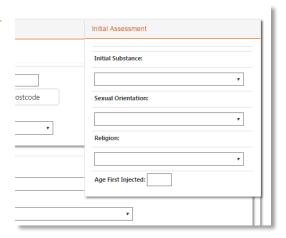
INITIAL ASSESSMENT WINDOW

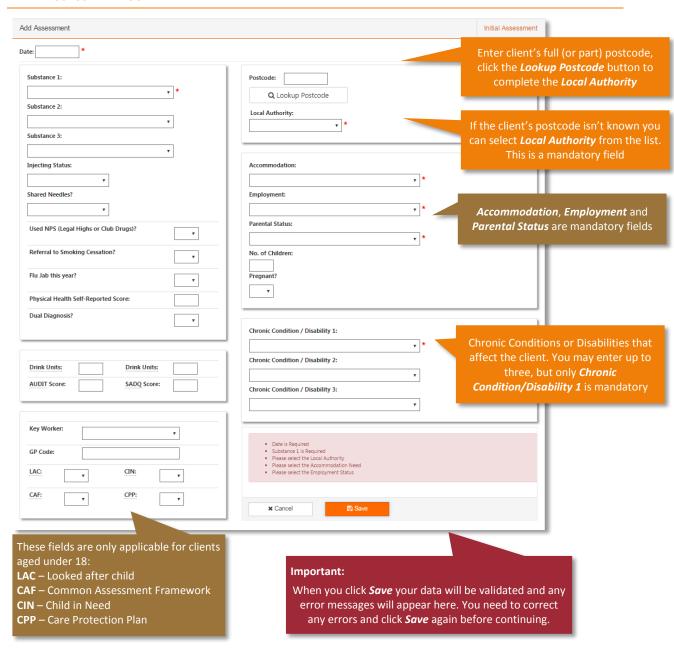
When you enter the first assessment the initial assessment window will open as shown here. This contains data items which are less likely to change.

Clicking the <u>Initial Assessment</u> link will open or close this pop up window.

On subsequent assessments the box will be prepopulated. You can enter new details by clicking the *New Initial Assessment* button. The date shown indicates the last time these items were updated; to change it enter the correct date in the main assessment screen.



MAIN ASSESSMENT SCREEN



DATA ITEM	DATA DEFINITION	REQUIRED	DATA EXTRACT
INITIAL ASSESSMENT	Note: Data items in the initial assessment refer to the client's situation when they initially started treatment, these items are not usually expected to change.		
Initial Substance	The substance that the client initially used (or still uses), which caused the client to engage with this treatment service.	Mandatory	Yes
Sexual orientation	The client's stated sexual orientation. This is an optional field; for local collection purposes only.	Optional	Yes
Religion	The client's stated Religion, beliefs, or none. This is an optional field; for local collection purposes only.	Optional	Yes
Age first injected	The age that the client states they first injected. Only complete if injecting status is 'currently' or 'previously'.	Optional	Yes
MAIN ASSESSMENT	Note: All items in the main assessment refer to the client's situation in the last 14 days, unless stated otherwise.		
Date	The date that the assessment review was completed.	Mandatory	Yes
Substance 1	Primary problem substance that the client currently uses, or has used in the 14 days prior to this assessment.	Mandatory	Yes
Substance 2	Secondary or additional problem substance that the client currently uses, or has used in <i>the 14 days prior to this assessment</i> .	Optional	Yes
Substance 3	Tertiary or additional problem substance that the client currently uses, or has used in <i>the 14 days prior to this assessment</i> .	Optional	Yes
Injecting Status	Is the client currently injecting, have they ever previously injected or never injected.	Optional	Yes
Shared Needles	If the client is currently or has previously injected, have they ever shared / reused needles or injecting paraphernalia with others.	Optional	Yes
Used NPS	Has the client <i>ever</i> used Novel Psychoactive Substances – NPS (legal highs) or other 'club drugs'? If yes please also complete the NPS data items module	Optional	Yes
Referral to Smoking Cessation	Has the client been referred to Smoking Cessation services? If yes please also complete a <i>referral out</i> to the relevant service provider in the Referrals module.	Optional	Yes
Flu Jab this year	Has the client received a flu vaccination for this/most recent winter period?	Optional	Yes
Physical Health Score	The client's self-reported physical health as a score between 1 and 20.	Optional	Yes
Dual Diagnosis?	Client has a dual diagnosis, Yes/No Only complete if known.	Optional	Yes
Drink Days	Number of days in <i>the 14 days prior to this assessment</i> that the client consumed alcohol.	Optional	Yes
Drink Units	Typical number of units consumed on a drinking day.	Optional	Yes
AUDIT Score	AUDIT - Alcohol Use Disorders Identification Test Numeric score between 0 and 40.	Optional	Yes
SADQ Score	SADQ - Severity of Alcohol Dependence Questionnaire Numeric score between 0 and 60.	Optional	Yes
Key Worker	The client's current named key worker. This is an optional field; which allows you to generate key-worker reports. Key workers can be added in the user admin screens.	Optional	No
GP Code	The GP code may be provided if available.	Optional	Yes
Postcode	The postcode of the client's normal place of residence.	Optional	First part +1 only
Local Authority	The local authority in which the client currently resides, as defined by their postcode of residence. If NFA the LA of the treatment provider should be used.	Mandatory	Yes
Accommodation	Accommodation status of this client during the 14 days prior to this assessment.	Mandatory	Yes
Employment	Main employment or income source of this client during the 14 days prior to this assessment.	Mandatory	Yes

Parental Status	Whether the client is a parent of children under 18, and whether they live with the client.	Mandatory	Yes
Number of Children	The number of children under 18 that live in the same household as the client at least one night a week. The client does not necessarily need to have parental responsibility for the children.	Optional	Yes
Pregnant?	Whether the client is currently pregnant; this field is not displayed if the client gender is recorded "male".	Optional	Yes
Chronic Condition / Disability 1:	Main or Primary 'Chronic Condition/Disability', description selected from reference list. If not applicable select 'None' or if unknown or the client was not asked select 'Not Stated'.	Mandatory	Yes
Chronic Condition / Disability 1:	Secondary or additional' Chronic Condition/Disability', description selected from reference list.	Optional	Yes
Chronic Condition / Disability 1:	Third or additional 'Chronic Condition/Disability', description selected from reference list.	Optional	Yes
YOUNG PERSON DATA ITEMS	These data items are only applicable for clients aged under 18		
2			
LAC – Looked after Child	Arrangements for the child have been determined following statutory intervention and care proceedings under the Children Act 1989.	Optional	Yes
LAC – Looked after	· · ·	Optional Optional	Yes
LAC – Looked after Child CAF – Common Assessment	and care proceedings under the Children Act 1989.	·	

REMOVED FIELDS	The following fields were part of IMS CSD.1.0 and have been removed		
Referral Source	The referral source should be recorded for each client in the <i>Referrals module</i> , with the referral status "IN" to signify this as an inward referral.	Removed	No
DAT	The DAT value is not needed, this may be derived from the <i>Local Authority</i> or Client postcode value where required.	Removed	No
Disability	The disability field has been replaced by an expanded <i>Chronic Condition/Disability</i> reference list.	Removed	No