



ATOP

V7.2 March 2020

Surname: _____ MRN: _____

Given Names: _____

Date of Birth: ____/____/____ Sex: _____

Affix Patient Label here

ATOP DATE ____/____/____

MAIN SERVICE PROVIDED _____

CLINICIAN _____

- Treatment stage: Start of treatment Progress review Discharge Post Discharge
 N/A Client refused N/A Not clinically appropriate

Section 1: Substance use

Record number of days used in each of the past four weeks

	Typical qty on day used	Units	Week 4 (most recent)	Week 3	Week 2	Week 1	TOTAL	Not answered
a Alcohol	<input type="text"/>	Std drks	<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	<input type="checkbox"/>
b Cannabis	<input type="text"/>		<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	<input type="checkbox"/>
c Amphetamine type substances (ice, MDMA etc.)	<input type="text"/>		<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	<input type="checkbox"/>
d Benzodiazepines (prescribed & illicit)	<input type="text"/>		<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	<input type="checkbox"/>
e Heroin	<input type="text"/>		<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	<input type="checkbox"/>
f Other opioids (not prescribed methadone/buprenorphine)	<input type="text"/>		<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	<input type="checkbox"/>
g Cocaine	<input type="text"/>		<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	<input type="checkbox"/>
h (i)Other substance	<input type="text"/>		<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	<input type="checkbox"/>
..... (ii)Other substance	<input type="text"/>		<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	<input type="checkbox"/>
..... e Tobacco	<input type="text"/>		<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	<input type="checkbox"/>

Record number of days client injected drugs in the past four weeks (if no, enter zero and go to section 2)

	Week 4	Week 3	Week 2	Week 1	TOTAL	Not answered
j 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	<input type="checkbox"/>
k Inject with equipment used by someone else?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Not answered <input type="checkbox"/>			

Section 2: Health and Wellbeing

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

	Week 4	Week 3	Week 2	Week 1	TOTAL	Not answered
a Days paid work (incl. all paid work; not voluntary 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	<input type="checkbox"/>
b Days at school, tertiary education, vocational training	<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	<input type="checkbox"/>

Record the following items for the past four weeks

- c Have you been homeless? Yes No Not answered
- d Have you been at risk of eviction? Yes No Not answered
- e Have you, at any time in the past four weeks, been a primary caregiver for (i) under 5yo? Yes No Not answered
or living with any child/children (ii) 5-15yo? Yes No Not answered
- f Have you been arrested? Yes No Not answered
- g Has anyone been violent (incl. domestic violence) towards you? Yes No Not answered
- h Have you been violent (incl. domestic violence) towards someone? Yes No Not answered

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

0 1 2 3 4 5 6 7 8 9 10 Not answered

Poor Good

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

0 1 2 3 4 5 6 7 8 9 10 Not answered

Poor Good

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

0 1 2 3 4 5 6 7 8 9 10 Not answered

Poor Good

Suggested reference: Lintzeris, N., Mammen, K., Holmes, J., Deacon, R., Mills, L., Black, E., Gardner, L., and Dunlop, A. (2020). The Australian Treatment Outcomes Profile (ATOP) Manual. Retrieved from URL.

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ATOP Quick Reference Guide

(for comprehensive administration instructions refer to the ATOP Manual)

About the ATOP

The Australian Treatment Outcomes Profile (ATOP) is a 22-item instrument designed for use in alcohol and other drug (AoD) treatment settings. The ATOP assesses client-elicited responses regarding substance use, general health and wellbeing, and related risks in the past 4 weeks. The ATOP enables structured brief assessment and risk screening, monitoring of outcomes, allows for feedback of changes over time, and can assist with on-going treatment care planning, communication between service providers, quality improvement and evaluation activities.

How to complete the ATOP in a clinical setting

1. Introduce the ATOP to the client

Explain what it is, reasons for completing it, and reiterate confidentiality considerations (see below).

Introducing the ATOP

I'd like to spend a few minutes completing a short interview (called the ATOP) with you. The questions look at substance use, health and wellbeing over the last four weeks.

We ask all our clients to complete the ATOP, and some of the questions may not be relevant to you.

We use the information to help plan your treatment, look at changes over time, and to evaluate the service. Once we've completed the ATOP we can look more in-depth at your treatment needs and goals.

It's important that you answer as accurately as you can, but if you don't want to answer any question, please say so and I'll move on.

Confidentiality

The ATOP is treated in the same way as other information held on your health record - it is protected by law from unauthorised access or use - and any person who has access to this information is bound by a duty of confidentiality.

The courts may subpoena health records and Community Services may request information in child at risk investigations.

Where data is used to evaluate the service, it is presented in ways in which no individual client can be identified.

2. Enter:

Client details (Name, Medical Record Number (MRN), Date of Birth, Sex); Date ATOP administered, and Name of person administering the ATOP.

Main service provided as per the Alcohol and Other Drug Treatment Services National Minimum Data Set (AODTS NMDS).

The treatment stage at which the ATOP is being completed:

Start of Treatment: ATOP completed at entry into the AoD treatment episode, ideally in the first week of entering treatment.

Progress Review: Any ATOP completed during AoD treatment episode.

Discharge: the ATOP completed as part of discharge or transfer of care from AoD service. n/a - Client Refused: After an explanation of the ATOP in clinical care, the client refused to participate.

n/a - Not Clinically Appropriate: Unable to undertake the ATOP with the client due to significant comorbid health issues or distress. Consider repeat ATOP at a later stage.

3. Enter client responses:

Timeline - Invite the client to recall the number of days in each of the past four weeks on which they did the activity/behaviour in question. Week 4= past (most recent) 7 days; Week 3= 7 days before that; Week 2= 7 days before that; Week 1= 7 days before that.

Record the number of days for each week and tally for 28 day period.

If a client reports no use of a substance class over the 4 weeks, enter "00" in the total box.

Quantities - The average amount used on a typical using day during the past four weeks. Agree unit of measure with client. NHMRC standard (10gm) drinks for alcohol.

Yes and no - Select yes or no.

Rating scale - A 0-10 scale where "0" is poor and "10" is good.

Refused/can't recall - Select "Not Answered" next to item.

4. Section 1 notes:

Question a: Use the Alcohol NHMRC Standard Drinks Chart to calculate, in which 10gm ethanol=1 standard drink.

Question d: Include number of days in which any benzodiazepine was used - include prescribed and non-medical use.

Question f: Include any days in which any pharmaceutical opioid was used (including prescribed or non-medical use) of opioids (such as oxycodone, morphine, fentanyl, tramadol, tapentadol, codeine). Include non-medical use of methadone or buprenorphine. Do not include methadone or buprenorphine used as prescribed for the treatment of opioid dependence.

Question k: Injecting equipment includes needles, syringes, water, tourniquets, spoons, or filters.

5. Section 2 notes:

Item c: Homelessness includes residence occupied outside legal tenure arrangement, living in public places such as streets and parks, temporary shelters such as bus shelters or improvised or make shift dwellings, tents, or sleeping out / rough sleeping. It also includes persons temporarily living with family or relatives and have no other usual place of residence (e.g. 'couch surfing').

Item d: Risk of eviction is risk of loss of tenure of usual accommodation.

Before asking Items (f) to (h) remind the client about confidentiality issues (see above).

Items g & h 'Violence' includes any behaviour which is violent, abusive or intimidating, including by a partner, ex- partner or carer.

How to complete the ATOP in a research setting

Sections 1 and 2 of the ATOP can also be administered in a similar manner in research settings, noting the introduction and confidentiality issues may be different. Researchers should refer to study protocol and operating procedures.