

# NADAbase Data Dictionary

## June 2025

The Network of Alcohol and other Drugs Agencies (NADA) is the peak organisation for the non government alcohol and other drugs sector in NSW. We represent close to 100 organisational members that provide a broad range of alcohol and other drugs services including health promotion and harm reduction, early intervention, treatment and continuing care programs. Together, we work to reduce the harms related to alcohol and other drugs use across the NSW community.

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## ABBREVIATIONS

ABS	Australian Bureau of Statistics
AIHW	Australian Institute of Health and Welfare
AOD	Alcohol and Other Drugs
AODTS	Alcohol and Other Drug Treatment Service
ASCDC	Australian Standard Classification of Drugs of Concern
ATOP	Australian Treatment Outcomes Profile
COMs	Client Outcome Measures
DATS	Drug and Alcohol Treatment Services
MDS	Minimum Data Set
NADA	Network of Alcohol and Other Drugs Agencies
NMDS	National Minimum Data Set
SDS	Severity of Dependence Scale
K-10+	Kessler Psychological Distress Test
WHO QoL	WHO-EUROHIS Quality of Life-8

## FILES IMPORTED INTO NADABASE

### Mandatory for MDS Collection

1.	EPISODE.csv	54 columns	Has all fields except those in 2-5 below.	
2.	OTHERDRG.csv	5 columns	Has multiple response data for <i>Other Drugs of Concern/Gambling</i> .	
3.	PREVTRMT.csv	3 columns	Has multiple response data for <i>Previous Services Received</i> .	
4.	OTHERSRV.csv	3 columns	Has multiple response data for <i>Other Services Provided</i> .	
5.	SRVCCNCT.csv	5 columns	Has <i>Service Contact Dates</i> and <i>Postcode of Service Contact</i> per episode.	


For details, see NSW [Ministry of Health \(MoH\) website](#).

All five files are required for importing into NADABase. Some fields within them may be optional; leave these blank as per column specifications if the data is not collected.

The PHARMACO.csv file is no longer required from 1 Jul 2024 onwards.

### Optional for MDS Collection

This contains the COMs data from outcome assessments. Only services administering surveys to clients need to import this file.

6.	SURVEY.csv	60 columns	Has SDS, DU, K10+, WHO QoL	
		64 columns	above + Nicotine Dependence	
		172 columns	all above + ATOP	

For details, refer to the [Nadabase tutorial](#), and [ATOP form](#). Although SURVEY.csv is optional, services that import this file must adhere to the columns specified above.

For importing support, see the [NADABase Importer Guide](#).

## DEFINITION OF TERMS

Term	Definition	Example
String	Text (may include special characters)	12AZ89:4587
Number	Numeric value	1, 2, 3, 99
Date	Format: DDMMYYYY	01012000

The definitions align with AIHW’s national health data standards<sup>1</sup>.

The following applies to the collection for data elements in each file layout.

- Mandatory:** must be included in the import.
- Conditional:** required under specific criteria, defined by logic rule attributes. For example, if *Sex at Birth* excludes numeric values, a string value must be used to indicate *Other*. Conditional elements may also depend on Episode status. For example, if a *Cessation Date* is provided, both *Referral Out* and *Reason for Cessation* must be included.
- Optional:** May be collected but not required. For example, *Middle Name*, *Medicare number*.

## DATA DICTIONARY CHANGE LOG

This section logs all changes to the NADAbase data dictionary, including new data elements, edits and domains updates.

### April 2025

Item	New Data element	Data element modified	New Data domain	Data domain modified	Effective date
Pregnancy_Status	X				01/07/2025
Children_Count	X				01/07/2025
DCJ_Involvement	X				01/07/2025
ATOP (MoH Version 7.4, Dec 2021)		X			01/07/2025

### February 2024

A new ‘Mandatory Field’ column was added to indicate whether a data item is required for importing.

## DATA CUSTODIANSHIP

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<sup>1</sup> Australian Institute of Health and Welfare 2024. Alcohol and Other Drug Treatment Services National Minimum Data Set: Data Collection Manual 2024–25. Version 1.0. Cat. no. DAT 13. Canberra: AIHW

## EPISODE.CSV FILE

### File layout for EPISODE.csv

File Layout for EPISODE.csv					
Field N°	Link to data dictionary entry	Description	Data type	Field size	Mandatory field
1.	<a href="#">AgencyCode</a>	Establishment Identifier (Agency Code)	String	6 to 15	Yes
2.	<a href="#">AgencyLocation</a>	Agency Location	Number	5	Yes
3.	<a href="#">Service_EpisodeID</a>	Episode ID (Primary Key)	Number	Determined at service-level	Yes
4.	<a href="#">MDS_ClientCode</a>	Person Identifier (Client Code)	String	4 to 12	Yes
5.	<a href="#">MDS DOB</a>	Date of Birth	Date (DDMMYYYY format)	8	Yes
6.	<a href="#">MDS DOBEstimate</a>	Date of Birth Status	Number	1	Yes
7.	<a href="#">ABS SexAtBirth</a>	Sex recorded at birth	Number	2	Yes
8.	<a href="#">ABS SexAtBirthOther</a>	Sex recorded at birth – other term	String	50	Conditional
9.	<a href="#">ABS SexOrientation</a>	Sexual orientation	Number	2	Yes
10.	<a href="#">ABS SexOrientationOther</a>	Sexual orientation – other term	String	50	Conditional
11.	<a href="#">ABS Gender</a>	Described gender	Number	2	Yes
12.	<a href="#">ABS GenderOther</a>	Described gender – other term	String	50	Conditional
13.	<a href="#">ABS VarSex</a>	Variation of sex characteristics	Number	2	Yes
14.	<a href="#">MDS COB</a>	Country of Birth	Number	4	Yes
15.	<a href="#">MDS IndigStatus</a>	Aboriginal and Torres Strait Islander Origin	Number	1	Yes
16.	<a href="#">MDS PrefLang</a>	Preferred Language	Number	4	Yes
17.	<a href="#">MDS Income</a>	Principal Source of Income	Number	2	Yes
18.	<a href="#">MDS Living</a>	Living Arrangement	Number	2	Yes
19.	<a href="#">MDS Accommodation</a>	Usual Accommodation	Number	2	Yes
20.	<a href="#">MDS ClientType</a>	Client Type	Number	1	Yes
21.	<a href="#">MDS PDoC</a>	Principal Drug of Concern/Gambling	Number	4	Yes
22.	<a href="#">MDS PDoCSpecify</a>	Principal Drug of Concern - specify	String	50	Optional
23.	<a href="#">Blank</a>	{This is a blank field}		Send a blank field	Optional
24.	<a href="#">MDS PDoCmethod</a>	Method of Use for Principal Drug of Concern	Number	1	Yes
25.	<a href="#">MDS Injecting</a>	Injecting Drug Use	Number	1	Yes
26.	<a href="#">MDS Setting</a>	Service Delivery Setting	String	1	Yes
27.	<a href="#">MDS Commencement</a>	Date of Commencement of Service Episode	Date (DDMMYYYY format)	8	Yes
28.	<a href="#">MDS EpisodeSuburb</a>	Suburb of Residence at Commencement of Service Episode	String	50	Yes
29.	<a href="#">MDS EpisodePostcode</a>	Postcode of Residence at Commencement of Service Episode	Number	4	Yes
30.	<a href="#">MDS ReferralSource</a>	Source of Referral to Service	Number	2	Yes
31.	<a href="#">MDS MainService</a>	Main Service Provided	Number	2	Yes
32.	<a href="#">MDS Cessation</a>	Date of Cessation of Service Episode	Date (DDMMYYYY format)	8	Conditional
33.	<a href="#">MDS CessationReason</a>	Reason for Cessation of Service Episode	Number	2	Conditional
34.	<a href="#">MDS ReferralOut</a>	Referral to Another Service	Number	2	Conditional
35.	<a href="#">MDS Surname</a>	Family Name	String	40	Optional

File Layout for EPISODE.csv					
Field N°	Link to data dictionary entry	Description	Data type	Field size	Mandatory field
36.	<a href="#">MDS_FirstName</a>	Given Name	String	40	Optional
37.	<a href="#">MDS_Othernames</a>	Middle Name	String	40	Optional
38.	<a href="#">{Title is a blank field}</a>	Title		Send a blank field	Optional
39.	<a href="#">MDS_SLK</a>	Statistical Linkage Key 581 (SLK-581)	String	14	Yes
40.	<a href="#">{Medicare Number is a blank field}</a>	Medicare Number		Send a blank field	Optional
41.	<a href="#">{Property Name is a blank field}</a>	Property Name		Send a blank field	Optional
42.	<a href="#">{Unit/Flat Number is a blank field}</a>	Unit/Flat Number		Send a blank field	Optional
43.	<a href="#">{Street Number is a blank field}</a>	Street Number		Send a blank field	Optional
44.	<a href="#">{Street Name is a blank field}</a>	Street Name		Send a blank field	Optional
45.	<a href="#">Client_Suburb</a>	Suburb (Client information)	String	50	Yes
46.	<a href="#">Client_Postcode</a>	Postcode (Client information)	Number	4	Yes
47.	<a href="#">Children_A</a>	Children question A	Number	1	Yes
48.	<a href="#">Children_B</a>	Children question B	Number	1	Yes
49.	<a href="#">Pregnancy_Status</a>	Current Pregnancy Status	Number	1	Optional
50.	<a href="#">Children_Count</a>	Children at Admission	Number	1 or 2	Optional
51.	<a href="#">DCJ_Involvement</a>	Involvement with DCJ	Number	1	Optional
52.	<a href="#">Suicide_screener</a>	Suicide screener	String	exported as a combination of numbers and delimiters	Optional
53.	<a href="#">BBV_screener</a>	BBV screener			Optional
54.	<a href="#">DFV_screener</a>	DFV screener			Optional

## Data Dictionary entries for EPISODE.csv

Data Dictionary entries for EPISODE.csv					
Fld N°	Link to file layout	Description	Valid Values	Data type	Field size
1.	<a href="#">AgencyCode</a>	<p><u>Establishment Identifier (Agency Code)</u></p> <p>The agency code is allocated to services by InforMH (NSW Ministry of Health). Either "Agency Code" or "Establishment Identifier" may be used to label this field label on paper or electronic forms.</p>	<p><u>Valid Values</u></p> <p>The shortest Agency Code possible would be 6 characters long. For example, 12A002</p> <p>The longest Agency Code possible would be 15 characters long. For example, 12AA05123B:1001</p>	String	6 to 15
2.	<a href="#">AgencyLocation</a>	<p><u>Agency Geographical Location</u></p> <p>The Statistical Local Area (SLA) code for the geographic location of the agency that is conducting the current Service Episode. Service SLAs are allocated by InforMH (NSW Ministry of Health).</p>	<p><u>Valid Values</u></p> <p>InforMH, NSW Ministry of Health allocates the code for each agency.</p> <p><u>Guide for Use</u></p> <p>Note that the SLA code to be provided is NOT the SA2 code. If the Service Episode occurs across more than one service site, provide the SLA that corresponds to the agency's main administrative site.</p>	Number	5
3.	<a href="#">Service EpisodeID</a>	<p><u>Episode ID (Primary Key)</u></p> <p>The Service's internal Episode ID. The number or code that identifies a service episode.</p> <p><u>Things to Check</u></p> <p>Episode IDs must not be re-issued.</p>	<p><u>Valid Values</u></p> <p>A number that identifies a service episode.</p> <p><u>Guide for Use</u></p> <p>The Episode ID distinguishes different episodes for the same client.</p>	Number	Determined at service-level
4.	<a href="#">MDS_ClientCode</a>	<p><u>Person Identifier (Client Code)</u></p> <p>A unique alphanumeric code used by the Service to identify a client from other clients at the service.</p>	<p><u>Valid Values</u></p> <p>This code is assigned individually by agencies.</p>	String	4 to 12
5.	<a href="#">MDS_DOB</a>	<p><u>Date of Birth</u></p> <p>The Client's date of birth. Must be a valid date prior to the <i>Date of Commencement of Service Episode</i>. If the exact date of birth is not known, record as much of the known date of birth as possible and the <i>Date of Birth Status</i> should be used to indicate which components of the date of birth are estimated.</p>	<p><u>Valid Values</u></p> <p>Must be a valid date without delimiters (e.g., without '/' or '-' or '.'). Day and month should be zero-filled (e.g., February is '02' not '2') and the year should be 4 digits.</p> <p><u>Guide for Use</u></p> <p>For estimated or approximate dates of birth do NOT use 'XX' for DD, MM or YY. Instead, use '01' if the day or month is not known (eg 01011954); and use '01011900' where no part of the date of birth is available. For further guidance on birth dates with partial estimated or approximate dates, months or years, see the <a href="#">MDS data dictionary</a>.</p>	Date (DDMMYYYY format)	8
6.	<a href="#">MDS_DOBestimate</a>	<p><u>Date of Birth Status</u></p> <p>Indicates if any component of the client's <i>Date of Birth</i> was estimated. This data element should be reported in</p>	<p><u>Valid Values</u></p> <p>1 Estimated 2 Not estimated</p>	Number	1



Data Dictionary entries for EPISODE.csv

Fld N°	Link to file layout	Description	Valid Values	Data type	Field size
		conjunction with the client's date of birth.	<u>Guide for Use</u> <u>Code 1:</u> Estimated – is any component of the <i>Date of Birth</i> has been estimated? <u>Code 2:</u> Not estimated – the <i>Date of Birth</i> has not been estimated and/or has been self-reported by the client.		
7.	<a href="#">ABS SexAtBirth</a>	<u>Sex recorded at birth</u> Sex recorded at birth refers to what was determined by sex characteristics observed at birth or infancy. See <a href="#">Standard for Sex, Gender, Variations of Sex Characteristics and Sexual Orientation Variables, 2020   Australian Bureau of Statistics (abs.gov.au)</a>	<u>Valid Values</u> 01 Male 02 Female 95 Another term 99 Not stated/inadequately described  <u>SLK</u> SLK-581 still uses client sex at birth data item as a component. See <a href="#">SLK-581 Guide for use Australian Institute of Health and Welfare (aihw.gov.au)</a>	Number	2
8.	<a href="#">ABS SexAtBirthOther</a>	<u>Sex recorded at birth – other term</u>	<u>Guide for Use</u> If '95' Another term has been specified in item 7 then the other term is specified here  This is a conditional field.	String	50
9.	<a href="#">ABS SexOrientation</a>	<u>Sexual orientation</u> The sexual orientation question is asking about sexual identity and attraction. This is how a person thinks of their own sexuality, the term they identify with and their romantic or sexual attraction to others. See <a href="#">Standard for Sex, Gender, Variations of Sex Characteristics and Sexual Orientation Variables, 2020   Australian Bureau of Statistics (abs.gov.au)</a>	<u>Values</u> 01 Straight (heterosexual) 02 Gay or lesbian 03 Bisexual 95 Another term 96 Don't know 97 Prefer not to answer	Number	2
10.	<a href="#">ABS SexOrientationOther</a>	<u>Sexual orientation – other term</u>	<u>Guide for Use</u> If '95' (Another term) has been specified in item 9 then the other term is specified here  This is a conditional field.	String	50
11.	<a href="#">ABS Gender</a>	<u>Described gender</u> Gender is about social and cultural differences in identity, expression and experience as a man, woman or non-binary person. Non-binary is an umbrella term describing gender identities that are not exclusively male or female.  Responses to a gender question may reflect a	<u>Values</u> 01 Man or male 02 Woman or female 03 Non-binary 95 Another term 97 Prefer not to answer 99 Not stated/inadequately described	Number	2

Data Dictionary entries for EPISODE.csv

Fld N°	Link to file layout	Description	Valid Values	Data type	Field size
		combination of gender identity, expression and/or experience. See <a href="#">Standard for Sex, Gender, Variations of Sex Characteristics and Sexual Orientation Variables, 2020   Australian Bureau of Statistics (abs.gov.au)</a>	<u>Guide for Use</u> Codes 03, 95, 97, 99: recoded as 9 (Not stated/inadequately described) for MDS submission		
12.	<a href="#">ABS GenderOther</a>	<u>Described gender – other term</u>	<u>Guide for Use</u> If '95' (Another term) has been specified in item 11 then the other term is specified here  This is a conditional field.	String	50
13.	<a href="#">ABS VarSex</a>	<u>Variation of sex characteristics at birth</u> Variations of sex characteristics refers to people with innate genetic, hormonal or physical sex characteristics that do not conform to medical norms for female or male bodies. See <a href="#">Standard for Sex, Gender, Variations of Sex Characteristics and Sexual Orientation Variables, 2020   Australian Bureau of Statistics (abs.gov.au)</a>	<u>Values</u> 01 Yes 02 No 96 Don't know 97 Prefer not to answer	Number	2
14.	<a href="#">MDS COB</a>	<u>Country of Birth</u> The country in which the client was born. Please see the list of codes: <a href="#">Standard Australian Classification of Countries (SACC), 2016   Australian Bureau of Statistics (abs.gov.au)</a>	<u>Valid Values</u> A valid four digit code from the Country of Birth list 0001 At sea 0000 Inadequately described* *includes people born in an aeroplane  <u>Guide for Use</u> A country, even if it comprises other discrete political entities such as states, is treated as a single unit for all data domain purposes, e.g., Hawaii is considered part of the identified country United States of America.	Number	4
15.	<a href="#">MDS IndigStatus</a>	<u>Aboriginal and Torres Strait Islander Origin</u> Does the person identify as First Nations Australian? (Aboriginal, Torres Strait Islander). The standard question for this data element is: <i>[Are you] [Is the person] [Is (name)] of Aboriginal or Torres Strait Islander origin?</i> – No – Yes, Aboriginal – Yes, Torres Strait Islander – Yes, both Aboriginal and Torres Strait Islander  <u>Things to check: Multiple answers</u> <i>Person answers "No" but identifies as Aboriginal or Torres Strait Islander</i>	<u>Valid Values</u> 1 Aboriginal but not Torres Strait Islander origin 2 Torres Strait Islander but not Aboriginal origin 3 Aboriginal and Torres Strait Islander origin 4 Neither Aboriginal nor Torres Strait Islander origin 9 Not stated  <u>Guide for Use</u> Code 9 is not to be available as a valid answer to the questions, but available as an option when data mapping between the AODTS MDS and other data collections without First Nations indicators. Code 9 can also be used when the person refuses to provide an answer.	Number	1

Data Dictionary entries for EPISODE.csv

Fld N°	Link to file layout	Description	Valid Values	Data type	Field size
		<p>Use code 1 or 2 as needed and disregard the 'no' response.</p> <p><i>Person identifies as both Aboriginal and Torres Strait Islander</i> Select code 3.</p> <p><i>Person identifies as non-indigenous, Aboriginal and Torres Strait Islander</i> Select code 3 and disregard the 'no' response.</p>			
16.	<a href="#">MDS_PrefLang</a>	<p><u>Preferred Language</u> The language most preferred by the person for communication (includes sign language). This may be a language other than English, even where the person can speak fluent English.</p> <p>Please see the list of codes: <a href="#">Australian Standard Classification of Languages (ASCL), 2016   Australian Bureau of Statistics (abs.gov.au)</a></p>	<p><u>Valid Values</u> A valid 4 digit code from the Preferred Language list</p>	Number	4
17.	<a href="#">MDS_Income</a>	<p><u>Principal Source of Income</u> The source from which the client legally derives 50% or more of their income. If the person has multiple sources of legally obtained income and none amount to 50%, the source that contributes the largest percentage should be entered.</p> <p><u>Things to Check</u> Answer should be based on the person's personal legal source of income, not another person's source of income. If the person relies on another for their income, use code 06 (Dependent on others). If there is more than one legal income source, and they are exactly equal, list the source of income that the person most identifies as their primary source.</p>	<p><u>Valid Values</u> 01 Full-time employment 02 Part-time employment 03 Temporary benefit (e.g., unemployment) 04 Pension (e.g., aged, disability)) 05 Student allowance 06 Dependent on others 07 Retirement fund 08 No income 98 Other 99 Not stated/not known/inadequately described</p> <p><u>Guide for Use</u> <u>Code 01</u>: Person works more than 20 hours a week as permanent or casual. <u>Code 02</u>: Person works 20 hours a week or less as permanent or casual. <u>Code 03</u>: Refers to interim government payments (see <a href="#">MDS Data Dictionary</a>, p. 85) <u>Code 04</u>: Includes permanent government payments (see <a href="#">MDS Data Dictionary</a>, p. 85).</p>	Number	2
18.	<a href="#">MDS_Living</a>	<p><u>Living Arrangement</u> The people with whom the client is or was living with just</p>	<p><u>Valid Values</u> 01 Alone</p>	Number	2

Data Dictionary entries for EPISODE.csv

Fld N°	Link to file layout	Description	Valid Values	Data type	Field size
		prior to the start of the Service Episode.	<p>02 Spouse/partner  03 Single parent with child(ren)  04 Spouse/partner and child(ren)  05 Parent(s)  06 Other relative(s)  07 Friend(s)  08 Friend(s) /parent(s)/relative(s) and child(ren)  98 Other  99 Not known/not stated/inadequately described</p> <p><u>Guide for use</u>  <u>Code 03</u>: A sole parent living with one or more dependent children.  <u>Code 04</u>: The person is living with a spouse or partner and one or more dependent children.  <u>Code 06</u>: The person is living with extended family without a spouse or partner.  <u>Code 08</u>: The person is living with extended family, with or without a spouse or partner, and with any combination of friends, parents, relatives, and dependent children.  <u>Code 98</u>: Use for people in an institutional living arrangement</p>		
19.	<a href="#">MDS Accommodation</a>	<p><u>Usual Accommodation</u>  The client's usual type of accommodation just prior to the start of the Service Episode.</p>	<p><u>Valid Values</u>  01 Rented house or flat (public or private)  02 Privately owned house or flat  03 Boarding house  04 Hostel/supported accommodation services  05 Psychiatric hospital  06 Alcohol/other drug treatment residence  07 Shelter/refuge  08 Prison/detention centre  09 Caravan on a serviced site  10 No usual residence/homeless  98 Other  99 Not known</p> <p><u>Guide for use</u>  <u>Code 01</u>: The person or someone with whom the client has a significant personal relationship (e.g., partner, parent) pays any form of board, rent or fee to live in the abode.  <u>Code 02</u>: The person or someone with whom the client has a significant personal relationship (e.g., partner, parent) owns the accommodation in question and resides there.  <u>Code 04</u>: The person lives in a supervised hostel or accommodation</p>	Number	2

Data Dictionary entries for EPISODE.csv

Fld N°	Link to file layout	Description	Valid Values	Data type	Field size
			<p>service such as aged care, mental health community facility or a group home.</p> <p><u>Code 07</u>: Includes short-term crisis, transition, and emergency accommodation.</p> <p><u>Code 98</u>: for any accommodation not included in any other data domain (e.g., Aboriginal Mission).</p>		
20.	<a href="#">MDS_ClientType</a>	<p><u>Client Type</u> Identifies if the person contacting the service is concerned with their own alcohol and/or drug use or that of another person. To be collected <b>on Commencement of Service Episode</b>.</p> <p><u>Notes</u> For people presenting due to issues with someone else's drug, use collection of <i>Principal Drug of Concern/Gambling, Method of Use for Principal Drug of Concern, Other Drugs of Concern/Gambling, Injecting Drug Use</i> and <i>Previous Services Received</i> is optional.</p>	<p><u>Valid Values</u> 1 Own drug use 2 Other's drug use</p> <p><u>Guide for use</u> <u>Code 1</u>: A person who contacts a service to receive treatment or assistance concerning their own alcohol and/or other drug use. <u>Code 2</u>: Also known as secondary clients. A person who contacts a service to receive support and/or assistance in relation to the alcohol and/or other drug use of another person (i.e., a parent concerned about their drug dependent child).</p> <p>For people who present with issues related to their own and someone else's drug use, use Code 1 and fill all data elements in reference to their own drug use.</p>	Number	1
21.	<a href="#">MDS_PDoC</a>	<p><u>Principal Drug of Concern/Gambling (PDoC)</u> The drug that the client has identified as the reason for seeking the service. The PDoC is collected or verified during assessment or on Commencement of the Service Episode.</p> <p>Please see the list of codes: <a href="#">Australian Standard Classification of Drugs of Concern (ASDC), 2016   Australian Bureau of Statistics (abs.gov.au)</a></p>	<p>The four digit codes used for this data element are from the <a href="#">Australian Standard Classification of Drugs of Concern (ASDC)</a> produced by the Australian Bureau of Statistics (Cat. No. 1248.0).</p> <p>If the client indicates a more specific drug of concern (e.g., pethidine, LSD), the clinician must indicate this using the four digit ASDC codes.</p> <p><u>Things to check</u> Responses selected for <i>Principal Drug of Concern/Gambling</i> should not duplicate responses selected for <i>Other Drugs of Concern/Gambling</i>. Data for <i>Principal Drug of Concern/Gambling</i> should be consistent with data for <i>Method of Use for Principal Drug of Concern</i> (e.g., if principal drug is 'alcohol', the method of use should not be 'smoke').</p> <p>For clients who are presenting with gambling issues (<i>Principal Drug of Concern/ Gambling</i> = code '0009' – 'gambling'), the <i>Method of Use for Principal Drug of Concern</i> should default to code '0' – 'not collected'. For secondary clients who are presenting with issues about someone else's drug use (Client Type = code '2' – 'Other's drug use'), <i>Principal Drug of Concern/Gambling</i> should default to code. '0001 – Not stated'.</p>	Number	4

Data Dictionary entries for EPISODE.csv

Fld N°	Link to file layout	Description	Valid Values	Data type	Field size
			Activities performed must include a clinical assessment. Although excluded from the scope of the NSW MDS DATS, agencies can include activities performed for clients presenting for gambling issues in data submitted to the NSW Ministry of Health. Analysis of the NSW MDS DATS will not include this data.		
22.	<a href="#">MDS PDoCspecify</a>	<u>Principal Drug of Concern- specify</u> {This is a blank field}	This is an optional field.	String	50
23.	<a href="#">Blank</a>	{This is a blank field}	Send a blank field in place of this field.		Send a blank field
24.	<a href="#">MDS PDoCmethod</a>	<p><u>Method of Use for Principal Drug of Concern</u> The client's usual method of administering the Principal Drug of Concern/Gambling, as stated by the client.</p> <p><u>Things to check</u> Data for method of use should be concordant with <i>Principal Drug of Concern/Gambling</i> (e.g., if principal drug is 'alcohol', the method of use should not be 'smoke').</p> <p>For clients who are presenting with gambling issues (<i>Principal Drug of Concern/ Gambling</i> = code '0009' – 'Gambling'), the <i>Method of Use for Principal Drug of Concern</i> should default to code '0' – 'Not collected'.</p> <p>For secondary clients who are presenting with issues about someone else's drug use (<i>Client Type</i> = code '2' – 'Other's drug use'), <i>Method of Use for Principal Drug of Concern</i> should default to code '0' – 'Not collected' or be left blank.</p>	<p><u>Valid Values</u> 0 Not collected 1 Ingest 2 Smoke 3 Inject 4 Sniff (powder) 5 Inhale (vapour) 8 Other 9 Not stated/inadequately described</p> <p><u>Guide for use</u> <u>Code 0:</u> Not collected – only to be used for secondary clients who are presenting only with issues about someone else's drug use. <u>Code 1:</u> Ingest – refers to eating, drinking or swallowing. <u>Code 2:</u> Smoke – includes smoking from bongs. <u>Code 4:</u> Sniff – snorting of powder (e.g., cocaine). <u>Code 5:</u> Inhale – chasing and chroming of volatile substances (e.g., paint, petrol and amyl nitrate).</p>	Number	1
25.	<a href="#">MDS Injecting</a>	<p><u>Injecting Drug Use</u> The period of time since the client last had any drug administered by injection. Includes intravenous, intramuscular and subcutaneous injection.</p> <p>This data element is collected at the time of Commencement of Service Episode.</p> <p><u>Things to Check</u> A three-month period is required as a clinically relevant period of time for the definition of 'current' injecting drug use (code '1').</p>	<p><u>Valid Values</u> 0 Not collected 1 Last injected within the previous 3 months 2 Last injected more than 3 months ago but less than 12 months ago 3 Last injected 12 months ago or more 4 Never injected 9 Not stated/inadequately described</p> <p><u>Guide for use</u> <u>Code 0:</u> Only use for secondary clients who present only with issues related to someone else's drug use.</p>	Number	1

Data Dictionary entries for EPISODE.csv

Fld N°	Link to file layout	Description	Valid Values	Data type	Field size
			For secondary clients who are presenting with issues about someone else's drug use (Client Type = code '2' – 'Other's drug use'), <i>Injecting Drug Use</i> should default to code '0' – 'Not collected' or be left blank.		
26.	<a href="#">MDS_Setting</a>	<p><u>Service Delivery Setting</u> The principal setting in which the <i>Main Service Provided</i> is provided to the client.</p> <p>The <i>Service Delivery Setting</i> relates to the services being provided for a client during a particular <b>Service Episode</b>. Consequently, where agencies operate services within more than one type of setting, the type of setting specified will differ according to the nature of the <b>Service Episode</b>.</p> <p><u>Things to check</u> A change in this data element constitutes a trigger for commencing a new <b>Service Episode</b>. For example, if a client switches from an inpatient to an outpatient <i>Service Delivery Setting</i>, a new <b>Service Episode</b> should be opened</p>	<p><u>Valid Values</u> 1 Community/Outpatient 3 Home 5 Correctional A Inpatient B Residential</p> <p><u>Guide for Use</u> <u>Code 1</u>: Community/outpatient – includes hospital outpatient departments and community settings. <u>Code 3</u>: Home – the client's own home or usual place of residence. <u>Code 5</u>: Correctional – correctional settings, including Juvenile Justice centres and prisons. <u>Code A</u>: Inpatient – hospital based environment where the client is a registered inpatient receiving care in a hospital, bed or equivalent. <u>Code B</u>: Residential – facilities providing drug and alcohol treatment where the client is a temporary or long term resident. Excludes the client's home/ usual place of residence.</p> <p>Only one code is to be selected.</p>	String	1
27.	<a href="#">MDS_Commencement</a>	<p><u>Date of Commencement of Service Episode</u> The date on which a Service Episode commences.</p> <p><u>Things to Check</u> Must be less than or equal to the <i>Date of Cessation of Service Episode</i>. Must be greater than or equal to <i>Date of Birth</i>.</p>	<p><u>Valid Values</u> Must be a valid date without delimiters (i.e., without '/' or '-' or '.'). Day and month should be zero-filled (i.e., February is '02' not '2') and the year should be 4 digits.</p> <p><u>Guide for Use</u> The <i>Date of Commencement of Service Episode</i> is the date of the first service contact, when assessment and/or treatment occurs.</p> <p>In residential programs, the <i>Date of Commencement of Service Episode</i> is the date of admission. If the assessment is carried out on a date prior to admission, it is counted as a separate <b>Service Episode</b> as 'assessment only'.</p>	Date (DDMMYYYY format)	8
28.	<a href="#">MDS_EpisodeSuburb</a>	<p><u>Suburb of Residence at Commencement of Service Episode</u> The suburb of the client's usual place of residence at the</p>	<p><u>Valid values</u> The <i>Suburb of Residence at Commencement of Service Episode</i> should use actual geographic suburbs provided by Australia Post.</p>	String	50

Data Dictionary entries for EPISODE.csv

Fld N°	Link to file layout	Description	Valid Values	Data type	Field size
		commencement of the <b>Service Episode</b>	<u>Guide for Use</u> If information is unknown, 'Unknown' or 'No fixed abode' can be used.		
29.	<a href="#">MDS_EpisodePostcode</a>	<u>Postcode of Residence at Commencement of Service Episode</u> The postcode of the client's usual place of residence at the commencement of the <b>Service Episode</b> .  <u>Things to Check</u> The value collected in this field should NOT be used to default the <i>Postcode of Service Contact</i> field when a <b>Service Contact</b> occurring within the client's home is recorded, as the client may have moved since the start of the episode.	<u>Valid Values</u> The <i>Postcode of Residence at Commencement of Service Episode</i> should use actual geographic postcodes provided by Australia Post.  <u>Guide for Use</u> Postcodes for post office boxes or other administrative centres should NOT be used. '9999' may be used if the postcode is 'Unknown'. '9998' may be used for clients where the address is 'No fixed abode'.	Number	4
30.	<a href="#">MDS_ReferralSource</a>	<u>Source of Referral to Service</u> The source from which the person was transferred or referred for the current Service Episode.  The referral may be interpreted informally, i.e., not requiring a written or phone referral. For clarification, the client could be asked 'Where or from whom did you hear of this service?'	<u>Valid Values</u> 01 Self 02 Family member/friend 03 General practitioner 04 Medical officer/specialist 05 Psychiatric hospital 06 Other hospital 07 Residential community mental health care unit 08 Residential alcohol and other drug treatment agency 09 Other residential community care unit 10 Education institution 11 Non-residential community mental health centre 12 Non-residential alcohol and other drug treatment agency 13 Non-residential community health centre 14 Other non-health service agency 15 Police diversion 16 Court diversion 17 Other criminal justice setting 18 Workplace (EAP) 19 Family and child protection service 20 Needle and syringe program 21 Medically supervised injecting centre 98 Other 99 Not stated/inadequately described  <u>Guide for Use</u> <u>Code 03:</u> General practitioner – includes vocationally registered general	Number	2



Data Dictionary entries for EPISODE.csv

Fld N°	Link to file layout	Description	Valid Values	Data type	Field size
			<p>practitioners, vocationally registered general practitioner trainees and other primary care medical practitioners in private practice.</p> <p><u>Code 04</u>: Medical officer/specialist – used for any medical personnel, apart from general practitioners, including medical officers at hospitals and specialists in private practice.</p> <p><u>Code 05</u>: Psychiatric hospital – includes acute and non-acute psychiatric inpatient facilities.</p> <p><u>Code 06</u>: Other hospital – includes public and private acute care hospitals, hospitals specialising in dental, palliative care, ophthalmic aids and other specialised medical or surgical care, satellite units managed and staffed by a hospital, emergency departments of hospitals, and mothercraft hospitals. Excludes hospital outpatient clinics (which should be coded '11' to '13').</p> <p><u>Code 07</u>: Residential community mental health care unit – includes settings in which persons reside temporarily at an accommodation unit providing support, non-acute care and other services to people with particular personal, social or behavioural problems. Includes mental health care units for people with severe mental illness or severe psychosocial disability.</p> <p><u>Code 08</u>: Residential alcohol and other drug treatment agency – includes settings in which persons reside temporarily at an accommodation unit providing support, non-acute care and other services to people with particular personal, social or behavioural problems. Includes drug and alcohol residential treatment units.</p> <p><u>Code 09</u>: Other residential community care unit – includes settings in which persons reside temporarily at an accommodation unit providing support, non-acute care and other services to people with particular personal, social or behavioural problems.</p> <p><u>Code 10</u>: Educational institution – includes all educational institutions such as schools, universities and colleges.</p> <p><u>Code 11</u>: Non-residential community mental health care centre – includes non-residential centre-based establishments providing a range of community-based mental health services.</p> <p><u>Code 12</u>: Non-residential alcohol and other drug treatment agency – includes nonresidential centre-based establishments providing a range of community-based drug and alcohol health services.</p> <p><u>Code 13</u>: Non-residential community health centre – includes non-residential centre-based establishments providing a range of community-based health services, including community health centres, family planning centres, women's health centres, domiciliary care and nursing, aged care assessment teams, rehabilitation services, and multipurpose health centres.</p>		

Data Dictionary entries for EPISODE.csv

Fld N°	Link to file layout	Description	Valid Values	Data type	Field size
			<p><u>Code 14:</u> Other non-health service agency – includes home and community care agencies, agencies providing care or assistance to persons in their own homes, childcare centres/pre-schools or kindergartens, community centres, church/religious organisation, clubs and associations, social welfare agencies (excluding DoCS), non-health community organisations, professional or personal carers, family support services, domestic violence and incest resource centres or services, and Aboriginal co-operatives.</p> <p><u>Code 15:</u> Police diversion – includes all police diversion schemes such as the Cannabis Cautioning Scheme.</p> <p><u>Code 16:</u> Court diversion – includes all court diversion schemes including the Adult Drug Court, Youth Drug Court, and Magistrates Early Referral into Treatment (MERIT) program.</p> <p><u>Code 17:</u> Other criminal justice setting – includes all correctional and criminal justice settings, apart from police diversion and court diversion (including probation and parole), prisons and detention centres.</p> <p><u>Code 18:</u> Workplace (EAP) – includes any referrals from the client's workplace such as the Employee Assistance Program (EAP).</p> <p><u>Code 19:</u> Family and child protection service – includes family and children's health services and Department of Community Services.</p> <p><u>Code 20:</u> Needle and syringe program – includes all referrals from needle and syringe programs.</p> <p><u>Code 21:</u> Medically supervised injecting centre – includes all referrals from a medically supervised injecting centre.</p> <p><u>Code 98:</u> Other – any referral from a source not listed above.</p>		
31.	<a href="#">MDS_MainService</a>	<p><u>Main Service Provided</u></p> <p>The main activity determined at assessment by the service provider to treat the client's alcohol and/or drug problem for the <i>Principal Drug of Concern/Gambling</i>. A service provided to the client that requires regular contact with agency staff throughout the <b>Service Episode</b>.</p> <p>To be completed at assessment or at <b>Commencement of Service Episode</b>.</p> <p>The <i>Main Service Provided</i> is the principal activity as judged by the service provider that is necessary for the completion of the treatment plan for the <i>Principal Drug of Concern/ Gambling</i>. The <i>Main Service Provided</i> is the principal focus of a single <b>Service Episode</b> and thus each <b>Service Episode</b> will only have one <i>Main Service</i></p>	<p><u>Valid Values</u></p> <p>10 Counselling  20 Withdrawal management (detoxification)  30 Rehabilitation activities  40 Maintenance pharmacotherapy (Opioid)  48 Maintenance pharmacotherapy (Non-opioid)  50 Consultation activities  60 Support and case management only  70 Involuntary D&amp;A Treatment (IDAT)  91 Assessment only  92 Information and education only  98 Other</p> <p><u>Guide for Use</u></p> <p>Only one code is to be selected.</p> <p><u>Code 10:</u> Counselling – includes any method of individual or group counselling directed towards any therapeutic goals of Drug and Alcohol</p>	Number	2

Data Dictionary entries for EPISODE.csv

Fld N°	Link to file layout	Description	Valid Values	Data type	Field size
		<p><i>Provided.</i></p> <p>For brief interventions, the <i>Main Service Provided</i> might apply to as few as one contact between the client and agency staff.</p> <p><u>Things to Check</u> There should be no duplication with <i>Other Services Provided</i>.</p> <p>In a group counselling session, the NSW MDS DATS should be collected only for registered clients.</p> <p><u>'Support and case management only'</u> should NOT be selected as the <i>Main Service Provided</i> when case management and/or short interventions are included during dosing at a pharmacotherapy clinic. In this instance, the appropriate maintenance pharmacotherapy option should be selected as the <i>Main Service Provided</i>.</p> <p><u>Examples of when to use 'Support and case management only' include:</u></p> <ul style="list-style-type: none"> <li>- Agencies which have a mission or strategy that is based on a case management model and use this as a focus of treatment (e.g., MERIT).</li> <li>- Agencies which provide a range of services (e.g., Hepatitis C or drug use in pregnancy programs) or have service partnership agreements with other service providers (e.g., a non-government organisation providing support to a client who is on pharmacotherapy treatment),</li> </ul> <p><u>'Assessment only'</u> is to be used when there is no other service provided (or planned to be provided) to the client, other than a <b>clinical assessment</b> involving the comprehensive gathering of information to determine the severity of the person's alcohol and/or other drug use, resulting in the determination of the most appropriate form of service to be provided by another agency. It is considered that the majority of 'assessment only' <i>Main Service Provided</i> activities would result in the completion of the assessment process and referral of the</p>	<p>treatment. This code excludes counselling activity that is part of a rehabilitation program.</p> <p><u>Code 20:</u> Withdrawal Management (detoxification) – any main service of withdrawal management, including medicated and non-medicated, in any delivery setting. <u>Code 30:</u> Rehabilitation activities – an intensive treatment program that integrates a range of services and therapeutic activities that may include behavioural treatment approaches, recreational activities, social and community living skills, group work and relapse prevention. Rehabilitation treatment can provide a high level of support (i.e., up to 24 hours a day) and tends towards a medium to longer-term duration.</p> <p><u>Code 40:</u> Maintenance pharmacotherapy (Opioid) – includes Methadone, Buprenorphine, Buprenorphine/Naloxone and Slow release oral Morphine. Use Code 20 where a pharmacotherapy is used solely for withdrawal.</p> <p>Code 48: Maintenance pharmacotherapy (Non-Opioid) – pharmacotherapy using drugs other than opioid substitutes. Includes Naltrexone, Acamprosate, and Disulfiram. Includes those used as maintenance therapies and those used as relapse prevention. Use Code 20 where a pharmacotherapy is used solely for withdrawal.</p> <p><u>Code 50:</u> Consultation activities – activities undertaken with a client under the care of a clinician or service other than the drug and alcohol clinician performing the consultation or the Drug and Alcohol Service. Activities performed must be specifically for Drug and Alcohol issues and include a clinical assessment, but not involve prescribing maintenance pharmacotherapy. Services that may be included in this category include dual diagnosis and pain management activities.</p> <p><u>Code 60:</u> Support and case management only – to be used when the other service type descriptions are inadequate and 'support and case management only' best describes the service being provided. It is noted that service contacts would generally include a component of support and case management.</p> <p><u>Code 70:</u> Involuntary Drug and Alcohol Treatment (IDAT) – a structured D&amp;A Treatment program that provides medically supervised withdrawal, rehabilitation and supportive interventions to identified patients through involuntary detention.</p> <p><u>Code 91:</u> Assessment only – where there is no service provided to the client other than a clinical assessment, involving the comprehensive gathering of information to determine the severity of the person's alcohol and/or other drug use, resulting in the determination of the most appropriate form of service. It is noted that service contacts would generally include an assessment component. <u>Code 92:</u> Information and</p>		

Data Dictionary entries for EPISODE.csv

Fld N°	Link to file layout	Description	Valid Values	Data type	Field size
		<p>client to an appropriate form of service.</p> <p><u>Examples of 'Assessment only' activities include:</u></p> <ul style="list-style-type: none"> <li>- A client is assessed by the LHD Community based Assessment Team, is considered to be eligible for withdrawal treatment, and is referred to the local residential withdrawal unit.</li> <li>- A client is assessed at a day program rehabilitation unit, but is found to be ineligible for the service and is referred elsewhere.</li> <li>- A client is assessed at a detoxification unit, but is found to be suicidal and is referred to the Mental Health service.</li> <li>- A client is assessed as eligible at a residential rehabilitation unit, but the bed is not available for another week, and NO other form of treatment is provided in the interim.</li> </ul> <p><u>'Assessment only'</u> should NOT be selected as the <i>Main Service Provided</i> where the client is assessed and deemed eligible at an agency, with the intent that the client proceed onto treatment provided by the agency.</p> <p><u>Examples of where 'Assessment only' would NOT be used include:</u></p> <ul style="list-style-type: none"> <li>- A client is assessed as eligible at a residential withdrawal unit, but the client does not progress further into treatment – in this case, 'Withdrawal management (detoxification)' should be selected as the <i>Main Service Provided</i>.</li> <li>- A client is assessed as eligible at a day program rehabilitation unit and attends the first session, but fails to attend any further session – in this case, 'Rehabilitation activities' should be selected as the <i>Main Service Provided</i>.</li> <li>- A client is assessed as eligible for counselling and is provided some counselling over and above that normally provided as part of the assessment, but fails to attend any further counselling session – in this case, 'counselling' should be selected as the <i>Main Service Provided</i>.</li> </ul>	<p>education only – where there is no service provided to the client other than providing information and education. It is noted that, in general, service contacts would include a component of information and education.</p> <p><u>Code 98:</u> Refers to other treatment types not further defined, such as nicotine replacement therapy or outdoor therapy.</p> <p>Note: Consultations between clinicians regarding a particular client are considered out of scope for the NSW MDS DATS.</p>		
32.	<a href="#">MDS Cessation</a>	<u>Date of Cessation of Service Episode</u>	<u>Valid Values</u>	Date (DDMMYYYY)	8

Data Dictionary entries for EPISODE.csv

Fld N°	Link to file layout	Description	Valid Values	Data type	Field size
		<p>Date on which a <b>Service Episode</b> ceases.</p> <p><u>Things to Check</u> Must be greater than or equal to the <i>Date of Commencement of Service Episode</i> and <i>Date of Birth</i>.</p>	<p>Must be a valid date without delimiters (i.e., without '/' or '-' or '.'). Day and month should be zero-filled (i.e., February is '02' not '2') and the year should be 4 digits.</p> <p><u>Guide for Use</u> Refers to the date of the last service contact in a <b>Service Episode</b> between the client and service provider.</p> <p>A <b>Service Episode</b> will normally be declared 'closed' at the <b>Cessation of Service Episode</b>. However, when there has been <a href="#">no client contact for one month</a>, and there are no plans for future contact, the <b>Service Episode</b> must be declared 'closed'. In these circumstances, the <i>Date of Cessation of Service Episode</i> should be the date of the last client contact (or, in the case of opioid treatment clients, the date on which the client was <b>last dosed</b>, whichever is the latter).</p> <p>For residential programs, the <b>Service Episode</b> will be declared 'closed' on the date of discharge.</p> <p>Refer to data element concept <b>Cessation of Service Episode</b> to determine when a <b>Service Episode</b> ceases.</p>	format)	
33.	<a href="#">MDS_CessationReason</a>	<p><u>Reason for Cessation of Service Episode</u> The reason that the client's Service Episode ceased.</p> <p>To be collected on Cessation of Service Episode.</p>	<p><u>Valid Values</u> 01 Service completed 02 Transferred/referred to another service 03 Left without notice 04 Left against advice 05 Left Involuntarily (non-compliance) 06 Moved out of area 07 Sanctioned by drug court/court diversion program 08 Imprisoned, other than drug court sanction 09 Released from prison 10 Died 98 Other 99 Not stated/inadequately described</p> <p><u>Guide for Use</u> Each category applies to particular circumstances, as follows: <u>Code 01</u>: Service completed – all of the immediate goals of the treatment program have been fulfilled or treatment is no longer needed. This includes where the client ceased to participate by mutual agreement and where the service is no longer required. <u>Code 02</u>: Transferred/referred to another service – the service is no</p>	Number	2

Data Dictionary entries for EPISODE.csv

Fld N°	Link to file layout	Description	Valid Values	Data type	Field size
			<p>longer the most appropriate and the client is transferred/referred to another service. For example, transfers could occur for clients between non-residential and residential services or between residential services and a hospital or nursing home. Excludes situations where the original service was completed before the client transferred to a different provider for another service (use code '01' – 'service completed').</p> <p><u>Code 03</u>: Left without notice – the client has ceased to participate in treatment without providing any prior notice of their intention to stop participating.</p> <p><u>Code 04</u>: Left against advice – service provider is aware of the client's intention to stop participating in treatment, and the client ceases despite advice from service provider that such action is against their best interests.</p> <p><u>Code 05</u>: Left involuntarily – the client has been discharged by the service provider from the treatment program due to non-compliance with the rules or conditions of the program (use code '07' for drug court/court diversion program clients).</p> <p><u>Code 06</u>: Moved out of area – the client ceased to receive treatment from the service because the client moved out of the geographic area.</p> <p><u>Code 07</u>: Sanctioned by drug court/court diversion program – a drug court and/or court diversion program client is sanctioned back into jail for noncompliance with program.</p> <p><u>Code 08</u>: Imprisoned, other than drug court sanction – a client is imprisoned for reasons other than code '07'.</p> <p><u>Code 09</u>: Released from prison – a client of a prison treatment program is released from prison.</p> <p><u>Code 10</u>: Died – a client has died.</p> <p><u>Code 98</u>: Other – any other reason for cessation.</p>		
34.	<a href="#">MDS_ReferralOut</a>	<p><u>Referral to Another Service</u> The type of service to which clients are referred, either during the Service Episode or at the completion of the Service Episode.</p> <p>Referral in this context should be regarded as a formal referral process that results in a letter or phone call to the agency that the client is being referred to for the continuation of the client's principal treatment needs.</p> <p>To be collected on <b>Cessation of Service Episode</b>.</p>	<p><u>Valid Values</u></p> <p>03 General practitioner 04 Medical officer/specialist 05 Psychiatric hospital 06 Other hospital 07 Residential community mental health care unit 08 Residential alcohol and other drug treatment agency 09 Other residential community care unit 10 Education institution 11 Non-residential community mental health centre 12 Non-residential alcohol and other drug treatment agency 13 Non-residential community health centre 14 Other non-health service agency 18 Workplace (EAP)</p>	Number	2

Data Dictionary entries for EPISODE.csv

Fld N°	Link to file layout	Description	Valid Values	Data type	Field size
			<p>19 Family and child protection service</p> <p>97 No referral</p> <p>98 Other</p> <p>99 Not stated/inadequately described</p> <p><u>Guide for Use</u></p> <p><u>Code 03</u>: General practitioner – includes vocationally registered general practitioners, vocationally registered general practitioner trainees and other primary care medical practitioners in private practice.</p> <p><u>Code 04</u>: Medical officer/specialist – used for any medical personnel apart from general practitioners, including medical officers at hospitals and specialists in private practice.</p> <p><u>Code 05</u>: Psychiatric hospital – includes acute and non-acute psychiatric inpatient facilities.</p> <p><u>Code 06</u>: Other hospital – includes public and private acute care hospitals, hospitals specialising in dental, palliative care, ophthalmic aids and other specialised medical or surgical care, satellite units managed and staffed by a hospital, emergency departments of hospitals, and mothercraft hospitals. Excludes hospital outpatient clinics (which should be coded '11' to '13').</p> <p><u>Code 07</u>: Residential community mental health care unit – includes mental health settings in which persons reside temporarily at an accommodation unit providing support, non-acute care and other services to people with particular personal, social or behavioural problems. Includes mental health care units for people with severe mental illness or severe psychosocial disability.</p> <p><u>Code 08</u>: Residential alcohol and other drug treatment agency – includes drug and alcohol settings in which persons reside temporarily at an accommodation unit providing support, non-acute care and other services to people with particular personal, social or behavioural problems. Includes drug and alcohol residential treatment units.</p> <p><u>Code 09</u>: Other residential community care unit – includes settings in which persons reside temporarily at an accommodation unit providing support, non-acute care and other services to people with particular personal, social or behavioural problems.</p> <p><u>Code 10</u>: Educational institution – includes all educational institutions such as schools, universities and colleges.</p> <p><u>Code 11</u>: Non-residential community mental health care centre – includes non-residential centre-based establishments providing a range of community-based mental health services.</p> <p><u>Code 12</u>: Non-residential alcohol and other drug treatment agency – includes non-residential centre-based establishments providing a range</p>		

Data Dictionary entries for EPISODE.csv

Fld N°	Link to file layout	Description	Valid Values	Data type	Field size
			<p>of community-based drug and alcohol health services.</p> <p><u>Code 13</u>: Non-residential community health centre – includes non-residential centre-based establishments providing a range of community-based health services, including community health centres, family planning centres, women's health centres, domiciliary care and nursing, aged care assessment teams, rehabilitation services, and multipurpose health centres.</p> <p><u>Code 14</u>: Other non-health service agency – includes home and community care agencies, agencies providing care or assistance to persons in their own homes, childcare centres/pre-schools or kindergartens, community centres, church/religious organisation, clubs and associations, social welfare agencies (excluding DoCS), non-health community organisations, professional or personal carers, family support services, domestic violence and incest resource centres or services, Aboriginal co-operatives, Department of Housing, Department of Education and Training, and the Department of Health and Aging.</p> <p><u>Code 18</u>: Workplace (EAP) – includes any referrals from the client's workplace such as the Employee Assistance Program (EAP).</p> <p><u>Code 19</u>: Family and child protection service – includes family and children's health services and Department of Community Services.</p>		
35.	<a href="#">MDS Surname</a>	<p><u>Family Name</u> The person's surname or name by which the family group is identified, as distinguished from his/her given names.</p> <p><u>Things to Check</u> Family name should be recorded in the format required for identification purposes, and should be as printed on the Medicare card, rather than a preferred name, to ensure consistent collection of name data.</p>	<p><u>Valid Values</u> Mixed case (title case) should be used (e.g. Fiona Smith) in preference to upper case only, where system functionality permits.</p> <p>This is an optional field.</p> <p><u>Guide for Use</u> <b>Persons with only one name</b> If the person has only one name, enter that name in the Family name field. If the Given name field is mandatory, enter "NoGivenName" in that field.</p> <p><b>Maiden or previous name as an alias</b> If a person changes their name following marriage or returns to their maiden name, the previous name should be recorded as an Alias if different to their current Family name, to ensure past records can be linked.</p> <p><b>If the Family name needs to be shortened</b> If the length of the Family name exceeds the length of the field and needs to be shortened, truncate the Family name from the right (i.e. drop the final letters). Where both source and interfaced system(s)</p>	String	40



## Data Dictionary entries for EPISODE.csv

Fld N°	Link to file layout	Description	Valid Values	Data type	Field size
			<p>functionality permit, the last character should be a hash (#) to identify that the name has been truncated.</p> <p><b>Punctuated names</b> If special characters form part of the name they should be included. Do not leave a space before or after an apostrophe or a hyphen. A space should be left between a full stop and the next character, e.g. "St. John".</p> <p><b>Hyphenated Family names</b> The full hyphenated name should be recorded as the Family name.</p> <p>Hyphenated names should be entered with the hyphen and no spaces before or after the hyphen. In addition, record each of the hyphenated names as an Alias (if the local system has this capacity). Sometimes persons with hyphenated Family names use only one of the two hyphenated names, so recording each of the hyphenated names as Aliases facilitates searching.</p> <p><b>Multiple words in Family name</b> Where a person has multiple words in their Family name, record them all. Separate the words with a space, e.g. El Haddad, Van Der Linden.</p> <p><b>Prefixes</b> Where a Family name contains a prefix, such as one to indicate that the client is a widow, this must be recorded in the Family name field. For example, when widowed some Hungarian women add "Ozvegny" (abbreviation is "Ozy") before their married Family name – Mrs Szabo would become Mrs Ozy Szabo. "Ozy Szabo" should therefore become the Family name.</p> <p><b>Ethnic names</b> Correct coding for ethnic names is provided in the Centrelink publication "Naming Systems of Ethnic Groups" (2000) Commonwealth of Australia, p. 67-8.</p> <p><b>Misspelled Family name</b> If the person's Family name has been misspelled, update the Family name with the correct spelling and record the misspelled Family name as an Alias name.</p>		
36.	<a href="#">MDS_FirstName</a>	<p><u>Given Name(s)</u> A person's identifying name within the family group or by which the person is uniquely socially identified.</p>	<p><u>Valid Values</u> Mixed case (title case) should be used (e.g. Fiona Smith) in preference to upper case only, where system functionality permits.</p>	String	40

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		<p><u>Things to Check</u></p> <p>Health care establishments may record Given names (first and other given names) in one field or several fields. This data element definition applies regardless of the format of data recording or capture.</p> <p>Given name should be recorded in the format required for identification purposes, and should generally be that printed on the Medicare card rather than a preferred name, to ensure consistent collection of name data.</p>	<p>This is an optional field.</p> <p><u>Guide for Use</u></p> <p><b>Persons with only one name</b></p> <p>If the person has only one name, enter that name in the Family name field, and leave the Given name blank. If the Given name field is mandatory in an information system and is unable to remain blank, enter 'NoGivenName'.</p> <p><b>Punctuated names</b></p> <p>If special characters form part of the name they should be included. Do not leave a space before or after an apostrophe or a hyphen. A space should be left between a full stop the next character, e.g. "St. John".</p> <p><b>Hyphenated Given names</b></p> <p>The full hyphenated name should be recorded as the Given name. Hyphenated names should be entered with the hyphen and no spaces before or after the hyphen. In addition, for a hyphenated first Given name, record each of the hyphenated names as an Alias. Sometimes persons with hyphenated Given names use only one of the two hyphenated names, so recording each of the hyphenated names as Aliases facilitates searching.</p> <p><b>Ethnic names</b></p> <p>Correct coding for ethnic names is provided in the Centrelink publication "Naming Systems of Ethnic Groups" (2000) Commonwealth of Australia, p. 67-8.</p> <p><b>Misspelled Given name</b></p> <p>If the person's Given name has been misspelled in error, update the Given name with the correct spelling and record the misspelled Given name as an Alias name. However, it should not be assumed that the name has been misspelled, as there may be an unusual spelling of the name, e.g. Peter spelt Pieter, Lee spelt Ly, and Michael spelt Micheal. Recording misspelled names is important for filing documents that may be issued with previous versions of the person's name and also to assist in searching in the event the misspelled name is used again</p>		
37.	<a href="#">MDS_Othernames</a>	<p><u>Middle Name</u></p> <p>A name given to a client (other than given name) which is that person's second identifying name.</p>	<p><u>Valid Values</u></p> <p>Mixed case (title case) should be used (e.g. Fiona Smith) in preference to upper case only, where system functionality permits.</p>	String	40

Data Dictionary entries for EPISODE.csv

Fld N°	Link to file layout	Description	Valid Values	Data type	Field size
			This is an optional field.		
38.	<a href="#">{Title is a blank field}</a>	<u>Title</u> {This is a blank field}	Send a blank field in place of this field. This is an optional field.		Send a blank field
39.	<a href="#">MDS SLK</a>	<u>Statistical Linkage Key 581 (SLK-581)</u> A statistical linkage key (SLK) is an alphanumeric code that identifies unique records. It consists of a combination of letters and numbers, represented by a code, from an individual's first and last names, their sex and date of birth. This combination of components is highly unlikely to be the same for any two people and therefore it is possible to count unique records without the individual's actual identity being disclosed.	<u>Valid Values</u> The structure of the complete SLK-581 element is: XXXXXDDMMYYYYN  <u>Guide for Use</u> The SLK-581 is derived from data already captured for each client, comprising: - Letters of family name (second, third and fifth letters) - Letters of given name (second and third letters) - Date of birth - Sex at birth  See <a href="#">SLK-581 Guide for use Australian Institute of Health and Welfare (aihw.gov.au)</a>	String	14
40.	<a href="#">{Medicare Number is a blank field}</a>	<u>Medicare Number</u> {This is a blank field}	Send a blank field in place of this field. This is an optional field.		Send a blank field
41.	<a href="#">{Property Name is a blank field}</a>	<u>Property Name</u> {This is a blank field}	Send a blank field in place of this field. This is an optional field.		Send a blank field
42.	<a href="#">{Unit/Flat Number is a blank field}</a>	<u>Unit/Flat Number</u> {This is a blank field}	Send a blank field in place of this field. This is an optional field.		Send a blank field
43.	<a href="#">{Street Number is a blank field}</a>	<u>Street Number</u> {This is a blank field}	Send a blank field in place of this field. This is an optional field.		Send a blank field
44.	<a href="#">{Street Name is a blank field}</a>	<u>Street Name</u> {This is a blank field}	Send a blank field in place of this field. This is an optional field.		Send a blank field
45.	<a href="#">Client Suburb</a>	<u>Client's Suburb of Residence</u> The suburb of the client's usual place of residence.  <u>Things to Check</u> The value collected in this field could be different to the suburb in the Episode, as the client may have moved since the start of the episode.	<u>Valid values</u> The <i>Suburb of Residence</i> should use actual geographic suburbs provided by Australia Post.  <u>Guide for Use</u> If information is unknown, 'Unknown' or 'No fixed abode' can be used.	String	50

Data Dictionary entries for EPISODE.csv

Fld N°	Link to file layout	Description	Valid Values	Data type	Field size
46.	<a href="#">Client Postcode</a>	<p><u>Client's Postcode of Residence</u> The postcode of the client's usual place of residence.</p> <p><u>Things to Check</u> The value collected in this field could be different to the postcode in the Episode, as the client may have moved since the start of the episode.</p>	<p><u>Valid Values</u> The <i>Postcode of Residence</i> should use actual geographic postcodes provided by Australia Post.</p> <p><u>Guide for Use</u> Postcodes for post office boxes or other administrative centres should NOT be used. '9999' may be used if the postcode is 'Unknown'. '9998' may be used for clients where the address is 'No fixed abode'.</p>	Number	4
47.	<a href="#">Children A</a>	<p><u>Children question A</u> Has you at any time in the past four weeks, been a primary care giver for or living with any child/children aged under 5 years?</p>	<p><u>Valid Values</u> 1 Yes 2 No 3 Not stated/inadequately described</p>	Number	1
48.	<a href="#">Children B</a>	<p><u>Children question B</u> Have you at any time in the past four weeks, been a primary caregiver for or living with any child/children aged 5-15 years?</p>	<p><u>Valid Values</u> 1 Yes 2 No 3 Not stated/inadequately described</p>	Number	1
49.	<a href="#">Pregnancy Status</a>	<p>Are you currently pregnant?</p>	<p><u>Valid Values</u> 1 Yes 2 No 3 Unsure/Don't know 4 Not stated 5 Not applicable</p>	Number	1
50.	<a href="#">Children Count</a>	<p>Number of children, younger than 12 years old, accompanying your admission</p>	<p><u>Valid Values</u> 0 None 1 1 2 2 3 3 4 4 5 5 6 6 7 7 8 8 9 9 10 10 11 11 12 12</p>	Number	2
51.	<a href="#">DCJ Involvement</a>	<p>Are you currently involved with Child and Family Services system (DCJ and/or NGO)?</p>	<p><u>Valid Values</u> 1 Yes 2 No 3 Not current (Historic involvement) 4 Not stated</p>	Number	1

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Fld N°	Link to file layout	Description	Valid Values	Data type	Field size
52.	<a href="#">Suicide screener</a>	<p>1. I need to ask you a few questions on how you have been feeling, is that ok?</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Yes</li> <li><input type="checkbox"/> No</li> <li><input type="checkbox"/> Did not ask</li> <li></li> </ul> <p>2. In the past 4 weeks did you feel so sad that nothing could cheer you up?</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> All of the time</li> <li><input type="checkbox"/> Most of the time</li> <li><input type="checkbox"/> Some of the time</li> <li><input type="checkbox"/> A little of the time</li> <li><input type="checkbox"/> None of the time</li> <li><input type="checkbox"/> Don't wish to say</li> <li><input type="checkbox"/> Did not ask</li> <li></li> </ul> <p>3. In the past 4 weeks, how often did you feel no hope for the future?</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> All of the time</li> <li><input type="checkbox"/> Most of the time</li> <li><input type="checkbox"/> Some of the time</li> <li><input type="checkbox"/> A little of the time</li> <li><input type="checkbox"/> None of the time</li> <li><input type="checkbox"/> Don't wish to say</li> <li><input type="checkbox"/> Did not ask</li> <li></li> </ul> <p>4. In the past 4 weeks, how often did you feel intense shame or guilt?</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> All of the time</li> <li><input type="checkbox"/> Most of the time</li> <li><input type="checkbox"/> Some of the time</li> <li><input type="checkbox"/> A little of the time</li> <li><input type="checkbox"/> None of the time</li> <li><input type="checkbox"/> Don't wish to say</li> </ul>	<p>Format "1;2;3;4;5;6;6a;6b;6c;7;8;8a;8b;8c;8d;8e;8f;8g;8h;9;9a;9b;10;risk;11"</p> <p>This is an optional field.</p> <p><u>Valid values</u> 1 Yes 2 No 3 Did not ask</p> <p><u>Valid values</u> 1 All of the time 2 Most of the time 3 Some of the time 4 A little of the time 5 None of the time 6 Don't wish to say 7 Did not ask</p>	String	exported as a combination of numbers and delimiters

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Fld N°	Link to file layout	Description	Valid Values	Data type	Field size
		<ul style="list-style-type: none"> <li><input type="checkbox"/> Did not ask</li> <li>•</li> <li>5. In the past 4 weeks, how often did you feel worthless?</li> <li><input type="checkbox"/> All of the time</li> <li><input type="checkbox"/> Most of the time</li> <li><input type="checkbox"/> Some of the time</li> <li><input type="checkbox"/> A little of the time</li> <li><input type="checkbox"/> None of the time</li> <li><input type="checkbox"/> Don't wish to say</li> <li><input type="checkbox"/> Did not ask</li> <li>6. Have you ever tried to kill yourself?</li> <li><input checked="" type="checkbox"/> Yes*</li> <li><input type="checkbox"/> No</li> <li><input type="checkbox"/> Don't wish to say</li> <li><input type="checkbox"/> Did not ask</li> </ul> <p><b>If YES is selected at Question 6 the below shadowed questions are to be responded to.</b></p> <p>a. How many times have you tried to kill yourself?</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Once</li> <li><input type="checkbox"/> Twice</li> <li><input type="checkbox"/> Three times or more</li> <li><input type="checkbox"/> Don't wish to say</li> <li><input type="checkbox"/> Did not ask</li> <li>•</li> </ul> <p>b. How long ago was the last attempt?</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> In the last 2 months</li> <li><input type="checkbox"/> 2-6 months ago</li> <li><input type="checkbox"/> 6-12 months ago</li> <li><input type="checkbox"/> 1-2 years ago</li> <li><input type="checkbox"/> More than 2 years ago</li> <li><input type="checkbox"/> Don't wish to say</li> <li><input type="checkbox"/> Did not ask</li> <li>•</li> </ul> <p>c. Have things changed since?</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Yes</li> <li><input type="checkbox"/> No</li> </ul>	<p><u>Valid values</u></p> <p>1 Yes</p> <p>2 No</p> <p>3 Don't wish to say</p> <p>4 Did not ask</p> <p><u>If a value of 1 (Yes) is returned from Question 6, then the following values are valid:</u></p> <p><u>Valid values</u></p> <p>1 Once</p> <p>2 Twice</p> <p>3 Three times or more</p> <p>4 Don't wish to say</p> <p>5 Did not ask</p> <p><u>Valid values</u></p> <p>1 In the last 2 months</p> <p>2 2-6 months ago</p> <p>3 6-12 months ago</p> <p>4 1-2 years ago</p> <p>5 More than 2 years ago</p> <p>6 Don't wish to say</p> <p>7 Did not ask</p> <p><u>Valid values</u></p> <p>1 Yes</p>		

Data Dictionary entries for EPISODE.csv

Fld N°	Link to file layout	Description	Valid Values	Data type	Field size
		<ul style="list-style-type: none"> <li><input type="checkbox"/> Don't wish to say</li> <li><input type="checkbox"/> Did not ask</li> <li></li> </ul> <p>7. Have you gone through any upsetting events recently? <i>(tick all that apply)</i></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Family breakdown</li> <li><input type="checkbox"/> Relationship problem</li> <li><input type="checkbox"/> Loss of loved one</li> <li><input type="checkbox"/> Conflict relating to sexual identity</li> <li><input type="checkbox"/> Impending legal prosecution</li> <li><input type="checkbox"/> Child custody issues</li> <li><input type="checkbox"/> Chronic pain/illness</li> <li><input type="checkbox"/> Trauma</li> <li><input type="checkbox"/> Don't wish to say</li> <li><input type="checkbox"/> Did not ask</li> </ul> <p>8. Have things been so bad lately that you have thought about killing yourself?</p> <ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> Yes</li> <li><input type="checkbox"/> No</li> <li><input type="checkbox"/> Don't wish to say</li> <li><input type="checkbox"/> Did not ask</li> </ul> <p><b>If YES is selected at Question 8 the below shadowed questions are to be responded to.</b></p> <p>a. How often do you have thoughts of suicide?</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Daily</li> <li><input type="checkbox"/> Weekly</li> <li><input type="checkbox"/> Monthly</li> <li><input type="checkbox"/> Don't wish to say</li> <li><input type="checkbox"/> Did not ask</li> <li></li> </ul> <p>b. How long have you been having these thoughts?</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> In the last 2 months</li> <li><input type="checkbox"/> 2-6 months ago</li> <li><input type="checkbox"/> 6-12 months ago</li> <li><input type="checkbox"/> 1-2 years ago</li> </ul>	<p>2 No</p> <p>3 Don't wish to say</p> <p>4 Did not ask</p> <p><u>Valid values</u></p> <p>1 Family breakdown</p> <p>2 Relationship problem</p> <p>3 Loss of loved one</p> <p>4 Conflict relating to sexual identity</p> <p>5 Impending legal prosecution</p> <p>6 Child custody issues</p> <p>7 Chronic pain/illness</p> <p>8 Trauma</p> <p>9 Homelessness</p> <p>10 Loss of job</p> <p>11 Not applicable</p> <p>12 Don't wish to say</p> <p>13 Did not ask</p> <p><u>Valid values</u></p> <p>1 Yes</p> <p>2 No</p> <p>3 Don't wish to say</p> <p>4 Did not ask</p> <p><u>If a value of 1 (Yes) is returned from Question 8, then the following values are valid:</u></p> <p><u>Valid values</u></p> <p>1 Daily</p> <p>2 Weekly</p> <p>3 Monthly</p> <p>4 Don't wish to say</p> <p>5 Did not ask</p> <p><u>Valid values</u></p> <p>1 In the last 2 months</p> <p>2 2-6 months ago</p> <p>3 6-12 months ago</p> <p>4 1-2 years ago</p>		

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Fld N°	Link to file layout	Description	Valid Values	Data type	Field size
		<ul style="list-style-type: none"> <li><input type="checkbox"/> More than 2 years ago</li> <li><input type="checkbox"/> Don't wish to say</li> <li><input type="checkbox"/> Did not ask</li> <li></li> <li>c. How intense are these thoughts when they are most severe?</li> <li><input type="checkbox"/> Very intense</li> <li><input type="checkbox"/> Intense</li> <li><input type="checkbox"/> Somewhat intense</li> <li><input type="checkbox"/> Not at all intense</li> <li><input type="checkbox"/> Don't wish to say</li> <li><input type="checkbox"/> Did not ask</li> <li>d. How intense have these thoughts been in the last week?</li> <li><input type="checkbox"/> Very intense</li> <li><input type="checkbox"/> Intense</li> <li><input type="checkbox"/> Somewhat intense</li> <li><input type="checkbox"/> Not at all intense</li> <li><input type="checkbox"/> Don't wish to say</li> <li><input type="checkbox"/> Did not ask</li> <li>e. Do you have a current plan for how you would attempt suicide?</li> <li><input checked="" type="checkbox"/> Yes</li> <li><input type="checkbox"/> No</li> <li><input type="checkbox"/> Don't wish to say</li> <li><input type="checkbox"/> Did not ask</li> <li></li> <li><b>If YES is selected at Question 8e the below shadowed questions are to be responded to.</b></li> <li>f. Do you have access to means?</li> <li><input type="checkbox"/> Yes</li> <li><input type="checkbox"/> No</li> <li><input type="checkbox"/> Don't wish to say</li> <li><input type="checkbox"/> Did not ask</li> <li>g. Have all necessary preparations been made?</li> </ul>	<p>5 More than 2 years ago</p> <p>6 Don't wish to say</p> <p>7 Did not ask</p> <p><u>Valid values</u></p> <p>1 Very intense</p> <p>2 Intense</p> <p>3 Somewhat intense</p> <p>4 Not at all intense</p> <p>5 Don't wish to say</p> <p>6 Did not ask</p> <p><u>Valid values</u></p> <p>1 Very intense</p> <p>2 Intense</p> <p>3 Somewhat intense</p> <p>4 Not at all intense</p> <p>5 Don't wish to say</p> <p>6 Did not ask</p> <p><u>Valid values</u></p> <p>1 Yes</p> <p>2 No</p> <p>3 Don't wish to say</p> <p>4 Did not ask</p> <p><u>If a value of 1 (Yes) is returned from Question 8e, then the following values are valid:</u></p> <p><u>Valid values</u></p> <p>1 Yes</p> <p>2 No</p> <p>3 Don't wish to say</p> <p>4 Did not ask</p>		



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Fld N°	Link to file layout	Description	Valid Values	Data type	Field size
		<ul style="list-style-type: none"> <li><input type="checkbox"/> Yes</li> <li><input type="checkbox"/> No</li> <li><input type="checkbox"/> Don't wish to say</li> <li><input type="checkbox"/> Did not ask</li> <li></li> </ul> <p>h. How likely are you to act on this plan in the near future?</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Very likely</li> <li><input type="checkbox"/> Likely</li> <li><input type="checkbox"/> Unlikely</li> <li><input type="checkbox"/> Very Unlikely</li> <li><input type="checkbox"/> Don't wish to say</li> <li><input type="checkbox"/> Did not ask</li> <li></li> </ul> <p>9. Do you have any friends/family members you can confide in if you have a serious problem?</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Yes</li> <li><input type="checkbox"/> No</li> <li><input type="checkbox"/> Don't wish to say</li> <li><input type="checkbox"/> Did not ask</li> </ul> <p><b>If YES is selected at Question 9 the below shadowed questions are to be responded to.</b></p> <p>a. Who is/are this/these person/people? <i>(tick all that apply)</i></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Friend</li> <li><input type="checkbox"/> Partner</li> <li><input type="checkbox"/> Carer/counsellor</li> <li><input type="checkbox"/> Parent</li> <li><input type="checkbox"/> Peer</li> <li><input type="checkbox"/> Sibling</li> <li><input type="checkbox"/> Child</li> <li><input type="checkbox"/> Other family member</li> <li><input type="checkbox"/> Don't wish to say/no response</li> </ul> <p>b. How often are you in contact with this/these person/people?</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Daily</li> <li><input type="checkbox"/> A few days a week</li> </ul>	<p><u>Valid values</u></p> <p>1 Yes</p> <p>2 No</p> <p>3 Don't wish to say</p> <p>4 Did not ask</p> <p><u>Valid values</u></p> <p>1 Very likely</p> <p>2 Likely</p> <p>3 Unlikely</p> <p>4 Very Unlikely</p> <p>5 Don't wish to say</p> <p>6 Did not ask</p> <p><u>Valid values</u></p> <p>1 Yes</p> <p>2 No</p> <p>3 Don't wish to say</p> <p>4 Did not ask</p> <p><u>If a value of 1 (Yes) is returned from Question 9, then the following values are valid:</u></p> <p><u>Valid values</u></p> <p>1 Friend</p> <p>2 Partner</p> <p>3 Carer/Counsellor</p> <p>4 Parent</p> <p>5 Peer</p> <p>6 Sibling</p> <p>7 Child</p> <p>8 Other family member</p> <p>9 Don't wish to say/no response</p> <p><u>Valid values</u></p> <p>1 Daily</p> <p>2 A few days a week</p>		

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		<ul style="list-style-type: none"> <li><input type="checkbox"/> Weekly</li> <li><input type="checkbox"/> Monthly</li> <li><input type="checkbox"/> Less than once a month</li> <li><input type="checkbox"/> Don't wish to say</li> <li><input type="checkbox"/> Did not ask</li> </ul> <p><b>10. Client presentation/statements (<i>tick all that apply</i>)</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Agitated</li> <li><input type="checkbox"/> Disorientated/confused</li> <li><input type="checkbox"/> Delusional/hallucinating</li> <li><input type="checkbox"/> Intoxicated</li> <li><input type="checkbox"/> Self-Harm</li> </ul> <p><b>Clinician rated risk level of client</b></p> <p><input type="checkbox"/> Low</p> <p><input type="checkbox"/> Moderate</p> <p><input type="checkbox"/> High</p> <p><b>11. Action/s taken as a result of the screener. (<i>at least one box must be selected</i>)</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Action added to client care plan</li> <li><input type="checkbox"/> Referral made to external service</li> <li><input type="checkbox"/> Referral made to internal service</li> <li><input type="checkbox"/> Consultation recorded in client progress notes</li> <li><input type="checkbox"/> No action taken</li> </ul>	<p>3 Weekly</p> <p>4 Monthly</p> <p>5 Less than once a month</p> <p>6 Don't wish to say</p> <p>7 Did not ask</p> <p><u>Valid values</u></p> <p>1 Agitated</p> <p>2 Disorientated/confused</p> <p>3 Delusional/hallucinating</p> <p>4 Intoxicated</p> <p>5 Self-Harm</p> <p><u>Valid values</u></p> <p>1 Low</p> <p>2 Moderate</p> <p>3 High</p> <p><u>Valid values</u></p> <p>1 Action added to client care plan</p> <p>2 Referral made to external service</p> <p>3 Referral made to internal service</p> <p>4 Consultation recorded in client progress notes</p> <p>5 No action taken</p> <p>6 Education information provided</p> <p><u>Guide for Use</u></p> <ul style="list-style-type: none"> <li>Questions 7, 9a, 10, 11 can be multiple selections. Use ~ to delimit e.g. 1~3~5</li> <li>Data collected must be 25 fields, if no answer then null (e.g. 1,,,,,,)</li> <li>If no suicide data then enter as ""</li> </ul>		
53.	<a href="#">BBV screener</a>	<p><b>1. In the last 12 months, have you been tested for a blood-borne virus such as hepatitis A, B, C or HIV?</b></p>	<p><u>Format</u></p> <p>"1;2;3;4;4a;5;6;7"</p> <p>This is an optional field.</p> <p><u>Valid Values</u></p>	String	exported as a combination of numbers and delimiters

Data Dictionary entries for EPISODE.csv

Fld N°	Link to file layout	Description	Valid Values	Data type	Field size
		<ul style="list-style-type: none"> <li><input type="checkbox"/> Yes</li> <li><input type="checkbox"/> No</li> <li><input type="checkbox"/> Don't wish to say</li> <li><input type="checkbox"/> Did not ask</li> </ul> <p>2. In the last 12 months, have you had a sexual health check-up?</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Yes</li> <li><input type="checkbox"/> No</li> <li><input type="checkbox"/> Don't wish to say</li> <li><input type="checkbox"/> Did not ask</li> </ul> <p>3. If so, do you know the results of that test?</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Results positive</li> <li><input type="checkbox"/> Results negative</li> <li><input type="checkbox"/> Don't know</li> <li><input type="checkbox"/> Don't wish to say</li> <li><input type="checkbox"/> Did not ask</li> </ul> <p><b>Questions 4, 5 and 6 to be responded to if 'Results Positive' is selected</b></p> <p>4. What did you test positive for? <i>(More than one box can be selected)</i></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> HIV</li> <li><input type="checkbox"/> Hepatitis A</li> <li><input type="checkbox"/> Hepatitis B</li> <li><input type="checkbox"/> Hepatitis C PCR Test</li> <li><input type="checkbox"/> STI</li> <li><input type="checkbox"/> Don't wish to say</li> <li><input type="checkbox"/> Did not ask</li> </ul>	<p>1 Yes</p> <p>2 No</p> <p>3 Don't wish to say</p> <p>4 Did not ask</p> <p><u>Valid Values</u></p> <p>1 Yes</p> <p>2 No</p> <p>3 Don't wish to say</p> <p>4 Did not ask</p> <p><u>Valid Values</u></p> <p>1 Results positive</p> <p>2 Results negative</p> <p>3 Don't know</p> <p>4 Don't wish to say</p> <p>5 Did not ask</p> <p>Questions 4, 5, 6, 7 can be multiple selections. Use ~ to delimit e.g. 1~3~5</p> <p>If multiple positive results in question 4, then same number of answers must be in questions 5 and 6.</p> <p><u>If a value of 1 (Results Positive) is returned from Question 3, then the following values are valid:</u></p> <p>1 HIV</p> <p>2 Hepatitis A</p> <p>3 Hepatitis B</p> <p>4 Hepatitis C PCR Test</p> <p>5 STI</p> <p>6 Don't wish to say</p> <p>7 Did not ask</p>		

Data Dictionary entries for EPISODE.csv

Fld N°	Link to file layout	Description	Valid Values	Data type	Field size
		<p><b>If hepatitis B is NOT selected at Question 4 the following question should be asked</b></p> <p>Have you been vaccinated for hepatitis B?</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Yes</li> <li><input type="checkbox"/> No</li> <li><input type="checkbox"/> Not sure</li> <li><input type="checkbox"/> Don't wish to say</li> <li><input type="checkbox"/> Did not ask</li> </ul> <p>5. If you tested positive, have you been offered regular check-ups and information about treatment options?</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Yes</li> <li><input type="checkbox"/> No</li> <li><input type="checkbox"/> Not sure/don't remember</li> </ul> <p>6. Are you currently undertaking treatment?</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Yes</li> <li><input type="checkbox"/> No</li> <li><input type="checkbox"/> Don't wish to say</li> <li><input type="checkbox"/> Did not ask</li> </ul> <p>7. Action/s taken as a result of the screener. (<i>More than one box can be selected</i>)</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Action added to client care plan</li> <li><input type="checkbox"/> Referral made to external service</li> <li><input type="checkbox"/> Referral made to internal service</li> <li><input type="checkbox"/> Consultation recorded in client progress notes</li> <li><input type="checkbox"/> No action taken</li> <li><input type="checkbox"/> Education information provided</li> </ul>	<p><u>If a value of 2 (Hepatitis B) is returned from Question 4, then the following values are valid:</u></p> <p>1 Yes 2 No 3 Don't know 4 Don't wish to say 5 Did not ask</p> <p><u>Valid values</u></p> <p>1 Yes 2 No 3 Not sure/don't remember</p> <p><u>Valid values</u></p> <p>1 Yes 2 No 3 Don't wish to say 4 Did not ask</p> <p><u>Valid values</u></p> <p>1 Action added to client care plan 2 Referral made to external service 3 Referral made to internal service 4 Consultation recorded in client progress notes 5 No action taken 6 Education information provided</p> <p><u>Guide for use</u></p> <ul style="list-style-type: none"> <li>Data collected must be 8 fields, if no answer then null (e.g. 1,,,,,8~a~b~c) If no BBV data then enter as ""</li> <li>Questions 4, 5, 6, 7 can be multiple selections. Use ~ to delimit e.g. 1~3~5</li> </ul>		
54.	<a href="#">DFV screener</a>		<u>Format</u>	String	exported as a

## Data Dictionary entries for EPISODE.csv

Fld N°	Link to file layout	Description	Valid Values	Data type	Field size
		<p>1. In the last 12 months, has someone in your family or someone you were in a relationship with pushed, hit, kicked, punched, grabbed you around the neck or otherwise hurt you?</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Yes</li> <li><input type="checkbox"/> No</li> <li><input type="checkbox"/> Don't wish to say</li> <li><input type="checkbox"/> Did not ask</li> </ul> <p>2. Are you afraid now or have you been afraid of anyone you've been in a relationship with or in your household/family?</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Yes</li> <li><input type="checkbox"/> No</li> <li><input type="checkbox"/> Don't wish to say</li> <li><input type="checkbox"/> Did not ask</li> </ul> <p>3. When you were hurt, did you get hit on the head, grabbed around the neck or lose consciousness?</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Yes</li> <li><input type="checkbox"/> No</li> <li><input type="checkbox"/> Not sure/don't remember</li> </ul> <p>4. Who hurt you and/or who are you afraid of? <i>(More than one box can be selected)</i></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Partner</li> <li><input type="checkbox"/> Ex-partner</li> <li><input type="checkbox"/> Sibling</li> <li><input type="checkbox"/> Parent</li> <li><input type="checkbox"/> Child</li> <li><input type="checkbox"/> Other family member</li> <li><input type="checkbox"/> Other person</li> <li><input type="checkbox"/> Don't wish to say/no response</li> </ul> <p>5. Is there anyone else in the family/household who is experiencing or witnessing these things?</p>	<p>"1;2;3;4;5;6;6b;7"</p> <p>This is an optional field.</p> <p><u>Valid values</u></p> <p>1 Yes</p> <p>2 No</p> <p>3 Don't wish to say</p> <p>4 Did not ask</p> <p><u>Valid values</u></p> <p>1 Yes</p> <p>2 No</p> <p>3 Not sure/don't remember</p> <p><u>Valid values</u></p> <p>1 Partner</p> <p>2 Ex-partner</p> <p>3 Sibling</p> <p>4 Parent</p> <p>5 Child</p> <p>6 Other family member</p> <p>7 Other person</p> <p>8 Don't wish to say/no response</p> <p><u>Valid values</u></p>		combination of numbers and delimiters

Data Dictionary entries for EPISODE.csv

Fld N°	Link to file layout	Description	Valid Values	Data type	Field size
		<ul style="list-style-type: none"> <li>(More than one box can be selected)</li> <li><input type="checkbox"/> Child/ren</li> <li><input type="checkbox"/> Sibling</li> <li><input type="checkbox"/> Parent</li> <li><input type="checkbox"/> Partner</li> <li><input type="checkbox"/> Ex-partner</li> <li><input type="checkbox"/> Other family member</li> <li><input type="checkbox"/> Other person</li> <li><input type="checkbox"/> Don't wish to say/no response</li> <li><input type="checkbox"/> No one else</li> </ul>	1 Child/ren 2 Sibling 3 Parent 4 Partner 5 Ex-partner 6 Other family member 7 Other person 8 Don't wish to say/no response 9 No one else		
		6. Are you worried about how the experiences we've been talking about may be affecting your children or anyone else in the family/household? (More than one can be selected) <input type="checkbox"/> Child/ren <input type="checkbox"/> Sibling <input type="checkbox"/> Parent <input type="checkbox"/> Partner <input type="checkbox"/> Ex-partner <input type="checkbox"/> Other family member <input type="checkbox"/> Other person <input type="checkbox"/> Don't wish to say/no response <input type="checkbox"/> No one else			
		7. Action/s taken as a result of the screener. More than one box can be selected	<u>Valid values</u> 1 Action added to client care plan 2 Referral made to external service 3 Referral made to internal service 4 Consultation recorded in client progress notes 5 DVSAT Completed 6 Mandatory Child Protection Report made 7 Noted for follow up in Client Care Plan 8 Referred to DV Hotline 9 No action taken		

Data Dictionary entries for EPISODE.csv

Fld N°	Link to file layout	Description	Valid Values	Data type	Field size
			<p><u>Guide for Use</u></p> <ul style="list-style-type: none"> <li>Questions 4, 5, 6, 7 can be multiple selections. Use ~ to delimit e.g. 1~3~5</li> <li>Data collected must be 8 fields, if no answer then null (e.g. 1,,,,,,7~a~b~c)</li> <li>If no DFV data then enter as ""</li> </ul>		

## OTHERDRG.CSV FILE

### File layout for OTHERDRG.csv file

Please upload a blank file if there are no other drugs of concern.

File Layout for OTHERDRG.csv					
Field N°	Link to data dictionary entry	Description	Data type	Field size	Mandatory field
1.	<a href="#">AgencyCode</a>	Establishment Identifier (Agency Code)	String	6 to 15	Yes
2.	<a href="#">Service EpisodeID</a>	Episode ID (Foreign key to EPISODE.csv)	Number	Determined at service-level	Yes
3.	<a href="#">MDS ODoC</a>	Other Drug of Concern/Gambling	Number	4	Yes
4.	<a href="#">{OthrSpecify is a blank field}</a>	Other Drug of Concern specify		Send a blank field	Optional
5.	<a href="#">Blank</a>	{This is a blank field}		Send a blank field	Optional

### Data Dictionary entries for OTHERDRG.csv

Data Dictionary entries for OTHERDRG.csv					
Fld N°	Link to file layout	Description	Valid Values	Data type	What to send
1.	<a href="#">AgencyCode</a>	<p><u>Establishment Identifier (Agency Code)</u> - The six digit agency code created by the InforMH system of NSW Ministry of Health and provided to the Service.</p> <p><u>Things to Check</u> - Agency Code is a synonym for 'Establishment Identifier', and either term may be used as a field label on paper or electronic forms.</p>	<p><u>Valid Values</u></p> <p>The shortest Agency Code possible would be 6 characters long. For example, 12A002</p> <p>The longest Agency Code possible would be 15 characters long. For example, 12AA05123B:1001</p>	String	6 to 15
2.	<a href="#">Service EpisodeID</a>	<p><u>Episode ID (Primary Key)</u> - The Service's internal Episode ID the number that identifies a service episode.</p> <p><u>Things to Check</u> - Episode IDs must not be re-issued.</p>	<p><u>Valid Values</u></p> <p>A number that identifies a service episode.</p> <p><u>Guide for Use</u> - The Episode ID distinguishes different episodes for the same client.</p>	Number	Determined at service-level



3.	<a href="#">MDS ODoC</a>	<p><u>Other Drug of Concern/Gambling</u> Any drugs apart from the <i>Principal Drug of Concern/Gambling</i> that the client perceives as being a concern.</p> <p>More than one drug may be selected.</p> <p>To be collected <b>on Commencement of Service Episode</b>, but may be <b>updated</b> or <b>added to</b> if additional drugs of concern are reported at a later date.</p> <p>The Australian Standard Classification of Drugs of Concern (ASCDC) produced by the ABS (Cat. No. 1248.0) is the four digit coding standard to be used for this data element. A short list of the most common drugs of concern and their accompanying four digit code is listed at right.</p> <p>If the client indicates a more specific drug of concern (e.g., pethidine, LSD), the clinician must indicate this using the four digit ASCDC codes</p> <p>Please see the list of codes: <a href="#">Australian Standard Classification of Drugs of Concern (ASCDC), 2016   Australian Bureau of Statistics (abs.gov.au)</a></p> <p><u>Things to Check</u> The data element is used in conjunction with <i>Principal Drug of Concern/Gambling</i>. Please note that this data element can be updated over the course of the <b>Service Episode</b>, if the client indicates any additional drugs of concern.</p> <p>Polydrug use should no longer be used.</p> <p>For secondary clients who are presenting with</p>	<p><u>Guide for Use</u> This is a multiple response item to allow for the coding of varied drug use.</p> <p><u>Code 0000</u>: Inadequately Described only to be used when Source of referral is one of: code 15 Police Diversion, code 16 Court diversion, code 98 Other, code 99 Not stated/ inadequately described.</p> <p><u>Code 0001</u>: Not stated only to be used for secondary clients who are presenting only with issues about someone else's drug use.</p> <p><u>Code 0003</u>: No other drug of concern</p> <p><u>Code 0005</u>: Opioid analgesics, not further defined to be used when it is known that the client's principal drug of concern is an opioid but the specific opioid used is not known.</p> <p><u>Code 0006</u>: Psychostimulants, not further defined to be used when it is known that the client's principal drug of concern is a psychostimulant but not which type.</p> <p><u>Code 0009</u>: Gambling should only be selected if the client indicates that this is the issue that led them to seek the service. Activities performed must include a clinical assessment. Although excluded from the scope of the NSW MDS DATS, agencies can include activities performed for clients presenting for gambling issues in data submitted to the NSW Ministry of Health. Analysis of the NSW MDS DATS will not include this data.</p> <p><u>Code 1305</u>: Methadone should only be selected if the client indicates that this is a secondary issue that led them to seek the service. 'Methadone' may also be selected where the specific aim of treatment for the client is the reduction of their (prescribed) Methadone (e.g., MTAR Program).</p> <p><u>Code 2400</u>: Benzodiazepines a broad category for benzodiazepines if the specific code (e.g., Diazepam code '2403', Rohypnol code '2404') is not known.</p> <p><u>Code 3100</u>: Amphetamines a broad category for amphetamines if the specific code (e.g., Benzedrine code '3101', Dexamphetamine code '3102', Methamphetamine code '3103') is not known.</p>	Number	4
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Data Dictionary entries for OTHERDRG.csv					
Fld N°	Link to file layout	Description	Valid Values	Data type	What to send
		issues about someone else's drug use ( <i>Client Type</i> = code '2' 'Other's drug use'), <i>Other Drugs of Concern/Gambling</i> should default to code '0001' 'Not stated' or be left blank.			
4.	<a href="#">{OthrSpecify is a blank field}</a>	{Other Drug of Concern specify is a blank field}	Send a blank field in place of this field.		Send a blank field
5.	<a href="#">Blank</a>	{This is a blank field}	Send a blank field.		Send a blank field

## PREVTRMT.CSV FILE

### File layout for PREVTRMT.csv file

Please upload a blank file if there are no previous treatment data.

File Layout for PREVTRMT.csv					
Field N°	Link to data dictionary entry	Description	Data type	Field size	Mandatory field
1.	<a href="#">AgencyCode</a>	Establishment Identifier (Agency Code)	String	6 to 15	Yes
2.	<a href="#">Service_EpisodeID</a>	Episode ID (Foreign key to EPISODE.csv)	Number	Determined at service-level	Yes
3.	<a href="#">MDS_PreviousServices</a>	Previous Services Received	Number	2	Yes

### Data Dictionary entries for PREVTRMT.csv file

Data Dictionary entries for PREVTRMT.csv					
Fld N°	Link to file layout	Description	Valid Values	Data type	What to send
1.	<a href="#">AgencyCode</a>	<p><u>Establishment Identifier (Agency Code)</u> - The six digit agency code created by the InforMH system of NSW Ministry of Health and provided to the Service.</p> <p><u>Things to Check</u> - Agency Code is a synonym for 'Establishment Identifier', and either term may be used as a field label on paper or electronic forms.</p>	<p><u>Valid Values</u></p> <p>The shortest Agency Code possible would be 6 characters long. For example, 12A002</p> <p>The longest Agency Code possible would be 15 characters long. For example, 12AA05123B:1001</p>	String	6 to 15
2.	<a href="#">Service_EpisodeID</a>	<p><u>Episode ID (Primary Key)</u> - The Service's internal Episode ID the number that identifies a service episode.</p> <p><u>Things to Check</u> Episode IDs must not be re-issued.</p>	<p><u>Valid Values</u> A number that identifies a service episode.</p> <p><u>Guide for Use</u> - The Episode ID distinguishes different episodes for the same client.</p>	Number	Determined at service-level

Data Dictionary entries for PREVTRMT.csv

Fld N°	Link to file layout	Description	Valid Values	Data type	What to send
3.	<a href="#">MDS PreviousService s</a>	<p><u>Previous Services Received</u> Indicator of whether the client has received any drug and alcohol services prior to the current <b>Service Episode</b>.</p> <p><u>Things to Check</u> Includes any previous <b>Service Episode</b> within any drug and alcohol agency, including the agency providing the current <b>Service Episode</b>.</p> <p>For secondary clients who are presenting with issues about someone else's drug use (Client Type = '2' – 'Other's drug use'), the value reported should be '00' – 'Not collected' or be left blank.</p>	<p><u>Valid Values</u> 00 Not collected 80 Previous service received 99 No previous service received</p> <p><u>Guide for Use</u> Should be based upon the client's own response, as well as agency records and referral information where applicable: <u>Code 00</u>: Not collected – only to be used for secondary clients who are presenting only with issues about someone else's drug use. <u>Code 80</u>: Previous Drug and Alcohol treatment has been received from a public or NGO Drug and Alcohol Service. <u>Code 99</u>: No previous service received – only to be used if the client has not previously received any drug and alcohol services.</p>	Number	2

## OTHERSRV.CSV FILE

### File layout for OTHERSRV.csv file

Please upload a blank file if no other treatment are provided.

File Layout for OTHERSRV.csv					
Field N°	Link to data dictionary entry	Description	Data type	Field size	Mandatory field
1.	<a href="#">AgencyCode</a>	Establishment Identifier (Agency Code)	String	6 to 15	Yes
2.	<a href="#">Service_EpisodeID</a>	Episode ID (Foreign key to EPISODE.csv)	Number	Determined at service-level	Yes
3.	<a href="#">MDS_OtherService</a>	Other Services Provided	Number	2	Yes

### Data Dictionary entries for OTHERSRV.csv

Data Dictionary entries for OTHERSRV.csv					
Fld N°	Link to file layout	Description	Valid Values	Data type	Field size
1.	<a href="#">AgencyCode</a>	<p><u>Establishment Identifier (Agency Code)</u> - The six digit agency code created by the InforMH system of NSW Ministry of Health and provided to the Service.</p> <p><u>Things to Check</u> - Agency Code is a synonym for 'Establishment Identifier', and either term may be used as a field label on paper or electronic forms.</p>	<p><u>Valid Values</u> The shortest Agency Code possible would be 6 characters long. For example, 12A002</p> <p>The longest Agency Code possible would be 15 characters long. For example, 12AA05123B:1001</p>	String	6 to 15
2.	<a href="#">Service_EpisodeID</a>	<p><u>Episode ID (Primary Key)</u> - The Service's internal Episode ID the number that identifies a service episode.</p> <p><u>Things to Check</u> Episode IDs must not be re-issued.</p>	<p><u>Valid Values</u> A number that identifies a service episode.</p> <p><u>Guide for Use</u> - The Episode ID distinguishes different episodes for the same client.</p>	Number	Determined at service-level

3.	<a href="#">MDS Other service</a>	<p><u>Other Services Provided</u> All other forms of service provided to the client during the specified <b>Service Episode</b> in addition to the <i>Main Service Provided</i>, excluding any services provided as part of a concurrent <b>Service Episode</b>.</p> <p>Any service provided to a client, in addition to the <i>Main Service Provided</i>, that does not require regular contact with agency staff throughout the <b>Service Episode</b>.</p> <p>To be completed at the cessation of a <b>Service Episode</b>.</p> <p><u>Things to Check</u> Only report services recorded in the client's file for a <b>Service Episode</b> that is in addition to, and not a component of, the <i>Main Service Provided</i>.</p> <p>Service activity reported here is not necessarily for the <i>Principal Drug of Concern/Gambling</i> in that it may be service activity for <i>Other Drugs of Concern/Gambling</i>. More than one type of <i>Other Services Provided</i> may occur in a Service Episode.</p>	<p><u>Valid Values</u> 10 Counselling 20 Withdrawal management (detoxification) 30 Rehabilitation activities 40 Maintenance pharmacotherapy (Opioid) 48 Maintenance pharmacotherapy (Non-opioid) 50 Consultation activities 98 Other 99 No other service provided</p> <p><u>Guide for Use</u> <u>Code 10:</u> Counselling – includes any method of individual or group counselling directed towards any therapeutic goals of Drug and Alcohol treatment. This code excludes counselling activity that is part of a rehabilitation program. <u>Code 20:</u> Withdrawal Management (detoxification) – any form of withdrawal management, including medicated and non-medicated, in any delivery setting. <u>Code 30:</u> Rehabilitation activities – an intensive treatment program that integrates a range of services and therapeutic activities that may include behavioural treatment approaches, recreational activities, social and community living skills, group work and relapse prevention. Rehabilitation treatment can provide a high level of support (i.e., up to 24 hours a day) and tends towards a medium to longer-term duration. <u>Code 40:</u> Maintenance pharmacotherapy (Opioid) – includes Methadone, Buprenorphine, Buprenorphine/Naloxone and Slow release oral Morphine. Use Code 20 where a pharmacotherapy is used solely for withdrawal. <u>Code 48:</u> Maintenance pharmacotherapy (Non-opioid) – pharmacotherapy using drugs other than opioid substitutes. Includes Naltrexone, Acamprosate, and Disulfiram. Includes those used as maintenance therapies and those used as relapse prevention. Use Code 20 where a pharmacotherapy is used solely for withdrawal.</p>	Number	2
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Data Dictionary entries for OTHERSRV.csv					
Fld N°	Link to file layout	Description	Valid Values	Data type	Field size
			<p><u>Code 50</u>: Consultation activities  – activities undertaken with a client under the care of a clinician or service other than the drug and alcohol clinician performing the consultation or the Drug and Alcohol Service. Activities performed must be specifically for Drug and Alcohol issues and include a clinical assessment, but not involve prescribing maintenance pharmacotherapy. Services that may be included in this category include dual diagnosis and pain management activities.</p> <p><u>Code 98</u>: Other – Refers to other treatment types not further defined, such as nicotine replacement therapy or outdoor therapy.</p>		

## SRVCCNCT.CSV FILE

### File layout for SRVCCNCT.csv

Please upload a blank file if no service contacts were made.

File layout for SRVCCNCT.csv					
Field N°	Link to data dictionary entry	Description	Data type	What to send	Mandatory field
1.	<a href="#">AgencyCode</a>	Establishment Identifier (Agency Code)	String	6 to 15	Yes
2.	<a href="#">Service Episode ID</a>	Episode ID (Foreign key to EPISODE.csv)	Number	Determined at service-level	Yes
3.	<a href="#">MDS ServiceContact ID</a>	Service Contact Primary Key	Number	Determined at service-level	Yes
4.	<a href="#">MDS ServiceContact Dates</a>	Service Contact Primary Dates	Date (DDMMYYYY format)	8	Yes
5.	<a href="#">MDS ServiceContact Postcode</a>	Postcode of Service Contact	Number	4	Yes

### Data Dictionary entries for SRVCCNCT.csv

Data Dictionary entries for SRVCCNCT.csv					
Fld N°	Link to file layout	Description	Valid Values	Data type	What to send
1.	<a href="#">AgencyCode</a>	<p>Establishment Identifier (Agency Code) -</p> <p>The six digit agency code created by the InforMH system of NSW Ministry of Health and provided to the Service.</p> <p><u>Things to Check</u> -</p> <p>Agency Code is a synonym for 'Establishment Identifier', and either term may be used as a field label on paper or electronic forms.</p>	<p><u>Valid Values</u></p> <p>The shortest Agency Code possible would be 6 characters long.</p> <p>For example, 12A002</p> <p>The longest Agency Code possible would be 15 characters long.</p> <p>For example, 12AA05123B:1001</p>	String	6 to 15
2.	<a href="#">Service EpisodeID</a>	<p>Episode ID (Primary Key) -</p> <p>The Service's internal Episode ID the number that identifies a service episode.</p> <p><u>Things to Check</u></p> <p>Episode IDs must not be re-issued.</p>	<p><u>Valid Values</u></p> <p>A number that identifies a service episode.</p> <p><u>Guide for Use</u> -</p> <p>The Episode ID distinguishes different episodes for the same client.</p>	Number	Determined at service-level
3.	<a href="#">MDS ServiceContactID</a>	<p>Service Contact Primary Key</p> <p>A unique identifier for the service contact the client makes within an episode.</p>	<p><u>Valid Values</u></p> <p>Unlimited integer; unique identifier for the service contact. Initial assessment is the commencement date of the episode.</p>	Number	Determined at service-level



Data Dictionary entries for SRVCCNCT.csv					
Fld N°	Link to file layout	Description	Valid Values	Data type	What to send
4.	<a href="#">MDS_ServiceContactDates</a>	<p><u>Service Contact Primary Dates</u> The date of the service contact the client makes within an episode, not including the commencement date.</p>	<p><u>Valid Values</u> Must be a valid date without delimiters (e.g., without '/' or '-' or '.'). Day and month should be zero-filled (e.g., February is '02' not '2') and the year should be 4 digits.</p>	Date (DDMMYYYY format)	8
5.	<a href="#">MDS_ServiceContactPostcode</a>	<p><u>Postcode of Service Contact</u> The postcode of the point of service delivery for a service contact (i.e., the location of the clinician,).</p> <p><u>Things to Check</u> The value collected in this field should NOT be defaulted from the <i>Postcode of Residence at Commencement of Service Episode</i> field when a <b>Service Contact</b> occurs within the client's home.</p>	<p><u>Valid Values</u> The <i>Postcode of Service Contact</i> should use actual geographic postcodes provided by Australia Post.</p> <p><u>Guide for Use</u> Postcodes for post office boxes or other administrative centres should NOT be used. '9999' may be used if the postcode is 'Unknown'. '9998' may be used for clients where the address is 'No fixed abode'.</p> <p>If a <b>Service Contact</b> is provided in the client's home, record the postcode of the client's home at the time of the contact.</p> <p>If a <b>Service Contact</b> is provided by telephone, record the postcode of the <b>clinician's</b> location at the time of the contact and if the clinician is working from home, it will be the postcode of the service.</p>	Number	4

## SURVEY.CSV FILE

### File layout for SURVEY.CSV file

NADAbase accepts the following field numbers:

- **60** (SDS, DU, K10+, WHO QoL),
- **64** (SDS, DU, K10+, WHO QoL, Nicotine Dependence), and
- **172** (SDS, DU, K10+, WHO QoL, Nicotine Dependence, ATOP)

\*Conditional:

- Importing outcome measures (SDS/DU/K10+/WHO QoL/ Nicotine Dependence /ATOP) is optional.
- However, if imported, **all questions related to a selected outcome measure *must* be included**, and **partial responses are not permissible**.
- For example, if Nicotine Dependence is imported, all four fields (61-64) must be included or none.

If an assessment is not carried out:

- Leave fields blank for SDS/DU/K10+/WHO QoL/ Nicotine Dependence,
- Use (-1) or blank for ATOP

SURVEY.csv					
Field N°	Click on the links to see more info below	Description	Data type	Field size	Mandatory field*
1.	<a href="#">AgencyCode</a>	Establishment Identifier (Agency Code)	String	min 6, max 15	Yes
2.	<a href="#">Service_EpisodeID</a>	Episode ID (Primary Key)	Number	Determined at service-level	Yes
3.	<a href="#">MDS_ClientCode</a>	Person Identifier (Client Code)	String	min 4, max 12	Yes
4.	<a href="#">COMS_SurveyStage</a>	Stage is the stage of treatment at which the survey was administered to the client	Number	min 1, max 2	Yes
5.	<a href="#">COMS_AdminDate</a>	Date the survey interview questions are administered	Date (DDMMYYYY format)	8	Yes
6.	<a href="#">SDS 1.0</a>	SDS Drug causing greatest concern	Number	4	Conditional
7.	<a href="#">SDS 1.1</a>	SDS Drug use out of control	Number	1	Conditional
8.	<a href="#">SDS 1.2</a>	SDS Drug use missing anxious/worried	Number	1	Conditional
9.	<a href="#">SDS 1.3</a>	SDS Drug use worry about use	Number	1	Conditional
10.	<a href="#">SDS 1.4</a>	SDS Drug use wish stop	Number	1	Conditional
11.	<a href="#">SDS 1.5</a>	SDS Drug use difficult to stop	Number	1	Conditional
12.	<a href="#">2nd SDS 1.1</a>	SDS Drug use out of control against the Intake drug	Number	1	Conditional
13.	<a href="#">2nd SDS 1.2</a>	SDS Drug use missing anxious/worried against the intake drug)	Number	1	Conditional
14.	<a href="#">2nd SDS 1.3</a>	SDS Drug use worry about use	Number	1	Conditional
15.	<a href="#">2nd SDS 1.4</a>	SDS Drug use wish stop	Number	1	Conditional
16.	<a href="#">2nd SDS 1.5</a>	SDS Drug use difficult to stop	Number	1	Conditional
17.	<a href="#">DU 1.1.1</a>	DU Heroin use, number of days	Number	min 1, max 2	Conditional
18.	<a href="#">DU 1.1.2</a>	DU Other opioid use, number of days	Number	min 1, max 2	Conditional

SURVEY.csv					
Field N°	Click on the links to see more info below	Description	Data type	Field size	Mandatory field*
19.	<a href="#">DU 1.1.3</a>	DU Cannabis use, number of days	Number	min 1, max 2	Conditional
20.	<a href="#">DU 1.1.4</a>	DU Cocaine use, number of days	Number	min 1, max 2	Conditional
21.	<a href="#">DU 1.1.5</a>	DU Amphetamine use, number of days	Number	min 1, max 2	Conditional
22.	<a href="#">DU 1.1.6</a>	DU Tranquilliser use, number of days	Number	min 1, max 2	Conditional
23.	<a href="#">DU 1.1.7</a>	DU Another drug use, number of days	Number	min 1, max 2	Conditional
24.	<a href="#">DU 1.2</a>	DU Alcohol use, number of days	Number	min 1, max 2	Conditional
25.	<a href="#">DU 1.3</a>	DU Average number of standard drinks	Number	min 1, max 3	Conditional
26.	<a href="#">DU 1.4</a>	DU Drinking more heavily, number of drinks	Number	min 1, max 3	Conditional
27.	<a href="#">DU 1.5</a>	DU Drinking more heavily, number of days	Number	min 1, max 2	Conditional
28.	<a href="#">DU 1.6</a>	DU Tobacco use, number of days	Number	min 1, max 2	Conditional
29.	<a href="#">DU 1.7</a>	DU Tobacco use, number of cigarettes	Number	min 1, max 3	Conditional
30.	<a href="#">K10+ 2.1</a>	K10+Tired for no good reason	Number	1	Conditional
31.	<a href="#">K10+ 2.2</a>	K10+Feel nervous	Number	1	Conditional
32.	<a href="#">K10+ 2.3</a>	K10+So nervous can't calm down	Number	1	Conditional
33.	<a href="#">K10+ 2.4</a>	K10+Feel hopeless	Number	1	Conditional
34.	<a href="#">K10+ 2.5</a>	K10+Feel restless or fidgety	Number	1	Conditional
35.	<a href="#">K10+ 2.6</a>	K10+So restless could not sit still	Number	1	Conditional
36.	<a href="#">K10+ 2.7</a>	K10+Feel depressed	Number	1	Conditional
37.	<a href="#">K10+ 2.8</a>	K10+Feel that everything an effort	Number	1	Conditional
38.	<a href="#">K10+ 2.9</a>	K10+Nothing could cheer you up	Number	1	Conditional
39.	<a href="#">K10+ 2.10</a>	K10+Feel worthless	Number	1	Conditional
40.	<a href="#">K10+ 2.11</a>	K10+Totally unable work/study number of days	Number	min 1, max 2	Conditional
41.	<a href="#">K10+ 2.12</a>	K10+Cut down work/study number of days	Number	min 1, max 2	Conditional
42.	<a href="#">K10+ 2.13</a>	K10+Visit to professional about feelings number of consultations	Number	min 1, max 2	Conditional
43.	<a href="#">K10+ 2.14</a>	K10+How often physical health the cause number of occasions	Number	1	Conditional
44.	<a href="#">WHO 8-QoL 3.1</a>	WHO 8-QoL Rate quality of life	Number	1	Conditional
45.	<a href="#">WHO 8-QoL 3.2</a>	WHO 8-QoL Rate health	Number	1	Conditional
46.	<a href="#">WHO 8-QoL 3.3</a>	WHO 8-QoL Rate energy for everyday life	Number	1	Conditional
47.	<a href="#">WHO 8-QoL 3.4</a>	WHO 8-QoL Money to meet needs	Number	1	Conditional
48.	<a href="#">WHO 8-QoL 3.5</a>	WHO 8-QoL Ability to perform daily activities	Number	1	Conditional
49.	<a href="#">WHO 8-QoL 3.6</a>	WHO 8-QoL Satisfied with self	Number	1	Conditional
50.	<a href="#">WHO 8-QoL 3.7</a>	WHO 8-QoL Satisfied with personal relationships	Number	1	Conditional
51.	<a href="#">WHO 8-QoL 3.8</a>	WHO 8-QoL Satisfied with conditions of your living place	Number	1	Conditional
52.	<a href="#">WHO 8-QoL 3.9</a>	WHO 8-QoL Principal source of income (MDS)	Number	2	Conditional

SURVEY.csv					
Field N°	Click on the links to see more info below	Description	Data type	Field size	Mandatory field*
53.	<a href="#">WHO 8-QoL 3.10</a>	WHO 8-QoL Living arrangements (MDS)	Number	2	Conditional
54.	<a href="#">WHO 8-QoL 3.11</a>	WHO 8-QoL Usual accommodation (MDS)	Number	2	Conditional
55.	<a href="#">WHO 8-QoL 3.12</a>	WHO 8-QoL Number of occasions arrested (BTOM)	Number	min 1, max 2	Conditional
56.	<a href="#">WHO 8-QoL 3.13</a>	WHO 8-QoL Number of arrests for recent offences (BTOM)	Number	min 1, max 2	Conditional
57.	<a href="#">BBV 4.1</a>	BBV Injecting drug use (BTOM)	Number	1	Optional
58.	<a href="#">BBV 4.2</a>	BBV Sharing of needle and syringe (BTOM)	Number	1	Optional
59.	<a href="#">BBV 4.3</a>	BBV Sharing other injecting equipment (BTOM)	Number	1	Optional
60.	<a href="#">BBV 4.4</a>	BBV Drug overdoses (BTOM)	Number	min 1, max 3	Optional
61.	<a href="#">ND 5.1</a>	ND Do you smoke tobacco?	Number	1	Conditional
62.	<a href="#">ND 5.2</a>	ND How soon after waking do you smoke your first cigarette?	Number	1	Conditional (Mandatory if ND 5.1 is 'Yes', Otherwise blank)
63.	<a href="#">ND 5.3</a>	ND How many cigarettes smoked on a typical day?	Number	1	Conditional (Mandatory if ND 5.1 is 'Yes', Otherwise blank)
64.	<a href="#">ND 5.4</a>	ND If previously attempted to quit, withdrawals or cravings experienced?	Number	1	Conditional (Mandatory if ND 5.1 is 'Yes', Otherwise blank)
65.	<a href="#">ATOP 1A.1</a>	ATOP Alcohol Typical Qty	String	50	Conditional
66.	<a href="#">ATOP 1A.2 (wk4)</a>	ATOP Alcohol Wk4	Number	1	Conditional
67.	<a href="#">ATOP 1A.2 (wk3)</a>	ATOP Alcohol Wk3	Number	1	Conditional
68.	<a href="#">ATOP 1A.2 (wk2)</a>	ATOP Alcohol Wk2	Number	1	Conditional
69.	<a href="#">ATOP 1A.2 (wk1)</a>	ATOP Alcohol Wk1	Number	1	Conditional
70.	<a href="#">ATOP 1A.3</a>	ATOP Alcohol Total	Number	min 1, max 2	Conditional
71.	<a href="#">ATOP 1A.4</a>	ATOP Alcohol No Answer	Number	1, which may have a minus sign	Conditional
72.	<a href="#">ATOP 1B.1</a>	ATOP Cannabis Typical Qty		50 characters	Conditional
73.	<a href="#">ATOP 1B.2 (wk4)</a>	ATOP Cannabis Wk4	Number	1	Conditional
74.	<a href="#">ATOP 1B.2 (wk3)</a>	ATOP Cannabis Wk3	Number	1	Conditional
75.	<a href="#">ATOP 1B.2 (wk2)</a>	ATOP Cannabis Wk2	Number	1	Conditional
76.	<a href="#">ATOP 1B.2 (wk1)</a>	ATOP Cannabis Wk1	Number	1	Conditional
77.	<a href="#">ATOP 1B.3</a>	ATOP Cannabis Total	Number	min 1, max 2	Conditional
78.	<a href="#">ATOP 1B.4</a>	ATOP Cannabis No Answer	Number	1 digit, which may have a minus sign	Conditional

SURVEY.csv					
Field N°	Click on the links to see more info below	Description	Data type	Field size	Mandatory field*
79.	<a href="#">ATOP 1C.1</a>	ATOP Amphetamine Typical Qty	String	50	Conditional
80.	<a href="#">ATOP 1C.2 (wk4)</a>	ATOP Amphetamine Wk4	Number	1	Conditional
81.	<a href="#">ATOP 1C.2 (wk3)</a>	ATOP Amphetamine Wk3	Number	1	Conditional
82.	<a href="#">ATOP 1C.2 (wk2)</a>	ATOP Amphetamine Wk2	Number	1	Conditional
83.	<a href="#">ATOP 1C.2 (wk1)</a>	ATOP Amphetamine Wk1	Number	1	Conditional
84.	<a href="#">ATOP 1C.3</a>	ATOP Amphetamine Total	Number	min 1, max 2	Conditional
85.	<a href="#">ATOP 1C.4</a>	ATOP Amphetamine No Answer	Number	1 digit, which may have a minus sign	Conditional
86.	<a href="#">ATOP 1D.1</a>	ATOP Benzodiazepines Typical Qty	String	50	Conditional
87.	<a href="#">ATOP 1D.2 (wk4)</a>	ATOP Benzodiazepines Wk4	Number	1	Conditional
88.	<a href="#">ATOP 1D.2 (wk3)</a>	ATOP Benzodiazepines Wk3	Number	1	Conditional
89.	<a href="#">ATOP 1D.2 (wk2)</a>	ATOP Benzodiazepines Wk2	Number	1	Conditional
90.	<a href="#">ATOP 1D.2 (wk1)</a>	ATOP Benzodiazepines Wk1	Number	1	Conditional
91.	<a href="#">ATOP 1D.3</a>	ATOP Benzodiazepines Total	Number	min 1, max 2	Conditional
92.	<a href="#">ATOP 1D.4</a>	ATOP Benzodiazepines No Answer	Number	1 digit which may have a minus sign	Conditional
93.	<a href="#">ATOP 1E.1</a>	ATOP Heroin Typical Qty	String	50	Conditional
94.	<a href="#">ATOP 1E.2 (wk4)</a>	ATOP Heroin Wk4	Number	1	Conditional
95.	<a href="#">ATOP 1E.2 (wk3)</a>	ATOP Heroin Wk3	Number	1	Conditional
96.	<a href="#">ATOP 1E.2 (wk2)</a>	ATOP Heroin Wk2	Number	1	Conditional
97.	<a href="#">ATOP 1E.2 (wk1)</a>	ATOP Heroin Wk1	Number	1	Conditional
98.	<a href="#">ATOP 1E.3</a>	ATOP Heroin Total	Number	min 1, max 2	Conditional
99.	<a href="#">ATOP 1E.4</a>	ATOP Heroin No Answer	Number	1 digit, which may have a minus sign	Conditional
100.	<a href="#">ATOP 1F.1</a>	ATOP Other Opioids Typical Qty	String	50	Conditional
101.	<a href="#">ATOP 1F.2 (wk4)</a>	ATOP Other Opioids Wk4	Number	1	Conditional
102.	<a href="#">ATOP 1F.2 (wk3)</a>	ATOP Other Opioids Wk3	Number	1	Conditional
103.	<a href="#">ATOP 1F.2 (wk2)</a>	ATOP Other Opioids Wk2	Number	1	Conditional
104.	<a href="#">ATOP 1F.2 (wk1)</a>	ATOP Other Opioids Wk1	Number	1	Conditional
105.	<a href="#">ATOP 1F.3</a>	ATOP Other Opioids Total	Number	min 1, max 2	Conditional
106.	<a href="#">ATOP 1F.4</a>	ATOP Other Opioids No Answer	Number	1 digit, which may have a minus sign	Conditional
107.	<a href="#">ATOP 1G.1</a>	ATOP Cocaine Typical Qty	String	50	Conditional
108.	<a href="#">ATOP 1G.2 (wk4)</a>	ATOP Cocaine Wk4	Number	1	Conditional
109.	<a href="#">ATOP 1G.2 (wk3)</a>	ATOP Cocaine Wk3	Number	1	Conditional
110.	<a href="#">ATOP 1G.2 (wk2)</a>	ATOP Cocaine Wk2	Number	1	Conditional
111.	<a href="#">ATOP 1G.2 (wk1)</a>	ATOP Cocaine Wk1	Number	1	Conditional
112.	<a href="#">ATOP 1G.3</a>	ATOP Cocaine Total	Number	min 1, max 2	Conditional

SURVEY.csv					
Field N°	Click on the links to see more info below	Description	Data type	Field size	Mandatory field*
113.	<a href="#">ATOP 1G.4</a>	ATOP Cocaine No Answer	Number	1 digit, which may have a minus sign	Conditional
114.	<a href="#">ATOP 1H.i</a>	ATOP Other Substance 1	String	50	Conditional
115.	<a href="#">ATOP 1H.i.1</a>	ATOP Other Substance 1 Typical Qty	String	50	Conditional
116.	<a href="#">ATOP 1H.i.2 (wk4)</a>	ATOP Other Substance 1 Wk4	Number	1	Conditional
117.	<a href="#">ATOP 1H.i.2 (wk3)</a>	ATOP Other Substance 1 Wk3	Number	1	Conditional
118.	<a href="#">ATOP 1H.i.2 (wk2)</a>	ATOP Other Substance 1 Wk2	Number	1	Conditional
119.	<a href="#">ATOP 1H.i.2 (wk1)</a>	ATOP Other Substance 1 Wk1	Number	1	Conditional
120.	<a href="#">ATOP 1H.i.3</a>	ATOP Other Substance 1 Total	Number	min 1, max 2	Conditional
121.	<a href="#">ATOP 1H.i.4</a>	ATOP Other Substance 1 No Answer	Number	1 digit, which may have a minus sign	Conditional
122.	<a href="#">ATOP 1H.ii</a>	ATOP Other Substance 2	String	50	Conditional
123.	<a href="#">ATOP 1H.ii.1</a>	ATOP Other Substance 2 Typical Qty	String	50	Conditional
124.	<a href="#">ATOP 1H.ii.2 (wk4)</a>	ATOP Other Substance 2 Wk4	Number	1	Conditional
125.	<a href="#">ATOP 1H.ii.2 (wk3)</a>	ATOP Other Substance 2 Wk3	Number	1	Conditional
126.	<a href="#">ATOP 1H.ii.2 (wk2)</a>	ATOP Other Substance 2 Wk2	Number	1	Conditional
127.	<a href="#">ATOP 1H.ii.2 (wk1)</a>	ATOP Other Substance 2 Wk1	Number	1	Conditional
128.	<a href="#">ATOP 1H.ii.3</a>	ATOP Other Substance 2 Total	Number	min 1, max 2	Conditional
129.	<a href="#">ATOP 1H.ii.4</a>	ATOP Other Substance 2 No Answer	Number	1 digit, which may have a minus sign	Conditional
130.	<a href="#">ATOP 1I.1</a>	ATOP Daily Tobacco Use Typical Qty	String	50	Conditional
131.	<a href="#">ATOP 1I.2 (wk4)</a>	ATOP Tobacco Wk4	Number	1	Conditional
132.	<a href="#">ATOP 1I.2 (wk3)</a>	ATOP Tobacco Wk3	Number	1	Conditional
133.	<a href="#">ATOP 1I.2 (wk2)</a>	ATOP Tobacco Wk2	Number	1	Conditional
134.	<a href="#">ATOP 1I.2 (wk1)</a>	ATOP Tobacco Wk1	Number	1	Conditional
135.	<a href="#">ATOP 1I.3</a>	ATOP Tobacco Total	Number	min 1, max 2	Conditional
136.	<a href="#">ATOP 1I.4</a>	ATOP Tobacco No Answer	Number	1 digit, which may have a minus sign	Conditional
137.	<a href="#">ATOP 1J.1</a>	ATOP E-cigarette Use Typical Qty	String	50	Conditional
138.	<a href="#">ATOP 1J.2 (wk4)</a>	ATOP E-cigarette Wk4	Number	1	Conditional
139.	<a href="#">ATOP 1J.2 (wk3)</a>	ATOP E-cigarette Wk3	Number	1	Conditional
140.	<a href="#">ATOP 1J.2 (wk2)</a>	ATOP E-cigarette Wk2	Number	1	Conditional
141.	<a href="#">ATOP 1J.2 (wk1)</a>	ATOP E-cigarette Wk1	Number	1	Conditional
142.	<a href="#">ATOP 1J.3</a>	ATOP E-cigarette Total	Number	min 1, max 2	Conditional
143.	<a href="#">ATOP 1J.4</a>	ATOP E-cigarette No Answer	Number	1 digit, which may have a minus sign	Conditional
144.	<a href="#">ATOP 1K.1 (wk4)</a>	ATOP Injected Wk4	Number	1	Conditional
145.	<a href="#">ATOP 1K.1 (wk3)</a>	ATOP Injected Wk3	Number	1	Conditional
146.	<a href="#">ATOP 1K.1 (wk2)</a>	ATOP Injected Wk2	Number	1	Conditional
147.	<a href="#">ATOP 1K.1 (wk1)</a>	ATOP Injected Wk1	Number	1	Conditional

SURVEY.csv					
Field N°	Click on the links to see more info below	Description	Data type	Field size	Mandatory field*
148.	<a href="#">ATOP 1K.2</a>	ATOP Injected Total	Number	min 1, max 2	Conditional
149.	<a href="#">ATOP 1K.3</a>	ATOP Injected No Answer	Number	1 digit, which may have a minus sign	Conditional
150.	<a href="#">ATOP 1L</a>	ATOP Injected Used Equipment	Number	1 digit, which may have a minus sign	Conditional
151.	<a href="#">ATOP 2A.1 (wk4)</a>	ATOP Days Paid Work Wk4	Number	1	Conditional
152.	<a href="#">ATOP 2A.1 (wk3)</a>	ATOP Days Paid Work Wk3	Number	1	Conditional
153.	<a href="#">ATOP 2A.1 (wk2)</a>	ATOP Days Paid Work Wk2	Number	1	Conditional
154.	<a href="#">ATOP 2A.1 (wk1)</a>	ATOP Days Paid Work Wk1	Number	1	Conditional
155.	<a href="#">ATOP 2A.2</a>	ATOP Days Paid Work Total	Number	min 1, max 2	Conditional
156.	<a href="#">ATOP 2A.3</a>	ATOP Days Paid Work No Answer	Number	1 digit, which may have a minus sign	Conditional
157.	<a href="#">ATOP 2B.1 (wk4)</a>	ATOP Days Education Wk4	Number	1	Conditional
158.	<a href="#">ATOP 2B.1 (wk3)</a>	ATOP Days Education Wk3	Number	1	Conditional
159.	<a href="#">ATOP 2B.1 (wk2)</a>	ATOP Days Education Wk2	Number	1	Conditional
160.	<a href="#">ATOP 2B.1 (wk1)</a>	ATOP Days Education Wk1	Number	1	Conditional
161.	<a href="#">ATOP 2B.2</a>	ATOP Days Education Total	Number	min 1, max 2	Conditional
162.	<a href="#">ATOP 2B.3</a>	ATOP Days Education No Answer	Number	1 digit, which may have a minus sign	Conditional
163.	<a href="#">ATOP 2C</a>	ATOP Homeless	Number	1 digit, which may have a minus sign	Conditional
164.	<a href="#">ATOP 2D</a>	ATOP Risk Eviction	Number	1 digit, which may have a minus sign	Conditional
165.	<a href="#">ATOP 2Ei</a>	ATOP Primary Caregiver Under 5	Number	1 digit, which may have a minus sign	Conditional
166.	<a href="#">ATOP 2Eii</a>	ATOP Primary Caregiver 5 to15	Number	1 digit, which may have a minus sign	Conditional
167.	<a href="#">ATOP 2F</a>	ATOP Arrested	Number	1 digit, which may have a minus sign	Conditional
168.	<a href="#">ATOP 2G</a>	ATOP Violent To You	Number	1 digit, which may have a minus sign	Conditional
169.	<a href="#">ATOP 2H</a>	ATOP Violent To Others	Number	1 digit, which may have a minus sign	Conditional
170.	<a href="#">ATOP 2I</a>	ATOP Psychological Health Status	Number	min 1, max 2	Conditional
171.	<a href="#">ATOP 2J</a>	ATOP Physical Health Status	Number	min 1, max 2	Conditional
172.	<a href="#">ATOP 2K</a>	ATOP Quality Of Life	Number	min 1, max 2	Conditional

## Data Dictionary Entries for SURVEY.csv

Data Dictionary entries for SURVEY.csv					
Fld N°	Link to file layout entry	Description	Valid values	Data type	Field size
1.	<a href="#">AgencyCode</a>	Establishment Identifier (Agency Code)	<p><u>Valid Values</u></p> <p>The shortest Agency Code possible would be 6 characters long. For example, 12A002</p> <p>The longest Agency Code possible would be 15 characters long. For example, 12AA05123B:1001</p>	String	min 6, max 15
2.	<a href="#">Service_EpisodeID</a>	EpisodeID is the unique identifier for a client's service episode	Any integer of six digits – note that this is the member service's Episode ID, as NADA creates an internal episode ID that guarantees uniqueness.	Number	Determined at service-level
3.	<a href="#">MDS_ClientCode</a>	SurveyID is the unique identifier for a survey administered to a client	Integer	String	min 4, max 12
4.	<a href="#">COMS_SurveyStage</a>	Stage is the stage of treatment at which the survey was administered to the client	0 (Intake) 1 (Progress 1)      7 (Exit) 2 (Progress 2)      8 (Follow up 1) 3 (Progress 3)      9 (Follow up 2) 4 (Progress 4)      10 (Follow up 3) 5 (Progress 5)      11 (Follow up 4) 6 (Progress 6)      12 (Follow up 5)	Number	min 1, max 2
5.	<a href="#">COMS_AdminDate</a>	SurveyAdministrationDate is the date the survey interview questions are administered	A valid date Note: NADA creates a submission date that reflects that date the survey was submitted to NADA either via data entry or import.	Date (DDMMYYYY format)	8
	SDS				



Data Dictionary entries for SURVEY.csv

Fld N°	Link to file layout entry	Description	Valid values	Data type	Field size
6.	<a href="#">SDS 1.0</a>	<u>Severity of Dependence Scale</u> Principal Drug of Concern: Over the last three months, what drug was causing you greatest concern?	Australian Standard Classification of Drugs of Concern (ASCDC) code: Please view the latest ASCDC codes online: <a href="#">Australian Standard Classification of Drugs of Concern, 2011   Australian Bureau of Statistics (abs.gov.au)</a>	Number	4
7.	<a href="#">SDS 1.1</a>	<u>Severity of Dependence Scale</u> Regarding Principal Drug of Concern: Q1. Did you ever think that your use of this drug was out of control?'	0 Never or almost never 1 Sometimes 2 Often 3 Always or nearly always	Number	1
8.	<a href="#">SDS 1.2</a>	<u>Severity of Dependence Scale</u> Regarding Principal Drug of Concern: Q2. Did the prospect of missing this drug make you very anxious or worried?	0 Never or almost never 1 Sometimes 2 Often 3 Always or nearly always	Number	1
9.	<a href="#">SDS 1.3</a>	<u>Severity of Dependence Scale</u> Regarding Principal Drug of Concern: Q3. Did you worry about your use of this drug?	0 Not at all 1 A little 2 Quite a lot 3 A great deal	Number	1
10.	<a href="#">SDS 1.4</a>	<u>Severity of Dependence Scale</u> Regarding Principal Drug of Concern: Q4. Did you wish you could stop?	0 Never or almost never 1 Sometimes 2 Often 3 Always or nearly always	Number	1
11.	<a href="#">SDS 1.5</a>	<u>Severity of Dependence Scale</u> Regarding Principal Drug of Concern: Q5. How difficult did you find it to stop or go without?	0 Not difficult 1 Quite difficult 2 Very difficult 3 Impossible	Number	1
12.	<a href="#">2nd SDS 1.1</a>	<u>Severity of Dependence Scale</u> Regarding Drug of Concern at Intake: Q1. Did you ever think that your use of this drug was out of control?	0 Never or almost never 1 Sometimes 2 Often 3 Always or nearly always	Number	1

Data Dictionary entries for SURVEY.csv					
Fld N°	Link to file layout entry	Description	Valid values	Data type	Field size
13.	<a href="#">2nd SDS 1.2</a>	<u>Severity of Dependence Scale</u> Regarding Drug of Concern at Intake: Q2. Did the prospect of missing this drug make you very anxious or worried?	0 Never or almost never 1 Sometimes 2 Often 3 Always or nearly always	Number	1
14.	<a href="#">2nd SDS 1.3</a>	<u>Severity of Dependence Scale</u> Regarding Drug of Concern at Intake: Q3. Did you worry about your use of this drug?	0 Not at all 1 A little 2 Quite a lot 3 A great deal	Number	1
15.	<a href="#">2nd SDS 1.4</a>	<u>Severity of Dependence Scale</u> Regarding Drug of Concern at Intake: Q4. Did you wish you could stop?	0 Never or almost never 1 Sometimes 2 Often 3 Always or nearly always	Number	1
16.	<a href="#">2nd SDS 1.5</a>	<u>Severity of Dependence Scale</u> Regarding Drug of Concern at Intake: Q5. How difficult did you find it to stop or go without?	0 Not difficult 1 Quite difficult 2 Very difficult 3 Impossible	Number	1
	DU				
17.	<a href="#">DU 1.1.1</a>	<u>Drug and Alcohol Use Survey</u> Q1. How many days in the last four weeks did you use: Heroin Other opioid-based drug Cannabis Cocaine Amphetamines Tranquillisers (benzos) Another drug	0 to 28 (days) (heroin)	Number	min 1, max 2

Data Dictionary entries for SURVEY.csv					
Fld N°	Link to file layout entry	Description	Valid values	Data type	Field size
18.	<a href="#">DU 1.1.2</a>	<u>Drug and Alcohol Use Survey</u> Q1. How many days in the last four weeks did you use: Heroin Other opioid-based drug Cannabis Cocaine Amphetamines Tranquillisers (benzos) Another drug	0 to 28 (days) (other opioid-based drug)	Number	min 1, max 2
19.	<a href="#">DU 1.1.3</a>	<u>Drug and Alcohol Use Survey</u> Q1. How many days in the last four weeks did you use: Heroin Other opioid-based drug <b>Cannabis</b> Cocaine Amphetamines Tranquillisers (benzos) Another drug	0 to 28 (days) (cannabis)	Number	min 1, max 2
20.	<a href="#">DU 1.1.4</a>	<u>Drug and Alcohol Use Survey</u> Q1. How many days in the last four weeks did you use: Heroin Other opioid-based drug Cannabis <b>Cocaine</b> Amphetamines Tranquillisers (benzos) Another drug	0 to 28 (days) (cocaine)	Number	min 1, max 2

Data Dictionary entries for SURVEY.csv					
Fld N°	Link to file layout entry	Description	Valid values	Data type	Field size
21.	<a href="#">DU 1.1.5</a>	<u>Drug and Alcohol Use Survey</u> Q1. How many days in the last four weeks did you use: Heroin Other opioid-based drug Cannabis Cocaine Amphetamines Tranquillisers (benzos) Another drug	0 to 28 (days) (amphetamines)	Number	min 1, max 2
22.	<a href="#">DU 1.1.6</a>	<u>Drug and Alcohol Use Survey</u> Q1. How many days in the last four weeks did you use: Heroin Other opioid-based drug Cannabis Cocaine Amphetamines Tranquillisers (benzos) Another drug	0 to 28 (days) (tranquillisers (benzos))	Number	min 1, max 2
23.	<a href="#">DU 1.1.7</a>	<u>Drug and Alcohol Use Survey</u> Q1. How many days in the last four weeks did you use: Heroin Other opioid-based drug Cannabis Cocaine Amphetamines Tranquillisers (benzos) Another drug	0 to 28 (days) (another drug)	Number	min 1, max 2
24.	<a href="#">DU 1.2</a>	<u>Drug and Alcohol Use Survey</u> Q2. How many days in the last four weeks did you drink alcohol? (beer, wine, spirits)	0 to 28 (days)	Number	min 1, max 2

Data Dictionary entries for SURVEY.csv					
Fld N°	Link to file layout entry	Description	Valid values	Data type	Field size
25.	<a href="#">DU 1.3</a>	<u>Drug and Alcohol Use Survey</u> Q3. On average, how many standard drinks did you have on those days when you were drinking (refer to standard drinks chart)?	0 to 999 (number of standard drinks)	Number	min 1, max 3
26.	<a href="#">DU 1.4</a>	<u>Drug and Alcohol Use Survey</u> Q4. On the days in the last four weeks when you were drinking much more heavily than usual, how many drinks did you have?	0 to 999 (number of standard drinks)	Number	min 1, max 3
27.	<a href="#">DU 1.5</a>	<u>Drug and Alcohol Use Survey</u> Q5. How many days in the last four weeks did you drink at this level?	0 to 28 (days) Note: If their answer to Q2—see DU 1.2—was 0, this answer must also be 0.	Number	min 1, max 2
28.	<a href="#">DU 1.6</a>	<u>Drug and Alcohol Use Survey</u> Q6. How many days in the last four weeks did you use tobacco (cigarettes, cigars, pipe tobacco)?	0 to 28 (days)	Number	min 1, max 2
29.	<a href="#">DU 1.7</a>	<u>Drug and Alcohol Use Survey</u> Q7. How many cigarettes, cigars, pipes did you have on a typical day when you did use tobacco?	0 to 999 Note: If their answer to Q6—see DU 1.6—was 0, this answer must also be 0.	Number	min 1, max 3
	K10+				
30.	<a href="#">K10+ 2.1</a>	<u>Psychological Health Kessler 10 Plus</u> Q1. In the last four weeks, about how often did you feel tired out for no good reason?	1 None of the time 2 A little of the time 3 Some of the time 4 Most of the time 5 All of the time	Number	1
31.	<a href="#">K10+ 2.2</a>	<u>Psychological Health Kessler 10 Plus</u> Q2. In the last four weeks, about how often did you feel nervous?	1 None of the time 2 A little of the time 3 Some of the time 4 Most of the time 5 All of the time	Number	1
32.	<a href="#">K10+ 2.3</a>	<u>Psychological Health Kessler 10 Plus</u> Q3. In the last four weeks, about how often did you feel so nervous that nothing could calm you down?	1 None of the time 2 A little of the time 3 Some of the time 4 Most of the time 5 All of the time	Number	1

Data Dictionary entries for SURVEY.csv					
Fld N°	Link to file layout entry	Description	Valid values	Data type	Field size
33.	<a href="#">K10+ 2.4</a>	<u>Psychological Health Kessler 10 Plus</u> Q4. In the last four weeks, about how often did you feel hopeless?	1 None of the time 2 A little of the time 3 Some of the time 4 Most of the time 5 All of the time	Number	1
34.	<a href="#">K10+ 2.5</a>	<u>Psychological Health Kessler 10 Plus</u> Q5. In the last four weeks, about how often did you feel restless or fidgety?	1 None of the time 2 A little of the time 3 Some of the time 4 Most of the time 5 All of the time	Number	1
35.	<a href="#">K10+ 2.6</a>	<u>Psychological Health Kessler 10 Plus</u> Q6. In the last four weeks, about how often did you feel so restless you could not sit still?	1 None of the time 2 A little of the time 3 Some of the time 4 Most of the time 5 All of the time	Number	1
36.	<a href="#">K10+ 2.7</a>	<u>Psychological Health Kessler 10 Plus</u> Q7. In the last four weeks, about how often did you feel depressed?	1 None of the time 2 A little of the time 3 Some of the time 4 Most of the time 5 All of the time	Number	1
37.	<a href="#">K10+ 2.8</a>	<u>Psychological Health Kessler 10 Plus</u> Q8. In the last four weeks, about how often did you feel that everything was an effort?	1 None of the time 2 A little of the time 3 Some of the time 4 Most of the time 5 All of the time	Number	1
38.	<a href="#">K10+ 2.9</a>	<u>Psychological Health Kessler 10 Plus</u> Q9. In the last four weeks, about how often did you feel so sad that nothing could cheer you up?	1 None of the time 2 A little of the time 3 Some of the time 4 Most of the time 5 All of the time	Number	1
39.	<a href="#">K10+ 2.10</a>	<u>Psychological Health Kessler 10 Plus</u> Q10. In the last four weeks, about how often did you feel worthless?	1 None of the time 2 A little of the time 3 Some of the time 4 Most of the time 5 All of the time	Number	1

Data Dictionary entries for SURVEY.csv					
Fld N°	Link to file layout entry	Description	Valid values	Data type	Field size
40.	<a href="#">K10+ 2.11</a>	<u>Psychological Health Kessler 10 Plus</u> Q11. In the last four weeks, how many days were you TOTALLY UNABLE to work, study or manage your day to day activities because of these feelings?	0 to 28 (Number of days)	Number	min 1, max 2
41.	<a href="#">K10+ 2.12</a>	<u>Psychological Health Kessler 10 Plus</u> Q12. [Aside from those days], in the last four weeks, HOW MANY DAYS were you able to work or study or manage your day to day activities, but had to CUT DOWN on what you did because of these feelings?	0 to 28 (Number of days)	Number	min 1, max 2
42.	<a href="#">K10+ 2.13</a>	<u>Psychological Health Kessler 10 Plus</u> Q13. In the last four weeks, how many times have you seen a doctor or any other health professional about these feelings?	0 to 28 (Number of consultations)	Number	min 1, max 2
43.	<a href="#">K10+ 2.14</a>	<u>Psychological Health Kessler 10 Plus</u> Q14. In the last four weeks, how often have physical health problems been the main cause of these feelings?	1 None of the time 2 A little of the time 3 Some of the time 4 Most of the time 5 All of the time	Number	1
	WHO 8				
44.	<a href="#">WHO 8-QoL 3.1</a>	<u>Health and Social Functioning WHO 8: EUROHIS Quality of life scale</u> Q1. How would you rate your quality of life?	1 Very poor 2 Poor 3 Neither good nor poor 4 Good 5 Very good	Number	1
45.	<a href="#">WHO 8-QoL 3.2</a>	<u>Health and Social Functioning WHO 8: EUROHIS Quality of life scale</u> Q2. How satisfied are you with your health?	1 Very dissatisfied 2 Dissatisfied 3 Neither satisfied nor dissatisfied 4 Satisfied 5 Very satisfied	Number	1
46.	<a href="#">WHO 8-QoL 3.3</a>	<u>Health and Social Functioning WHO 8: EUROHIS Quality of life scale</u> Q3. Do you have enough energy for everyday life?	1 Not at all 2 A little 3 Moderately 4 Mostly 5 Completely	Number	1

Data Dictionary entries for SURVEY.csv					
Fld N°	Link to file layout entry	Description	Valid values	Data type	Field size
47.	<a href="#">WHO 8-QoL 3.4</a>	Health and Social Functioning WHO 8: EUROHIS <u>Quality of life scale</u> Q4. Have you enough money to meet your needs?	1 Not at all 2 A little 3 Moderately 4 Mostly 5 Completely	Number	1
48.	<a href="#">WHO 8-QoL 3.5</a>	Health and Social Functioning WHO 8: EUROHIS <u>Quality of life scale</u> Q5. How satisfied are you with your ability to perform your daily living activities?	1 Very satisfied 2 Dissatisfied 3 Neither satisfied nor dissatisfied 4 Satisfied 5 Very satisfied	Number	1
49.	<a href="#">WHO 8-QoL 3.6</a>	Health and Social Functioning WHO 8: EUROHIS <u>Quality of life scale</u> Q6. How satisfied are you with yourself?	1 Very satisfied 2 Dissatisfied 3 Neither satisfied nor dissatisfied 4 Satisfied 5 Very satisfied	Number	1
50.	<a href="#">WHO 8-QoL 3.7</a>	Health and Social Functioning WHO 8: EUROHIS <u>Quality of life scale</u> Q7. How satisfied are you with your personal relationships?	1 Very satisfied 2 Dissatisfied 3 Neither satisfied nor dissatisfied 4 Satisfied 5 Very satisfied	Number	1
51.	<a href="#">WHO 8-QoL 3.8</a>	Health and Social Functioning WHO 8: EUROHIS <u>Quality of life scale</u> Q8. How satisfied are you with the conditions of your living place?	1 Very satisfied 2 Dissatisfied 3 Neither satisfied nor dissatisfied 4 Satisfied 5 Very satisfied	Number	1



Data Dictionary entries for SURVEY.csv

Fld N°	Link to file layout entry	Description	Valid values	Data type	Field size
52.	<a href="#">WHO 8-QoL 3.9</a>	Health and Social Functioning WHO 8: EUROHIS Quality of life scale Q9. What is your main source of income?	01 Full-time employment 02 Part-time employment 03 Temporary benefit (e.g. unemployment) 04 Pension (e.g. aged, disability) 05 Student allowance 06 Dependent on others 07 Retirement fund 08 No income 98 Other 99 Not known/not stated/inadequately described	Number	2
53.	<a href="#">WHO 8-QoL 3.10</a>	Health and Social Functioning WHO 8: EUROHIS Quality of life scale Q10. Living Arrangement Who do you live with?	01 Alone 02 Spouse/partner 03 Alone with child(ren) 04 Spouse/partner with child(ren) 05 Parent(s) 06 Other relative(s) 07 Friend(s) 08 Friend(s)/parent(s)/relative(s) and children 98 Other 99 Not known/not stated/inadequately described	Number	2

Data Dictionary entries for SURVEY.csv					
Fld N°	Link to file layout entry	Description	Valid values	Data type	Field size
54.	<a href="#">WHO 8-QoL 3.11</a>	Health and Social Functioning WHO 8: EUROHIS <u>Quality of life scale</u> Q11. Usual Accommodation	01 Rented house or flat (public or private) 02 Privately owned house or flat 03 Boarding house 04 Hostel/supported accommodation services 05 Psychiatric hospital 06 Alcohol/other drug treatment residence 07 Shelter/refuge 08 Prison/detention centre 09 Caravan on serviced site 10 No usual residence/homeless 98 Other 99 Not known/not stated/inadequately described	Number	2
55.	<a href="#">WHO 8-QoL 3.12</a>	Health and Social Functioning WHO 8: EUROHIS <u>Quality of life scale</u> Q12. How many times in the last three months have you been arrested?	0 to 99 (times)	Number	min 1, max 2
56.	<a href="#">WHO 8-QoL 3.13</a>	Health and Social Functioning WHO 8: EUROHIS <u>Quality of life scale</u> Q13. How many of these arrests were for offences allegedly committed in the last three months?	0 to 99 (arrests)	Number	min 1, max 2
	BBV				
57.	<a href="#">BBV 4.1</a>	<u>BBV Exposure Risk-Taking Scale</u> Q1. When did you last inject/hit up any drug?	1 In the last 3 months 2 More than 3 but less than 12 months ago 3 12 months ago or more 4 (ever injected 5 Not stated/inadequately described	Number	1

Data Dictionary entries for SURVEY.csv					
Fld N°	Link to file layout entry	Description	Valid values	Data type	Field size
58.	<a href="#">BBV 4.2</a>	<u>BBV Exposure Risk-Taking Scale</u> Q2. How many times in the last 3 months did you use a needle or syringe after someone else had already used it (including your sex partner and even if it was cleaned)?	1 More than 10 times 2 6 to 10 times 3 3 to 5 times 4 Twice 5 Once 6 Never	Number	1
59.	<a href="#">BBV 4.3</a>	<u>BBV Exposure Risk-Taking Scale</u> Q3. In the last 3 months did you share any spoons, filters, water, tourniquets, drug solution/mix, or swabs with anyone else?	1 Yes 0 No	Number	1
60.	<a href="#">BBV 4.4</a>	<u>BBV Exposure Risk-Taking Scale</u> Q4. How many times have you overdosed from any drug in the last 3 months?	0 to 999 (number of times)	Number	min 1, max 3
	Nicotine Dependence				
61.	<a href="#">ND 5.1</a>	<u>Assessing Nicotine Dependence</u> Q1. Do you smoke tobacco?	1 Yes 0 No	Number	1
62.	<a href="#">ND 5.2</a>	<u>Assessing Nicotine Dependence</u> Q2. How soon after waking do you smoke your first cigarette?	3 Within 5 minutes 2 Between 5 to 30 minutes 1 Between 31 to 60 minutes	Number	1
63.	<a href="#">ND 5.3</a>	<u>Assessing Nicotine Dependence</u> Q3. How many cigarettes do you smoke on a typical day?	0 10 or less 1 11 to 20 2 21 to 30 3 31 or more	Number	1
64.	<a href="#">ND 5.4</a>	<u>Assessing Nicotine Dependence</u> Q4. If you have previously attempted to quit, did you experience withdrawals or cravings?	1 Yes 0 No	Number	1
	ATOP				
65.	<a href="#">ATOP 1A.1</a>	<u>ATOP Alcohol Typical Qty</u> The number of standard drinks of alcohol ingested on a typical drinking day refer to standard drinks guide.	0 to 999 along with a description, being 'standard drinks'	String	50

Data Dictionary entries for SURVEY.csv					
Fld N°	Link to file layout entry	Description	Valid values	Data type	Field size
66.	<a href="#">ATOP 1A.2 (wk4)</a>	<u>ATOP Alcohol Wk4</u> The number of days alcohol consumed in the most recent past week—week 4—of the past 4 weeks.	0 to 7 (days of alcohol use in week 4)	Number	1
67.	<a href="#">ATOP 1A.2 (wk3)</a>	<u>ATOP Alcohol Wk3</u> The number of days alcohol consumed in the second most recent past—week 3—of the past 4 weeks.	0 to 7 (days of alcohol use in week 3)	Number	1
68.	<a href="#">ATOP 1A.2 (wk2)</a>	<u>ATOP Alcohol Wk2</u> The number of days alcohol consumed in the third most recent past week—week 2—of the past 4 weeks.	0 to 7 (days of alcohol use in week 2)	Number	1
69	<a href="#">ATOP 1A.2 (wk1)</a>	<u>ATOP Alcohol Wk1</u> The number of days alcohol consumed in the fourth most recent past week—week 1—of the past 4 weeks.	0 to 7 (days of alcohol use in week 1)	Number	1
70.	<a href="#">ATOP 1A.3</a>	<u>ATOP Alcohol Total</u> The total number of days alcohol consumed in the past four weeks.	0 to 28 (total days alcohol consumed in the past four weeks)	Number	min 1, max 2
71.	<a href="#">ATOP 1A.4</a>	<u>ATOP Alcohol No Answer</u> Alcohol question asked but not answered or not asked	0 asked -1 not asked	Number	1 , which may have a minus sign

Data Dictionary entries for SURVEY.csv					
Fld N°	Link to file layout entry	Description	Valid values	Data type	Field size
72.	<a href="#">ATOP 1B.1</a>	<p><u>ATOP Cannabis Typical Qty</u></p> <p>The amount of cannabis consumed on a typical day of cannabis use in the past four weeks. Agree on a meaningful unit of measure with the client. Common units of measure may include 'grams', number of times used per days, or the monetary value of drugs consumed. Please use the same unit of measure for subsequent survey time points.</p>	0 to 999 (plus description of units)	String	50
73.	<a href="#">ATOP 1B.2 (wk4)</a>	<p><u>ATOP Cannabis Wk4</u></p> <p>The number of days cannabis was consumed in the most recent past week—week 4—of the past 4 weeks.</p>	0 to 7 (days of cannabis use in week 4)	Number	1
74.	<a href="#">ATOP 1B.2 (wk3)</a>	<p><u>ATOP Cannabis Wk3</u></p> <p>The number of days cannabis was consumed in the second most recent past week—week 3—of the past 4 weeks.</p>	0 to 7 (days of cannabis use in week 3)	Number	1
75.	<a href="#">ATOP 1B.2 (wk2)</a>	<p><u>ATOP Cannabis Wk2</u></p> <p>The number of days cannabis was consumed in the third most recent past week—week 2—of the past 4 weeks.</p>	0 to 7 (days of cannabis use in week 2)	Number	1
76.	<a href="#">ATOP 1B.2 (wk1)</a>	<p><u>ATOP Cannabis Wk1</u></p> <p>The number of days cannabis consumed in the fourth most recent past week—week 1—of the past 4 weeks.</p>	0 to 7 (days of cannabis use in week 1)	Number	1
77.	<a href="#">ATOP 1B.3</a>	<p><u>ATOP Cannabis Total</u></p> <p>The total number of days cannabis was consumed over the past four weeks.</p>	0 to 28 (total days cannabis consumed in the past four weeks)	Number	min 1, max 2

Data Dictionary entries for SURVEY.csv					
Fld N°	Link to file layout entry	Description	Valid values	Data type	Field size
78.	<a href="#">ATOP 1B.4</a>	<u>ATOP</u> <u>Cannabis No Answer</u> Cannabis question asked but not answered or not asked	0 asked -1 not asked	Number	1, which may have a minus sign
79.	<a href="#">ATOP 1C.1</a>	<u>ATOP</u> <u>Amphetamine Typical Qty</u> The average amount of amphetamine used on a typical day during the past four weeks. Agree on a meaningful unit of measure with the client. Common units of measure may include 'grams', number of times used per days, or the monetary value of drugs consumed. Please use the same unit of measure for subsequent survey time points.	0 to 999 (plus description of units)	String	50
80.	<a href="#">ATOP 1C.2 (wk4)</a>	<u>ATOP</u> <u>Amphetamine Wk4</u> The number of days amphetamine type substance consumed in the most recent week—week 4—of the past 4 weeks.	0 to 7 (days of amphetamine use in week 4)	Number	1
81.	<a href="#">ATOP 1C.2 (wk3)</a>	<u>ATOP</u> <u>Amphetamine Wk3</u> The number of days amphetamine type substance consumed in the second most recent week—week 3—of the past 4 weeks.	0 to 7 (days of amphetamine use in week 3)	Number	1
82.	<a href="#">ATOP 1C.2 (wk2)</a>	<u>ATOP</u> <u>Amphetamine Wk2</u> The number of days amphetamine type substance consumed in the third most recent week—week 2—of the past 4 weeks.	0 to 7 (days of amphetamine use in week 2)	Number	1
83.	<a href="#">ATOP 1C.2 (wk1)</a>	<u>ATOP</u> <u>Amphetamine Wk1</u> The number of days amphetamine type substance consumed in the fourth most recent week—week 1—of the past 4 weeks.	0 to 7 (days of amphetamine use in week 1)	Number	1

Data Dictionary entries for SURVEY.csv					
Fld N°	Link to file layout entry	Description	Valid values	Data type	Field size
84.	<a href="#">ATOP 1C.3</a>	<u>ATOP Amphetamine Total</u> The total number of days amphetamine type substance consumed over the past four weeks.	0 to 28 (total days amphetamine type substance consumed in the past four weeks)	Number	min 1, max 2
85.	<a href="#">ATOP 1C.4</a>	<u>ATOP Amphetamine No Answer</u> Amphetamine question asked but not answered or not asked	0 asked -1 not asked	Number	1, which may have a minus sign
86.	<a href="#">ATOP 1D.1</a>	<u>ATOP Benzodiazepines Typical Qty</u> The average amount of benzodiazepine used on a typical day during the past four weeks. Agree on a meaningful unit of measure with the client. Common units of measure may include 'grams', number of times used per days, or the monetary value of drugs consumed. Please use the same unit of measure for subsequent survey time points.	0 to 999 (plus description of units)	String	50
87.	<a href="#">ATOP 1D.2 (wk4)</a>	<u>ATOP Benzodiazepines Wk4</u> The number of days benzodiazapine was consumed in the most recent week—week 4—of the past 4 weeks.	0 to 7 (days of benzodiazapine use in week 4)	Number	1
88.	<a href="#">ATOP 1D.2 (wk3)</a>	<u>ATOP Benzodiazepines Wk3</u> The number of days benzodiazapine was consumed in the second most recent week—week 3—of the past 4 weeks.	0 to 7 (days of benzodiazapine use in week 3)	Number	1
89.	<a href="#">ATOP 1D.2 (wk2)</a>	<u>ATOP Benzodiazepines Wk2</u> The number of days benzodiazapine was consumed in the third most recent week—week 2—of the past 4 weeks.	0 to 7 (days of benzodiazapine use in week 2)	Number	1

Data Dictionary entries for SURVEY.csv					
Fld N°	Link to file layout entry	Description	Valid values	Data type	Field size
90.	<a href="#">ATOP 1D.2 (wk1)</a>	<u>ATOP Benzodiazepines Wk1</u> The number of days benzodiazapine was consumed in the fourth most recent week—week 1—of the past 4 weeks.	0 to 7 (days of benzodiazapine use in week 1)	Number	1
91.	<a href="#">ATOP 1D.3</a>	<u>ATOP Benzodiazepines Total</u> The total number of days benzodiazapine was consumed over the past four weeks.	0 to 28 (total days benzodiazepine consumed in the past four weeks)	Number	min 1, max 2
92.	<a href="#">ATOP 1D.4</a>	<u>ATOP Benzodiazepines No Answer</u> Benzodiazapine question asked but not answered or not asked	0 asked -1 not asked	Number	1, which may have a minus sign
93.	<a href="#">ATOP 1E.1</a>	<u>ATOP Heroin Typical Qty</u> The average amount of heroin used on a typical day during the past four weeks. Agree on a meaningful unit of measure with the client. Common units of measure may include 'grams', number of times used per days, or the monetary value of drugs consumed. Please use the same unit of measure for subsequent survey time points.	0 to 999 (plus description of units)	String	50
94.	<a href="#">ATOP 1E.2 (wk4)</a>	<u>ATOP Heroin Wk4</u> The number of days heroin was consumed in the most recent week—week 4—of the past 4 weeks.	0 to 7 (days of heroin use in week 4)	Number	1
95.	<a href="#">ATOP 1E.2 (wk3)</a>	<u>ATOP Heroin Wk3</u> The number of days heroin was consumed in the second most recent week—week 3—of the past 4 weeks.	0 to 7 (days of heroin use in week 3)	Number	1



Data Dictionary entries for SURVEY.csv					
Fld N°	Link to file layout entry	Description	Valid values	Data type	Field size
96.	<a href="#">ATOP 1E.2 (wk2)</a>	<u>ATOP Heroin Wk2</u> The number of days heroin was consumed in the third most recent week—week 2—of the past 4 weeks.	0 to 7 (days of heroin use in week 2)	Number	1
97.	<a href="#">ATOP 1E.2 (wk1)</a>	<u>ATOP Heroin Wk1</u> The number of days heroin was consumed in the fourth most recent week—week 1—of the past 4 weeks.	0 to 7 (days of heroin use in week 1)	Number	1
98.	<a href="#">ATOP 1E.3</a>	<u>ATOP Heroin Total</u> The total number of days heroin was consumed over the past four weeks.	0 to 28 (total days heroin consumed in the past four weeks)	Number	min 1, max 2
99.	<a href="#">ATOP 1E.4</a>	<u>ATOP Heroin No Answer</u> 'Heroin' question asked but not answered or not asked	0 asked -1 not asked	Number	1, which may have a minus sign
100.	<a href="#">ATOP 1F.1</a>	<u>ATOP Other Opioids Typical Qty</u> The average amount of Other Opioids used on a typical day during the past four weeks. Agree on a meaningful unit of measure with the client. Common units of measure may include 'grams', number of times used per days, or the monetary value of drugs consumed. Please use the same unit of measure for subsequent survey time points.	0 to 999 (plus description of units)	String	50
101.	<a href="#">ATOP 1F.2 (wk4)</a>	<u>ATOP OtherOpioids Wk4</u> The number of days Other Opioids were consumed in the most recent week—week 4—of the past 4 weeks.	0 to 7 (days of Other Opioid use in week 4)	Number	1

Data Dictionary entries for SURVEY.csv					
Fld N°	Link to file layout entry	Description	Valid values	Data type	Field size
102.	<a href="#">ATOP 1F.2 (wk3)</a>	<u>ATOP Other Opioids Wk3</u> The number of days Other Opioids were consumed in the second most recent week—week 3—of the past 4 weeks.	0 to 7 (days of Other Opiod use in week 3)	Number	1
103.	<a href="#">ATOP 1F.2 (wk2)</a>	<u>ATOP Other Opioids Wk2</u> The number of days Other Opioids were consumed in the third most recent week—week 2—of the past 4 weeks.	0 to 7 (days of Other Opiod use in week 2)	Number	1
104.	<a href="#">ATOP 1F.2 (wk1)</a>	<u>ATOP Other Opioids Wk1</u> The number of days Other Opioids were consumed in the fourth most recent week—week 1—of the past 4 weeks.	0 to 7 (days of Other Opiod use in week 1)	Number	1
105.	<a href="#">ATOP 1F.3</a>	<u>ATOP Other Opioids Total</u> The total number of days other opioids were consumed over the past four weeks.	0 to 28 (total days Other Opioids consumed in the past four weeks)	Number	min 1, max 2
106.	<a href="#">ATOP 1F.4</a>	<u>ATOP Other Opioids No Answer</u> 'Other Opioids' question asked but not answered or not asked	0 asked -1 not asked	Number	1 , which may have a minus sign
107.	<a href="#">ATOP 1G.1</a>	<u>ATOP Cocaine Typical Qty</u> The average amount of cocaine used on a typical day during the past four weeks. Agree on a meaningful unit of measure with the client. Common units of measure may include 'grams', number of times used per days, or the monetary value of drugs consumed. Please use the same unit of measure for subsequent survey time points.	0 to 999 (plus description of units)	String	50

Data Dictionary entries for SURVEY.csv					
Fld N°	Link to file layout entry	Description	Valid values	Data type	Field size
108.	<a href="#">ATOP 1G.2 (wk4)</a>	<u>ATOP Cocaine Wk4</u> The number of days cocaine was consumed in the most recent week—week 4—of the past 4 weeks.	0 to 7 (days of cocaine use in week 4)	Number	1
109.	<a href="#">ATOP 1G.2 (wk3)</a>	<u>ATOP Cocaine Wk3</u> The number of days cocaine was consumed in the second most recent week—week 3—of the past 4 weeks.	0 to 7 (days of cocaine use in week 3)	Number	1
110.	<a href="#">ATOP 1G.2 (wk2)</a>	<u>ATOP Cocaine Wk2</u> The number of days cocaine was consumed in the third most recent week—week 2—of the past 4 weeks.	0 to 7 (days of cocaine use in week 2)	Number	1
111.	<a href="#">ATOP 1G.2 (wk1)</a>	<u>ATOP Cocaine Wk1</u> The number of days cocaine was consumed in the fourth most recent week—week 1—of the past 4 weeks.	0 to 7 (days of cocaine use in week 1)	Number	1
112.	<a href="#">ATOP 1G.3</a>	<u>ATOP Cocaine Total</u> The total number of days cocaine was consumed over the past four weeks.	0 to 28 (total days cocaine consumed in the past four weeks)	Number	min 1, max 2
113.	<a href="#">ATOP 1G.4</a>	<u>ATOP Cocaine No Answer</u> Cocaine question asked but not answered or not asked	0 asked -1 not asked	Number	1, which may have a minus sign
114.	<a href="#">ATOP1H.i</a>	<u>ATOP Other Substance 1</u> The name of any Other Substance 1 consumed in the past four weeks.	Description of Other Substance 1	String	50

Data Dictionary entries for SURVEY.csv					
Fld N°	Link to file layout entry	Description	Valid values	Data type	Field size
115.	<a href="#">ATOP 1H.i.1</a>	<p><u>ATOP</u>  <u>Other Substance 1 Typical Qty</u>            The average amount of Other Substance 1 used on a typical day during the past four weeks. Agree on a meaningful unit of measure with the client. Common units of measure may include 'grams', number of times used per days, or the monetary value of drugs consumed. Please use the same unit of measure for subsequent survey time points.</p>	0 to 999 (plus description of units)	String	50
116.	<a href="#">ATOP 1H.i.2 (wk4)</a>	<p><u>ATOP</u>  <u>Other Substance 1 Wk4</u>            The number of days Other Substance 1 was consumed in the most recent week—week 4—of the past 4 weeks.</p>	0 to 7 (days of Other Substance 1 use in week 4)	Number	1
117.	<a href="#">ATOP 1H.i.2 (wk3)</a>	<p><u>ATOP</u>  <u>Other Substance 1 Wk3</u>            The number of days Other Substance 1 was consumed in the second most recent week—week 3—of the past 4 weeks.</p>	0 to 7 (days of Other Substance 1 use in week 3)	Number	1
118.	<a href="#">ATOP 1H.i.2 (wk2)</a>	<p><u>ATOP</u>  <u>Other Substance 1 Wk2</u>            The number of days Other Substance 1 was consumed in the third most recent week—week 2—of the past 4 weeks.</p>	0 to 7 (days of Other Substance 1 use in week 2)	Number	1
119.	<a href="#">ATOP 1H.i.2 (wk1)</a>	<p><u>ATOP</u>  <u>Other Substance 1 Wk1</u>            The number of days Other Substance 1 was consumed in the fourth most recent week—week 1—of the past 4 weeks.</p>	0 to 7 (days of Other Substance 1 use in week 1)	Number	1
120.	<a href="#">ATOP 1H.i.3</a>	<p><u>ATOP</u>  <u>Other Substance 1 Total</u>            The total number of days Other Substance 1 was consumed over the past four weeks.</p>	0 to 28 (total days Other Substance 1 was consumed in the past four weeks)	Number	min 1, max 2

Data Dictionary entries for SURVEY.csv					
Fld N°	Link to file layout entry	Description	Valid values	Data type	Field size
121.	<a href="#">ATOP 1H.i.4</a>	<u>ATOP</u> <u>Other Substance 1 No Answer</u> Other Substance 1 question asked but not answered or not asked	0 asked -1 not asked	Number	1, which may have a minus sign
122.	<a href="#">ATOP 1H.ii</a>	<u>ATOP</u> <u>Other Substance 2</u> The name of any Other Substance 2 consumed in the past four weeks.	Description of Other Substance 2	String	50
123.	<a href="#">ATOP 1H.ii.1</a>	<u>ATOP</u> <u>Other Substance 2 Typical Qty</u> The average amount of Other Substance 2 used on a typical day during the past four weeks. Agree on a meaningful unit of measure with the client. Common units of measure may include 'grams', number of times used per days, or the monetary value of drugs consumed. Please use the same unit of measure for subsequent survey time points.	0 to 999 (plus description of units)	String	50
124.	<a href="#">ATOP 1H.ii.2 (wk4)</a>	<u>ATOP</u> <u>Other Substance 2 Wk4</u> The number of days Other Substance 2 was consumed in the most recent week—week 4—of the past 4 weeks.	0 to 7 (days of Other Substance 2 use in week 4)	Number	1
125.	<a href="#">ATOP 1H.ii.2 (wk3)</a>	<u>ATOP</u> <u>Other Substance 2 Wk3</u> The number of days Other Substance 2 was consumed in the second most recent week—week 3—of the past 4 weeks.	0 to 7 (days of Other Substance 2 use in week 3)	Number	1
126.	<a href="#">ATOP 1H.ii.2 (wk2)</a>	<u>ATOP</u> <u>Other Substance 2 Wk2</u> The number of days Other Substance 2 was consumed in the third most recent week—week 2—of the past 4 weeks.	0 to 7 (days of Other Substance 2 use in week 2)	Number	1

Data Dictionary entries for SURVEY.csv					
Fld N°	Link to file layout entry	Description	Valid values	Data type	Field size
127.	<a href="#">ATOP 1H.ii.2 (wk1)</a>	<u>ATOP</u> <u>Other Substance 2 Wk1</u> The number of days Other Substance 2 was consumed in the fourth most recent week—week 1—of the past 4 weeks.	0 to 7 (days of Other Substance 2 use in week 1)	Number	1
128.	<a href="#">ATOP 1H.ii.3</a>	<u>ATOP</u> <u>Other Substance 2 Total</u> The total number of days Other Substance 2 was consumed over the past four weeks.	0 to 28 (total days Other Substance 2 consumed in the past four weeks)	Number	min 1, max 2
129.	<a href="#">ATOP 1H.ii.4</a>	<u>ATOP</u> <u>Other Substance 2 No Answer</u> Other Substance 2 question asked but not answered or not asked	0 asked -1 not asked	Number	1, which may have a minus sign
130.	<a href="#">ATOP 1I.1</a>	<u>ATOP</u> <u>Daily Tobacco Use Typical Qty</u> The average amount of tobacco used on a typical day during the past four weeks.	0 to 999 (plus description of units)	String	50
131.	<a href="#">ATOP 1I.2 (wk4)</a>	<u>ATOP</u> <u>Tobacco Wk4</u> The total number of days tobacco was consumed in most recent week—week 4—of the past 4 weeks.	0 to 7 (days of Tobacco use in week 4)	Number	1
132.	<a href="#">ATOP 1I.2 (wk3)</a>	<u>ATOP</u> <u>Tobacco Wk3</u> The total number of days tobacco was consumed in the second most recent week—week 3—of the past 4 weeks.	0 to 7 (days of Tobacco use in week 3)	Number	1
133.	<a href="#">ATOP 1I.2 (wk2)</a>	<u>ATOP</u> <u>Tobacco Wk2</u> The total number of days tobacco was consumed in the third most recent week—week 2—of the past 4 weeks.	0 to 7 (days of Tobacco use in week 2)	Number	1

Data Dictionary entries for SURVEY.csv					
Fld N°	Link to file layout entry	Description	Valid values	Data type	Field size
134.	<a href="#">ATOP 1I.2 (wk1)</a>	<a href="#">ATOP Tobacco Wk1</a> The total number of days tobacco was consumed in the fourth most recent week—week 1—of the past 4 weeks.	0 to 7 (days of Tobacco use in week 1)	Number	1
135.	<a href="#">ATOP 1I.3</a>	<a href="#">ATOP Tobacco Total</a> The total number of days Tobacco was consumed over the past four weeks.	0 to 28 (total days Tobacco consumed in the past four weeks)	Number	min 1, max 2
136.	<a href="#">ATOP 1I.4</a>	<a href="#">ATOP Tobacco No Answer</a> Tobacco question asked but not answered or not asked	0 asked -1 not asked	Number	1, which may have a minus sign
137.	<a href="#">ATOP 1J.1</a>	<a href="#">ATOP Daily E-cigarette Use Typical Qty</a> The average amount of e-cigarette used on a typical day during the past four weeks.	0 to 999 (plus description of units)	String	50
138.	<a href="#">ATOP 1J.2 (wk4)</a>	<a href="#">ATOP E-cigarette Wk4</a> The total number of days e-cigarette was consumed in most recent week—week 4—of the past 4 weeks.	0 to 7 (days of e-cigarette use in week 4)	Number	1
139.	<a href="#">ATOP 1J.2 (wk3)</a>	<a href="#">ATOP E-cigarette Wk3</a> The total number of days e-cigarette was consumed in the second most recent week—week 3—of the past 4 weeks.	0 to 7 (days of e-cigarette use in week 3)	Number	1
140.	<a href="#">ATOP 1J.2 (wk2)</a>	<a href="#">ATOP E-cigarette Wk2</a> The total number of days e-cigarette was consumed in the third most recent week—week 2—of the past 4 weeks.	0 to 7 (days of e-cigarette use in week 2)	Number	1

Data Dictionary entries for SURVEY.csv					
Fld N°	Link to file layout entry	Description	Valid values	Data type	Field size
141.	<a href="#">ATOP 1J.2 (wk1)</a>	<u>ATOP E-cigarette Wk1</u> The total number of days e-cigarette was consumed in the fourth most recent week—week 1—of the past 4 weeks.	0 to 7 (days of e-cigarette use in week 1)	Number	1
142.	<a href="#">ATOP 1J.3</a>	<u>ATOP E-cigarette Total</u> The total number of days e-cigarette was consumed over the past four weeks.	0 to 28 (total days e-cigarette consumed in the past four weeks)	Number	min 1, max 2
143.	<a href="#">ATOP 1J.4</a>	<u>ATOP E-cigarette No Answer</u> E-cigarette question asked but not answered or not asked	0 asked -1 not asked	Number	1, which may have a minus sign
144.	<a href="#">ATOP 1K.1 (wk4)</a>	<u>ATOP Injected Wk4</u> The number of days injected in the most recent week—week 4—of the past 4 weeks.	0 to 7 (days injected in week 4)	Number	1
145.	<a href="#">ATOP 1K.1 (wk3)</a>	<u>ATOP Injected Wk3</u> The number of days injected in the second most recent week—week 3—of the past 4 weeks.	0 to 7 (days injected in week 3)	Number	1
146.	<a href="#">ATOP 1K.1 (wk2)</a>	<u>ATOP Injected Wk2</u> The number of days injected in the third most recent week—week 2—of the past 4 weeks.	0 to 7 (days injected in week 2)	Number	1
147.	<a href="#">ATOP 1K.1 (wk1)</a>	<u>ATOP Injected Wk1</u> The number of days injected in the fourth most recent week—week 1—of the past 4 weeks.	0 to 7 (days injected in week 1)	Number	1
148.	<a href="#">ATOP 1K.2</a>	<u>ATOP Injected Total</u> The total number of days injected in the past four weeks.	0 to 28 (total days injected in the past four weeks)	Number	min 1, max 2



Data Dictionary entries for SURVEY.csv					
Fld N°	Link to file layout entry	Description	Valid values	Data type	Field size
149.	<a href="#">ATOP 1K.3</a>	<u>ATOP</u> <u>Injected No Answer</u> 'Injected' question asked but not answered or not asked.	0 asked -1 not asked	Number	1, which may have a minus sign
150.	<a href="#">ATOP 1L</a>	<u>ATOP</u> <u>Injected Used Equipment</u> Has the client injected with equipment used by someone?	1 yes 0 no -1 not answered/no answer	Number	1, which may have a minus sign
151.	<a href="#">ATOP 2A.1 (wk4)</a>	<u>ATOP</u> <u>Days Paid Work Wk4</u> The number of days of paid work in the most recent week—week 4—of the past 4 weeks.	0 to 7 (days of paid work in week 4)	Number	1
152.	<a href="#">ATOP 2A.1 (wk3)</a>	<u>ATOP</u> <u>Days Paid Work Wk3</u> The number of days of paid work in the second most recent week—week 3—of the past 4 weeks.	0 to 7 (days of paid work in week 3)	Number	1
153.	<a href="#">ATOP 2A.1 (wk2)</a>	<u>ATOP</u> <u>Days Paid Work Wk2</u> The number of days of paid work in the third most recent week—week 2—of the past 4 weeks.	0 to 7 (days of paid work in week 2)	Number	1
154.	<a href="#">ATOP 2A.1 (wk1)</a>	<u>ATOP</u> <u>Days Paid Work Wk1</u> The number of days of paid work in the fourth most recent week—week 1—of the past 4 weeks.	0 to 7 (days of paid work in week 1)	Number	1
155.	<a href="#">ATOP 2A.2</a>	<u>ATOP</u> <u>Days Paid Work Total</u> The total number of days paid work in the past four weeks.	0 to 28 (total days of paid work in the past four weeks)	Number	min 1, max 2
156.	<a href="#">ATOP 2A.3</a>	<u>ATOP</u> <u>Days Paid Work No Answer</u> 'Days of paid work' question asked but not answered or not asked.	0 asked -1 not asked	Number	1, which may have a minus sign

Data Dictionary entries for SURVEY.csv					
Fld N°	Link to file layout entry	Description	Valid values	Data type	Field size
157.	<a href="#">ATOP 2B.1 (wk4)</a>	<u>ATOP</u> <u>Days Education Wk4</u> The number of days of school or study in the most recent week—week 4—of the past 4 weeks.	0 to 7 (days of school or study in week 4)	Number	1
158.	<a href="#">ATOP 2B.1 (wk3)</a>	<u>ATOP</u> <u>Days Education Wk3</u> The number of days of school or study in the second most recent week—week 3—of the past 4 weeks.	0 to 7 (days of school or study in week 3)	Number	1
159.	<a href="#">ATOP 2B.1 (wk2)</a>	<u>ATOP</u> <u>Days Education Wk2</u> The number of days of school or study in the third most recent week—week 2—of the past 4 weeks.	0 to 7 (days of school or study in week 2)	Number	1
160.	<a href="#">ATOP 2B.1 (wk1)</a>	<u>ATOP</u> <u>Days Education Wk1</u> The number of days of school or study in the fourth most recent week—week 1—of the past 4 weeks.	0 to 7 (days of school or study in week 1)	Number	1
161.	<a href="#">ATOP 2B.2</a>	<u>ATOP</u> <u>Days Education Total</u> The total number of days of school or study in the past four weeks.	0 to 28 (total days of school or study in the past four weeks)	Number	min 1, max 2
162.	<a href="#">ATOP 2B.3</a>	<u>ATOP</u> <u>Days Education No Answer</u> 'Days of school or study' question asked but not answered or not asked.	0 asked -1 not asked	Number	1, which may have a minus sign
163.	<a href="#">ATOP 2C</a>	<u>ATOP</u> <u>Homeless</u> Has the client been homeless over the past four weeks?	1 yes 0 no -1 not answered/no answer	Number	1, which may have a minus sign
164.	<a href="#">ATOP 2D</a>	<u>ATOP</u> <u>Risk Eviction</u> Has the client been at risk of eviction over the past four weeks?	1 yes 0 no -1 not answered/no answer	Number	1, which may have a minus sign

Data Dictionary entries for SURVEY.csv					
Fld N°	Link to file layout entry	Description	Valid values	Data type	Field size
165.	<a href="#">ATOP 2Ei</a>	<u>ATOP</u> <u>Primary Caregiver Under 5</u> Has the client at any time in the past four weeks, been a primary care giver for or living with any child/children aged under 5 years?	1 yes 0 no -1 not answered/no answer	Number	1, which may have a minus sign
166.	<a href="#">ATOP 2Eii</a>	<u>ATOP</u> <u>Primary Caregiver 5 to15</u> Has the client at any time in the past four weeks, been a primary care giver for or living with any child/children aged under 5 years?	1 yes 0 no -1 not answered/no answer	Number	1, which may have a minus sign
167.	<a href="#">ATOP 2F</a>	<u>ATOP</u> <u>Arrested</u> Has the client been arrested over the past four weeks?	1 yes 0 no -1 not answered/no answer	Number	1, which may have a minus sign
168.	<a href="#">ATOP 2G</a>	<u>ATOP</u> <u>Violent To You</u> Has anyone been violent (incl. domestic violence) towards the client in past four weeks?	1 yes 0 no -1 not answered/no answer	Number	1, which may have a minus sign
169.	<a href="#">ATOP 2H</a>	<u>ATOP</u> <u>Violent To Others</u> Has the client been violent (incl. domestic violence) towards someone else in the past four weeks?	1 yes 0 no -1 not answered/no answer	Number	1, which may have a minus sign
170.	<a href="#">ATOP 2I</a>	<u>ATOP</u> <u>Psychological Health Status</u> Client's rating of their psychological wellbeing in past four weeks (anxiety, depression, problems with emotions and feelings) 0=poor 10=good	0 to 10 (where 0=poor and 10=good) -1 not answered/no answer	Number	min 1, max 2
171.	<a href="#">ATOP 2J</a>	<u>ATOP</u> <u>Physical Health Status</u> Client's rating of their physical health in past 4 weeks (extent of physical symptoms and bothered by illness)	0 to 10 (where 0=poor and 10=good) -1 not answered/no answer	Number	min 1, max 2

Data Dictionary entries for SURVEY.csv					
Fld N°	Link to file layout entry	Description	Valid values	Data type	Field size
172.	<a href="#">ATOP 2K</a>	<u>ATOP</u> <u>Quality Of Life</u> Client's rating of their quality of life in past 4 weeks (e.g able to enjoy life, gets on well with family and partner)	0 to 10 (where 0=poor and 10=good)  -1 not answered/no answer	Number	min 1, max 2

## APPENDIX A – DATA & VALIDATION CHECKS

### Data Checks

NADAbase performs data quality checks against each record and outputs a list of error messages in the Error box and warnings in the Warning box, where data needs to be confirmed as correct (for warning-related messages) or amended (for errors). The following data validation checks appear as errors:

- **Incorrect column order**  
The import will fail if number of columns and the position of the columns in the .csv file are other than specified in the most recent data dictionary, available online at <https://nada.org.au/about/what-we-do/nadabase/>.
- **Missing services/programs**  
The agency code for the service must appear in the Episode file. Therefore, importer must ensure that all services within the scope of the collection have included their data within the collection period.
- **Missing data**  
All mandatory data fields must have valid values, excluding blanks, dots, nulls and symbols. The only exception is for service episodes that are still open during the collection period. For these open episodes, 'Dates of cessation', 'Reason for Cessation' and 'Referral out', may be left blank. Importers must investigate missing data to ensure all required data elements are imported. For example, an episode with a missing suburb field but with a valid postcode field will be rejected in the import attempt.
- **Logged in user not associated with the agency being imported**  
The user logged in to NADAbase must be associated to the Agency being imported. This is activated upon request to the NADAbase support team.
- **Invalid codes or format**  
All data elements must use codes consistent with the latest data dictionary. For example, entries like "University of Sydney, 2006" will be rejected, as the postcode refers to a PO box, not a residential address—per the valid Australian suburb/postcode list at <https://auspost.com.au/postcode>  
Agency Code values must follow the correct format, using ":" as a delimiter. The first segment must be a valid, active Agency Code in NADAbase.
- **Incorrect dates**  
Importers must check for incorrect or invalid dates (e.g. the commencement date reported as the client's date of birth) and incorrect formats (e.g. mmddyyyy). Dates must be reported as reported in the format ddmmyy (i.e. without any delimiters or any alphanumeric characters), see NADAbase Importer Guide Page **10** of **24**. Time information should be omitted in the date fields.
- **Duplicate records**  
Importers must check for duplicate Episodes uploaded by services. For example, an Episode.csv file may list two episodes for the same client on the same day, with the same main treatment type and primary drug of concern. Suspected duplicates should be confirmed with the service to ensure the service did not mistakenly upload the same Episode multiple times.

- **Reporting period**

The Commencement Date and Cessation Date of a Service Episode should align with episodes open or closed during the reporting period. For example, episodes open or closed for the period 1–31 Mar 2024 are reported for the April 2024 data collection. Data outside this period will not be included in the report, even if imported into NADABase.

## **Validation Checks**

The following validation checks will appear during import and invalidates the source files:

### **Date of Birth**

- Date of Birth must be on or before the Episode Commencement Date.
- Date of Birth must be on or before the Date of data entry.
- Date of Birth must not indicate an age below 10 years at Episode Commencement Date.

### **Date of Cessation**

- Date of Cessation must be on or after the Episode Commencement Date.
- Date of Cessation must not exceed 12 months from Commencement Date.
- Date of Cessation must be later than 01/01/2000.
- Date of Cessation must not be blank if 'Cessation Reason' and/or 'Referral to Another Service' are provided.

### **Date of Commencement**

- Date of Commencement of Service Episode must be on or before the date of data entry.
- Date of Commencement must not be older than 12 months from today.
- Date of Commencement must be later than 01/01/2000.

### **Postcode**

- The Postcode must not match a PO box number.

### **Injecting Drug Use**

- If 'Injecting Drug Use' is 4 ('never injected'), 'Method of Use' for Principal Drug of Concern must not be 3 ('inject').

### **Other Drugs of Concern**

- 'Other Drugs of Concern/Gambling' must not duplicate 'Principal Drug of Concern/Gambling'.

### **Other Services Provided**

- 'Other Services Provided' must not duplicate 'Main Service Provided'.

### Method of Use

- 'Method of Use' for 'Principal Drug of Concern' must be consistent with Principal Drug of Concern/Gambling.
- For example, if Principal Drug of Concern/Gambling is 'alcohol', the Method of Use for Principal Drug of Concern should not be 'smoke'.

### Preferred Language

- 'Preferred Language' should be logically consistent with Country of Birth (e.g., if 'Preferred Language' is selected to be an Australian indigenous language, the Country of Birth should be 'Australia').

### Service Contact

- 'Service Contact' Dates must fall within Commencement and Cessation Dates of a Service Episode.

### SLK

- The date of birth component in [SLK-581](#) must match the Date of Birth information.
- The sex component in [SLK-581](#) must match the Sex at birth information.

### Client Type

- Where the response for 'Client Type' is '2' (Other):
  - ✓ the valid responses for Principal Drug of Concern, Method of Use, Injecting drug use, Other Drugs of concern, and Previous Services Received **must be** '0' (Not collected),
  - ✓ and Main treatment Provided **must not be** '20' (Withdrawal management (detoxification)), '30' (Rehabilitation activities), '40/48' (Maintenance pharmacotherapy (Opioid)/ Maintenance pharmacotherapy (Non-opioid).

## APPENDIX B

### I. FAQs (MDS FILES)

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#### 1. How do you define a service episode?

A Service Episode is defined as a treatment process with the following characteristics:

- Defined commencement and cessation dates between a client and a provider or team of providers,
- Delivery at the treatment organisation or one of its sites,
- No major change in the service setting, main treatment provided or principal drug of concern.
- Gaps between contacts with the client is no longer than 3 months.

If any of the above conditions change, a new service episode must be created.

Generally, all Service Episodes have a maximum duration of 12 months.

Exceptions to this:

- 'Withdrawal management (detoxification)' – maximum 90 days;
- 'Counselling' – these are limited to 12 sessions;
- 'Maintenance pharmacotherapy (Opioid/Non-Opioid)' – may exceed 12 months of continuous service contact.

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#### 2. Should I record the first contact with a referrer as the date of commencement of service episode?

No. Use the date of first direct client contact when assessment commenced.

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#### 3. Should I record the first date I started to review the client referral or other information relating to this client as the date of commencement of service episode?

No. The Episode Commencement Date is the first direct contact with the client when assessment begins.

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#### 4. I usually see my client in their home. Should I record home as the service delivery setting?

Community-based settings may change from week to week. For example, the client may be seen at their home one week and in an outreach office or other place such as a park the next week. Since an unchanged setting is a criteria to remain within the same episode, it is recommended that the setting is recorded as 'Home' only if the employee and client are both confident that the setting will not change for the duration of the episode.

To allow for more flexibility, especially if you are unsure where the next sessions will take place, it is recommended to use the community/outpatient setting as it encompasses a broader range, including hospital outpatient departments and community settings.

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#### 5. I have been supporting a client who is waiting to get into AOD counselling. We have been considering strategies to avoid situations that can lead to excessive drug and alcohol use. The main service we provide is case management. Should I record the main service provided as counselling?

No. If the primary service is case management, it should be recorded as support and case management, even if brief counselling is provided.

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#### 6. For the AOD Hubs, should I open a new episode of service to record the main service provided that best fits the various elements of the Hubs? For example, should I enter my client as 'assessment



**only' during the assessment phase, closing this episode of service once completed – I would then open a new episode of service when we start working on the care plan through case management as 'support and case management only'?**

No. If the client engages in treatment, record the main service provided in the open episode (e.g. support and case management, not assessment only). Refer to your organisation's funded treatment types for guidance.

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**7. When I call my client for appointment reminders, we usually end up having a fairly long conversation about how they are going. Should I record this as a service contact?**

Yes. If you provide support and case management services during the call, it should be recorded as a service contact.

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**8. As part of our internal KPI's we ask workers to record both direct consumer activity and indirect activities ie. Case conferencing, care planning, report writing etc. Would you like us to report on indirect consumer activity?**

No. NADAbase is not a Client Management System (CMS) and does not capture clinical case notes or indirect activities. It stores the MDS and selected outcomes data only. However, it is useful to record these activities internally for KPI reporting—e.g., tracking case reviews or discharge summaries.

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**9. Lots of time is spent following up on referrals that we can never contact. How can we record this?**

These efforts are not captured in MDS but should be recorded in your internal system. This data can highlight trends and support funding discussions.

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**10. Can a client have multiple episodes of care open during their treatment? For example, if the person is seeing multiple staff members for care (MH clinician, AOD Nurse and Peer Worker), would there be 3 episodes set up in NADAbase, or just the one episode with multiple providers entering service contacts?**

Yes. According to AIHW Data Collection Manual 2024/25, a client may have multiple concurrent service episodes if one of the following occur:

- A change in the Main Service Provided (e.g. from withdrawal management to rehabilitation); or
- A change in the Principal Drug of Concern/Gambling (e.g. from heroin to cocaine); or
- A change in the Service Delivery Setting (e.g. from inpatient to community); or
- The maximum episode length is reached

Example: A client receiving counselling while undergoing ambulatory withdrawal would have two concurrent episodes. However, only one residential episode can be open at a time. Residential and community-based episodes may run concurrently.

If the client sees multiple staff (e.g., MH clinician, AOD nurse, peer worker) within the same team, for the same main service and drug of concern, it should be recorded as one episode, with different clinicians noted in the Service Contacts section. This is viewable in the NADAbase Activity Summary Report.

Service Contacts:

Delete

Date:

23/08/2024

Contact Type:

Service contact

Add

Clinician:

Mei

Postcode of Service Contact:

Memo:

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**11. We have been getting some enquiries from consumers who live in border areas like the ACT/VIC/QLD. Is there any flexibility around people from these areas accessing support?**

Yes. People from cross-border communities can access treatment. The MDS accepts addresses from any state. If unsure, check with your funding contract manager for service-specific guidance.

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## II. FAQs (OUTCOMES MEASURES)

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### 1. What is the purpose of collecting treatment outcome data in substance use programs?

The goal is to evaluate the effectiveness of interventions, monitor client progress, and support evidence-based improvements in care. It also helps inform policy, funding decisions, and long-term support planning for individuals in recovery.

Monitoring treatment and outcomes in AOD services is an ongoing process. It consolidates the information collected in comprehensive assessment, care planning and review, identifying and responding to risk, reviewing treatment progress and discharge planning.

It is an opportunity to partner with clients for joint reflection on progress and priorities and informs the ongoing care planning.

It provides an opportunity to review treatment progress and provide feedback to clients, reflecting on what is working, and what needs to change. The care plan would then be updated as a part of the treatment review and offer a copy to the client.

See NSW Health Clinical Care Standards for further information - [clinical-care-standards-AOD.pdf](#)

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### 2. Who is responsible for collecting outcome data?

Data is typically collected by clinicians, case managers, or data entry staff as part of routine service delivery or research. Check your service's protocol to confirm assigned responsibilities.

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### 3. When should treatment outcome data be collected?

Outcome data should be collected at key stages of the treatment process:

- **Intake/Baseline** – before treatment begins to enable changes to be evaluated by matching with follow up measures
- **During treatment** – typically at review points (e.g., 1 month, 3 months, 6 months. This would depend on the organisation's outcome measures procedures)
- **Exit** – when a client terminates their treatment and is ready for community or the next treatment plan/episode.
- **Post-treatment follow-up** – at 3, 6, and 12 months, where feasible

Some funding contracts stipulate when outcome measures are to be completed. Services may choose to implement on or before intake; 1 month; 3 month and 6-month intervals, or at other intervals that suit their service delivery model. For data analysis, it is important to have at least one matched pair (ie two completed sets of measures) so there is a comparison across time.

Client experience measures would not usually be used at intake, this measure would be added for subsequent outcome measures once the client has experienced treatment.

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### 4. Which outcomes should be monitored?

Key domains that are usually measured include:

- Frequency and quantity of substance use
- Psychological health
- Quality of life and functioning

Funding contracts may indicate which measures are to be used or may describe the domains to be measured as listed above. Outcomes measures in NADABase include the WHO Quality of Life, Severity of Dependence, Kessler-10 and the ATOP.

Refer to this [NADABase tutorial article](#) for a comprehensive breakdown of Outcome Measures and tools. Unfortunately NADA does not have an experience measure included in NADABase.

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## 5. What tools or instruments should we use?

The tools in NADABase that follow are the most commonly used tools:

- Severity of Dependence (SDS)
- Kessler 10 (K10)
- WHO Quality of Life-BREF (WHOQOL-BREF)
- Australian Treatment Outcomes Profile (ATOP)

See the [tutorials](#) for full guidance on administration.

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## 6. What if a client misses a follow-up appointment?

This information cannot be stored in the NADABase.

Record the missed follow-up in your system and document the attempts to contact the client as per your organisation's procedures for follow-up retention, then mark the data accordingly if the client becomes lost to follow-up.

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## 7. What if a client refuses to answer a question or unable to answer a question?

Use the coded response for '*Not Stated/Inadequately described*' or '*Not answered*' where available. These are valid entries that help distinguish between missing data and non-responses.

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## 8. How should missing or incomplete data be handled?

Do not leave fields blank. Use standard codes such as:

- " " – Not Applicable
- "99" – Not Stated
- "-1" – Not Answered (for ATOP measures)

Refer to [Survey.csv](#) for the complete list of data elements codes.

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## 9. Is informed consent required for collecting outcome data?

Yes. In accordance with the NADABase User Agreement, all clients must provide informed consent before any data is collected in NADABase for monitoring or research purposes. This would usually be part of the intake process where other consent is obtained such as consent to release information (according to local work procedures of your organisation).

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## 10. Who can I contact for support?

Please reach out to:

- **Clinical Lead:** michele@nada.org.au
  - **NADAbase Support:** nadabasesupport@nada.org.au
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## 11. How do I explain the importance of this data to clients?

Monitoring treatment progress and outcomes is an ongoing process and brings together the information collected in continuous assessment including comprehensive assessment, care planning, identifying, responding to and monitoring risk, implementing the treatment plan, reviewing treatment progress, and discharge planning. It is an opportunity to partner with clients for joint reflection on progress and priorities and informs the ongoing care planning.

It provides an opportunity to review treatment progress and provide feedback to clients, reflecting on what is working, and what needs to change. The care plan would then be updated as a part of the treatment review and offer a copy to the client.

See NSW Health Clinical Care Standards for further information - [clinical-care-standards-AOD.pdf](#)

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## 12. Are K10, WHOQOL-8, and SDS required for NADAbase data importing?

These tools are not mandatory for all services under AOD National and/or Minimum Data Set (N/MDS), but some jurisdictions and program areas (e.g. Commonwealth-funded services) strongly encourage or require them for outcome monitoring and evaluation. Check your local or funding body's requirements.

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## 13. What checks should be in place when importing outcome data?

To ensure accurate and meaningful data, the following logic checks should be applied:

- Date consistency: Ensure outcome measures (e.g. ATOP, K10) are dated within the start and end of an active treatment episode.
  - One outcome per timepoint: Each client episode should have no more than one set of outcome data per timepoint (e.g. intake, progress 1, cessation).
  - Mandatory vs optional responses: Check that required fields (e.g. all 10 K10 items) are completed unless a valid "Not answered" code is used.
  - Score range validation: Ensure responses fall within acceptable scoring ranges:
    - ✓ K10: Each item = 1–5
    - ✓ SDS: Each item = 0–3
    - ✓ WHOQOL-8: Each item = 1–5
    - ✓ ATOP: Specific numeric ranges per domain (e.g. days used = 0–28, ATOP\_Physical Health = 0 – 10)
- 

## 14. What happens if a tool is only partially completed?

For scoring tools like K10 and WHO QOL-8, all items must be completed to calculate a valid total score—it's an all-or-none response. If any item is missing or incomplete, the total score cannot be reliably calculated.

Partial completions may be flagged for review in the Import Log Error Message where the import is rejected by NADABase. To help distinguish between missing data and intentional non-response, please use valid codes such as Not Stated or Not Answered where appropriate.

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#### **15. Can outcomes be submitted after the episode closes?**

Yes — but the Cessation Date must be recorded, and outcome data must fall within a reasonable time window (e.g. within reasonable timeframes for Exit and Follow-ups after Discharge). This can be monitored with a validation rule comparing episode dates and survey administration dates.

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#### **16. How can we ensure data is linked correctly to the right episode?**

All outcome entries should include:

- A unique client code (Service ClientCode)
- A matching episode ID (Service EpisodeID)
- A valid date that falls within the episode's time frame

Please check for duplicates, mismatched dates, and ensure the episode is not already closed with outcomes submitted.

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#### **17. Can we include more than one outcome timepoint per episode?**

Yes, if your CMS supports multiple outcome collections (e.g. intake, midpoint review, discharge). Each must be clearly linked to its purpose, using a Survey Stage field ("Intake", "Progress 1"). For ATOP measures, please ensure that the survey administration dates fall within the episode's timeline.

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#### **18. How do we handle multiple episodes for the same client?**

Each outcome record must be linked to a specific episode using a unique episode ID. Your CMS should ensure checks for:

- Outcome dates fall within the correct episode period
  - No duplicate outcome entries for the same timepoint within one episode
  - Outcomes aren't accidentally attributed to previous or overlapping episodes
- 

#### **19. Can we upload ATOP, K10, SDS, and WHOQOL-8 together?**

Yes, if your CMS supports it. You can combine them in a single Survey.csv file, provided:

- Each tool's fields are clearly structured and follow the data dictionary specifications
  - Empty fields for tools not completed are left blank or coded appropriately
  - The file meets all required validation rules for each measure
- 

#### **20. What if a client completes different tools at different times?**

This is allowed, but each tool's collection date should be captured accurately. Logic checks should ensure:

- The tool was completed during an active episode
  - Each tool's data is reported under the correct timestamp and tool name
  - No tool is double imported unless a new review timepoint is recorded
-