

# Treatment Outcomes Profile

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**Name of client**  **D.O.B. (dd/mm/yyyy)**  **Name of keyworker**

/  /

**TOP interview date (dd/mm/yyyy)**

**Gender:** M  F

**Treatment stage:** Modality start  Discharge  Care plan review  Post-discharge

## Section 1: Substance use

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

	Average	Week 4	Week 3	Week 2	Week 1	Total
a Alcohol	<input type="text"/> units/day	<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 Opiates	<input type="text"/> g/day	<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 Crack	<input type="text"/> g/day	<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 Cocaine	<input type="text"/> g/day	<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 Amphetamines	<input type="text"/> g/day	<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 Cannabis	<input type="text"/> spliff/day	<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
g Other problem substance?	<input type="text"/> g/day	<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

Name.....

## Section 2: Injecting risk behaviour

Record number of days client injected non-prescribed drugs in past four weeks (if no, enter zero and go to section 3)

	Week 4	Week 3	Week 2	Week 1	Total
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 Inject with needle or syringe used by someone else?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	} <input type="text"/> Enter 'Y' if any yes, otherwise 'N'		
c Inject using a spoon, water or filter used by someone else?	Yes <input type="checkbox"/>	No <input type="checkbox"/>			

## Section 3: Crime

Record days of shoplifting, drug selling and other categories committed in past four weeks

	Week 4	Week 3	Week 2	Week 1	Total
a Shoplifting	<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 Drug selling	<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 Theft from or of a vehicle	Yes <input type="checkbox"/>	No <input type="checkbox"/>	} <input type="text"/> Enter 'Y' if any yes, otherwise 'N'		
d Other property theft or burglary	Yes <input type="checkbox"/>	No <input type="checkbox"/>			
e Fraud, forgery and handling stolen goods	Yes <input type="checkbox"/>	No <input type="checkbox"/>			
f Committing assault or violence	Yes <input type="checkbox"/>	No <input type="checkbox"/>			

## Section 4: Health and social functioning

a Client's rating of psychological health status (anxiety, depression and problem emotions and feelings)

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

Record days worked and at college or school for the past four weeks

	Week 4	Week 3	Week 2	Week 1	Total
b Days 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 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

d Client's rating of physical health status (extent of physical symptoms and bothered by illness)

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

Record accommodation items for the past four weeks

e Acute housing problem	Yes <input type="checkbox"/>	No <input type="checkbox"/>	<input type="text"/> Enter 'Y' or 'N'
f At risk of eviction	Yes <input type="checkbox"/>	No <input type="checkbox"/>	<input type="text"/> Enter 'Y' or 'N'

g Client's rating of overall quality of life (e.g. able to enjoy life, gets on well with family and partner)

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

# Treatment Outcomes Profile (TOP)



National Treatment Agency  
for Substance Misuse

## About the TOP

The Treatment Outcomes Profile (TOP) is a new drug treatment outcome monitoring tool that has been developed by the NTA in partnership with drug treatment providers in over 70 sites across England. It is applicable for use in all of the structured treatment modalities as defined by Models of Care for Treatment of Adult Drug Misusers: Update 2006. For the first time, service users, clinicians, service managers and commissioners will be able to obtain objective and comparable data about real improvements in service users' lives that will be able to inform and improve practice on both an individual and strategic level.

The TOP is a simple set of questions that will improve clinical practice by enhancing assessment and care plan reviews for clients. The data it provides will improve performance monitoring. Data will be reported into the National Drug Treatment Monitoring System (NDTMS) from October 2007 and results fed back to providers and commissioners from March 2008. There will also be monthly exception reports from NDTMS on non-returns and multiple submissions.

The TOP should be completed at the start of each client's treatment journey to record a baseline of behaviour in the month leading up to starting a new treatment journey. Follow up scores should be recorded every three months during treatment (usually at the same time as a care plan review) to capture changes in behaviour. It should also be completed at discharge and may be used by some services to measure post-discharge outcomes. Note: when services are introducing TOP, existing clients (as well as new presentations) should also have TOP forms completed with them as part of the care plan review process.

## How to complete the TOP

Start by entering:

- Name and identifiers of your client (date of birth and gender)
- Your name
- Date of assessment
- The stage at which the TOP is being completed – modality start, care plan review, discharge or post-discharge.

Types of responses:

- Timeline – invite the client to recall the number of days in each of the past four weeks on which they did something – for example, the number of days they used heroin. You then add these to create a total for the past four weeks in the blue NDTMS box
- Yes and no – a simple tick for yes or no, then a “Y” or “N” in the blue NDTMS box
- Rating scale – a 20-point scale from poor to good. Together with the client, mark the scale in an appropriate place and then write the equivalent score in the blue NDTMS box.

**You should aim to ask and complete every question. Do not leave any of the blue boxes blank. Enter “NA” if the client refuses to answer a question or, after prompting, cannot recall.**

(See TOP keyworker guidance for more detailed information: [www.nta.nhs.uk/TOP](http://www.nta.nhs.uk/TOP))

## 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

**Thank you for your contribution to the TOP**