WITH A NEEDLE OR SYRINGE USED BY SOMEBODY ELSE	YES <input type="checkbox"/>	NO <input type="checkbox"/>			<input type="text" value="Y or N (Y if either is YES)"/>
C. INJECTED USING A SPOON, WATER OR FILTER USED BY SOMEBODY ELSE	YES <input type="checkbox"/>	NO <input type="checkbox"/>			

3 CRIME

Record the number of days of shoplifting, drug selling and other categories committed during the past four weeks

	WEEK 4	WEEK 3	WEEK 2	WEEK 1	Total for NDTMS return
A. SHOPLIFTING	<input type="text" value="0-7"/>	<input type="text" value="0-7"/>	<input type="text" value="0-7"/>	<input type="text" value="0-7"/>	<input type="text" value="0-28"/>
B. SELLING DRUGS	<input type="text" value="0-7"/>	<input type="text" value="0-7"/>	<input type="text" value="0-7"/>	<input type="text" value="0-7"/>	<input type="text" value="0-28"/>
C. THEFT FROM OR OF A VEHICLE	YES <input type="checkbox"/>	NO <input type="checkbox"/>			<input type="text" value="Y or N (Y IF EITHER IS YES)"/>
D. OTHER PROPERTY THEFT OR BURGLARY	YES <input type="checkbox"/>	NO <input type="checkbox"/>			
E. FRAUD, FORGERY OR HANDLING STOLEN GOODS	YES <input type="checkbox"/>	NO <input type="checkbox"/>			
F. COMMITTING ASSAULT OR VIOLENCE	YES <input type="checkbox"/>	NO <input type="checkbox"/>			<input type="text" value="Y or N"/>

4 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 POOR GOOD	<input type="text" value="0-20"/>
B. DAYS IN PAID WORK	WEEK 4 WEEK 3 WEEK 2 WEEK 1 <input type="text" value="0-7"/> <input type="text" value="0-7"/> <input type="text" value="0-7"/> <input type="text" value="0-7"/>	<input type="text" value="0-28"/>
C. DAYS IN VOLUNTEERING	<input type="text" value="0-7"/> <input type="text" value="0-7"/> <input type="text" value="0-7"/> <input type="text" value="0-7"/>	<input type="text" value="0-28"/>
D. DAYS IN UNPAID STRUCTURED WORK PLACEMENT	<input type="text" value="0-7"/> <input type="text" value="0-7"/> <input type="text" value="0-7"/> <input type="text" value="0-7"/>	<input type="text" value="0-28"/>
E. DAYS ATTENDED COLLEGE OR SCHOOL	<input type="text" value="0-7"/> <input type="text" value="0-7"/> <input type="text" value="0-7"/> <input type="text" value="0-7"/>	<input type="text" value="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 POOR GOOD	<input type="text" value="0-20"/>
G. ACUTE HOUSING PROBLEM	YES <input type="checkbox"/> NO <input type="checkbox"/>	<input type="text" value="Y or 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" value="Y or N"/>
I. AT RISK OF EVICTION	YES <input type="checkbox"/> NO <input type="checkbox"/>	<input type="text" value="Y or N"/>
J. CLIENT'S RATING: OVERALL QUALITY OF LIFE <small>(Able to enjoy life, gets on with family and partner, etc)</small>	0 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 POOR GOOD	<input type="text" value="0-20"/>

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