

# BTOM-C v1.0 Questionnaire

Methadone/Buprenorphine  
treatment

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June 2004

# BTOM-C v1.0

## Methadone/Buprenorphine treatment questionnaire

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Agency code*	_____
Agency location*	_____ _____
Client code*	_____
PSB code (optional)	_____
Date of interview	____ / ____ / ____ day          month          year
Interviewer name	_____
Date of commencement	____ / ____ / ____ day          month          year
(Note: Date of commencement of treatment refers to the date of first dose on current program.)	
Has the client ever received methadone or buprenorphine treatment?	
No (brand new)	1 <input type="checkbox"/>
Yes, but more than three months ago	2 <input type="checkbox"/>
Yes, currently in treatment	3 <input type="checkbox"/>

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**For clients transferring between Methadone/Buprenorphine agencies:**

Agency name	_____
Client code*	_____
Date of baseline interview	____ / ____ / ____ day          month          year

\*Denotes data items required for NSW Minimum Data Set for Alcohol and Other Drug Treatment Services

**Section A. Client details**

The questions in this section provide us with some background information.

Tick only one box for each question, unless otherwise stated.

Note: Questions shaded in gray do not need to be completed at follow-up interview.

**1 Sex\***

Male 1

Female 2

Not stated/inadequately described 9

**2a** What is your date of birth?\* \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
day month year

**2b** (Interviewer to answer)  
**Please indicate whether any component of the date of birth, ie day, month and/or year was estimated?\***

Estimated 1

Not estimated 2

**3 Are you of Aboriginal or Torres Strait Islander origin?\***

Yes, Aboriginal 1

Yes, Torres Strait Islander 2

Yes, Aboriginal & Torres Strait Islander 3

No 4

Not stated 9

**4 In what country were you born?\***

Australia 1101

Other

If other, please specify \_\_\_\_\_  
 \_\_\_\_\_

**5 What language do you prefer to speak?\***

English 19

Other

If other, please specify \_\_\_\_\_  
 \_\_\_\_\_

**6 What is your main source of income?\***

- |   |    |                          |
|---|----|--------------------------|
| Full-time employment                        | 01 | <input type="checkbox"/> |
| Part-time employment                        | 02 | <input type="checkbox"/> |
| Temporary benefit (eg sickness, unemployed) | 03 | <input type="checkbox"/> |
| Pension (eg aged, disability)               | 04 | <input type="checkbox"/> |
| Student allowance                           | 05 | <input type="checkbox"/> |
| Dependant on others                         | 06 | <input type="checkbox"/> |
| Retirement fund                             | 07 | <input type="checkbox"/> |
| No income                                   | 08 | <input type="checkbox"/> |
| Other                                       | 98 | <input type="checkbox"/> |
| Not stated/not known/inadequately described | 99 | <input type="checkbox"/> |

**7 Who do you live with?\***

- |  |    |                          |
|--|----|--------------------------|
| Alone  | 01 | <input type="checkbox"/> |
| Spouse/partner                               | 02 | <input type="checkbox"/> |
| Alone with child(ren)                        | 03 | <input type="checkbox"/> |
| Spouse/partner and child(ren)                | 04 | <input type="checkbox"/> |
| Parent(s)                                    | 05 | <input type="checkbox"/> |
| Other relative(s)                            | 06 | <input type="checkbox"/> |
| Friend(s)                                    | 07 | <input type="checkbox"/> |
| Friend(s)/parent(s)/relative(s) and children | 08 | <input type="checkbox"/> |
| Other  | 98 | <input type="checkbox"/> |
| Not stated/not known/inadequately described  | 99 | <input type="checkbox"/> |

**8 Do you usually live in a:\***

- |  |    |                          |
|--|----|--------------------------|
| Rented house or flat (public or private) | 01 | <input type="checkbox"/> |
| Privately owned house or flat            | 02 | <input type="checkbox"/> |
| Boarding house                           | 03 | <input type="checkbox"/> |
| Hostel/supported accommodation services  | 04 | <input type="checkbox"/> |
| Psychiatric home/hospital                | 05 | <input type="checkbox"/> |
| Alcohol/other drug treatment residence   | 06 | <input type="checkbox"/> |
| Shelter/refuge                           | 07 | <input type="checkbox"/> |
| Prison/detention centre                  | 08 | <input type="checkbox"/> |
| Caravan on serviced site                 | 09 | <input type="checkbox"/> |
| No usual residence/homeless              | 10 | <input type="checkbox"/> |
| Other                                    | 98 | <input type="checkbox"/> |
| Not known                                | 99 | <input type="checkbox"/> |

**Section B. Drug and alcohol use and related behaviours**

In this section you will be asked about your use of drugs and alcohol in the last three months, unless specified. Please refer to Chart 1 on page 12.

Note: This does not include methadone maintenance treatment, but may include ‘street methadone’ or ‘diverted doses’.

Note: Questions shaded in gray do not need to be completed at follow-up interview.

**9 What drug has led you to seek treatment from this service?\***

Heroin	1202	<input type="checkbox"/>
Methadone (street or diverted methadone)	1305	<input type="checkbox"/>
Other		<input type="checkbox"/>
If other, please specify _____		

**10 How do/did you usually take this drug?\***

- |                                   |   |                          |
|-----------------------------------|---|--------------------------|
| Ingest (eat, drink, swallow)      | 1 | <input type="checkbox"/> |
| Smoke                             | 2 | <input type="checkbox"/> |
| Inject                            | 3 | <input type="checkbox"/> |
| Sniff (powder)                    | 4 | <input type="checkbox"/> |
| Inhale (vapour)                   | 5 | <input type="checkbox"/> |
| Other                             | 8 | <input type="checkbox"/> |
| Not stated/inadequately described | 9 | <input type="checkbox"/> |

**11 What other drugs or alcohol have caused you concern?\***

Please specify (one or more drugs – excluding the principal drug of concern, up to a maximum of five)

- 1 \_\_\_\_\_
- 2 \_\_\_\_\_
- 3 \_\_\_\_\_
- 4 \_\_\_\_\_
- 5 \_\_\_\_\_

**12 Did you last inject/hit up any drug?\***

- |   |   |                                       |
|---|---|---------------------------------------|
| In the last three months                    | 1 | <input type="checkbox"/>              |
| More than three but less than 12 months ago | 2 | <input type="checkbox"/> (go to Q.15) |
| 12 months ago or more                       | 3 | <input type="checkbox"/> (go to Q.15) |
| Never injected                              | 4 | <input type="checkbox"/> (go to Q.15) |
| Not stated/inadequately described           | 9 |                                       |

**13 How many times in the last three months did you use a needle and syringe after someone else had already used it (including your sex partner and even if it was cleaned)?**

Please specify \_\_\_\_\_ times

**14 In the last three months, did you share any spoons, filters, water, tourniquets, drug solution/mix, or swabs with anyone else?**

- |     |   |                          |
|-----|---|--------------------------|
| No  | 0 | <input type="checkbox"/> |
| Yes | 1 | <input type="checkbox"/> |

**15 How many times have you overdosed from any drug in the last three months?**

Please specify \_\_\_\_\_ times

*The next nine questions are about the drugs and alcohol you have taken in the last month. Please refer to Charts 2 and 3, page 24 of this BTOM-C questionnaire.*

**16a How many days in the last month did you use tobacco?**

Please specify \_\_\_\_\_ times

**16b On average, how many cigarettes did you have on those days when you did use tobacco?**

Please specify \_\_\_\_\_ cigarettes

**17a How many days in the last month did you drink alcohol? (beer, wine, spirits)**

Please specify \_\_\_\_\_ days

**17b On average, how many standard drinks did you have on those days when you were drinking? (please refer to standard drinks chart if required)**

Please specify \_\_\_\_\_ drinks

**18 How many days in the last month did you use heroin?**

Please specify \_\_\_\_\_ days

**19 How many days in the last month did you use another opioid-based drug (excluding heroin)? That is, morphine, pethidine, codeine or illegally obtained methadone?**

Please specify \_\_\_\_\_ days

**20 How many days in the last month did you use cannabis?**

Please specify \_\_\_\_\_ days

**21 How many days in the last month did you use cocaine?**

Please specify \_\_\_\_\_ days

**22 How many days in the last month did you use amphetamines?**

Please specify \_\_\_\_\_ days

**23 How many days in the last month did you use tranquilisers (benzos, valium, rohypnol)?**

Please specify \_\_\_\_\_ days

**24 How many days in the last month did you use another drug(s) (please specify)?**

No other drug used 0009

Other drug used (please specify) \_\_\_\_\_

Please specify \_\_\_\_\_ days

## Section C. Health and well-being

The questions in this section concern your general health and well-being.

**25 How often in the last three months have you had any money problems, including arguing about money or not having enough for food or housing?**

- |                         |   |                          |
|-------------------------|---|--------------------------|
| Never or almost never   | 0 | <input type="checkbox"/> |
| Sometimes               | 1 | <input type="checkbox"/> |
| Often                   | 2 | <input type="checkbox"/> |
| Always or nearly always | 3 | <input type="checkbox"/> |

**26 How often in the last three months have you had conflict with your partner/spouse? (By conflict, I mean verbal abuse, serious argument or violence, not a routine difference of opinion.)**

- |                                      |   |                          |
|--------------------------------------|---|--------------------------|
| Not applicable (that is, no partner) | 8 | <input type="checkbox"/> |
| Never or almost never                | 0 | <input type="checkbox"/> |
| Sometimes                            | 1 | <input type="checkbox"/> |
| Often                                | 2 | <input type="checkbox"/> |
| Always or nearly always              | 3 | <input type="checkbox"/> |

**27 How often in the last three months have you had conflict with your relatives?**

- |                           |   |                          |
|---------------------------|---|--------------------------|
| No contact with relatives | 8 | <input type="checkbox"/> |
| Never or almost never     | 0 | <input type="checkbox"/> |
| Sometimes                 | 1 | <input type="checkbox"/> |
| Often                     | 2 | <input type="checkbox"/> |
| Always or nearly always   | 3 | <input type="checkbox"/> |

**28 How often in the last three months have you had conflict with your employer/school?**

- |                                   |   |                          |
|-----------------------------------|---|--------------------------|
| <b>Not employed/not at school</b> | 8 | <input type="checkbox"/> |
| Never or almost never             | 0 | <input type="checkbox"/> |
| Sometimes                         | 1 | <input type="checkbox"/> |
| Often                             | 2 | <input type="checkbox"/> |
| Always or nearly always           | 3 | <input type="checkbox"/> |

**29 How much of the time over the last 3 months have you lived with anyone who uses heroin or other illicit drugs?**

- |                               |   |                          |
|-------------------------------|---|--------------------------|
| Do not live with a drug user  | 0 | <input type="checkbox"/> |
| Some of the time              | 1 | <input type="checkbox"/> |
| A lot of the time             | 2 | <input type="checkbox"/> |
| All or nearly all of the time | 3 | <input type="checkbox"/> |

**30 How much of the time over the last three months have you spent with friends who don't use heroin or other illicit opioids?**

- Very often 0
- Often 1
- Sometimes 2
- Never 3

**31a How many times in the past three months have you been arrested?**

Please specify \_\_\_\_\_ times

**31b How many of these arrests were for offences allegedly committed in the past three months?**

Please specify \_\_\_\_\_ arrests

**32a Have you had any involvement with Child Protection Services, (eg DOCS) in the past three months?**

- No 0  (go to Q.33)
- Yes 1

**32b If yes, did you receive supportive services? (eg housing assistance, food or other)**

- No 0
- Yes 1

**32c If yes, has a child been restored to your care?**

- No 0
- Yes 1

**32d If yes, has a child been removed from your care?**

- No 0
- Yes 1

**33 In the last three months would you say your health was:**

- Excellent 1
- Very good 2
- Good 3
- Fair 4
- Poor 5

## Section D. Treatment specific section

The questions in this section concern your current and previous treatment.

Note: Questions shaded in gray do not need to be completed at follow-up interview.

### 34 Previous treatment\*

(More than one box may be ticked)

Counselling	10	<input type="checkbox"/>
Inpatient/residential withdrawal management	21	<input type="checkbox"/>
Outpatient withdrawal management	22	<input type="checkbox"/>
Residential rehabilitation activities	31	<input type="checkbox"/>
Day program rehabilitation activities	32	<input type="checkbox"/>
Naltrexone	41	<input type="checkbox"/>
Buprenorphine	42	<input type="checkbox"/>
Slow release oral morphine	44	<input type="checkbox"/>
Methadone	45	<input type="checkbox"/>
Acamprosate	46	<input type="checkbox"/>
Disulfiram	47	<input type="checkbox"/>
Other maintenance pharmacotherapies	49	<input type="checkbox"/>
Inpatient consultation	51	<input type="checkbox"/>
Outpatient consultation (excluding detoxification)	52	<input type="checkbox"/>
Support and case management only	60	<input type="checkbox"/>
Assessment only	91	<input type="checkbox"/>
Information and education	92	<input type="checkbox"/>
Other	98	<input type="checkbox"/>
No previous treatment	99	<input type="checkbox"/>

### 35 Source of referral to treatment\*

Self	01	<input type="checkbox"/>
Family member/friend	02	<input type="checkbox"/>
General practitioner	03	<input type="checkbox"/>
Medical officer/specialist	04	<input type="checkbox"/>
Psychiatric hospital	05	<input type="checkbox"/>
Other hospital	06	<input type="checkbox"/>
Residential community mental health care unit	07	<input type="checkbox"/>
Residential AOD treatment agency	08	<input type="checkbox"/>
Other residential community care unit	09	<input type="checkbox"/>
Education institution	10	<input type="checkbox"/>
Non-residential community mental health centre	11	<input type="checkbox"/>

**35 Source of referral to treatment (continued...)\***

- Non-residential AOD treatment agency 12
- Non-residential community health centre 13
- Other non-health service agency 14
- Police diversion 15
- Court diversion 16
- Other criminal justice setting 17
- Workplace (EAP) 18
- Family and child protection service 19
- Needle and syringe program 20
- Medically supervised injecting centre 21
- Other 98
- Not stated/inadequately described 99

**36 Other treatment types\***

(More than one box may be ticked, do NOT include the 'Main treatment type')

- Counselling 10
- Inpatient/residential withdrawal management 21
- Outpatient withdrawal management 22
- Residential rehabilitation activities 31
- Day program rehabilitation activities 32
- Naltrexone 41
- Buprenorphine 42
- Slow release oral morphine 44
- Methadone 45
- Acamprosate 46
- Disulfiram 47
- Other maintenance pharmacotherapies 49
- Inpatient consultation 51
- Outpatient consultation (excludes detoxification) 52
- Support and case management only 60
- Assessment only 91
- Information and education 92
- Other 98
- No other services provided 99

**37 Treatment delivery setting\***

- |  |   |                          |
|--|---|--------------------------|
| Non-residential/outpatient/<br>community setting | 1 | <input type="checkbox"/> |
| Residential/inpatient setting                    | 2 | <input type="checkbox"/> |
| Home   | 3 | <input type="checkbox"/> |
| Outreach setting                                 | 4 | <input type="checkbox"/> |
| Correctional setting                             | 5 | <input type="checkbox"/> |
| Therapeutic community                            | 6 | <input type="checkbox"/> |
| Other  | 8 | <input type="checkbox"/> |

**38 Pharmacotherapy drug\***

- |               |    |                          |
|---------------|----|--------------------------|
| Buprenorphine | 42 | <input type="checkbox"/> |
| Methadone     | 45 | <input type="checkbox"/> |

**39 Client's current dose**

\_\_\_\_\_. \_\_\_\_ mg (do not use ml)  
(if dosing has not commenced, please complete later)

**40 The client's pharmacotherapy prescriber is a doctor in a:**

- |                     |   |                          |
|---------------------|---|--------------------------|
| Public clinic       | 1 | <input type="checkbox"/> |
| Private clinic      | 2 | <input type="checkbox"/> |
| General practice    | 3 | <input type="checkbox"/> |
| Correctional centre | 4 | <input type="checkbox"/> |

**41 The client's dosing point is a:**

- |                        |   |                          |
|------------------------|---|--------------------------|
| Public clinic/hospital | 1 | <input type="checkbox"/> |
| Private clinic         | 2 | <input type="checkbox"/> |
| Doctors surgery        | 3 | <input type="checkbox"/> |
| Pharmacy               | 4 | <input type="checkbox"/> |
| Correctional setting   | 5 | <input type="checkbox"/> |

**42 If a friend was in need of similar help, would you recommend our program to him/her?**

- |                |   |                          |
|----------------|---|--------------------------|
| Definitely     | 1 | <input type="checkbox"/> |
| Probably       | 2 | <input type="checkbox"/> |
| Unsure         | 3 | <input type="checkbox"/> |
| Probably not   | 4 | <input type="checkbox"/> |
| Definitely not | 5 | <input type="checkbox"/> |

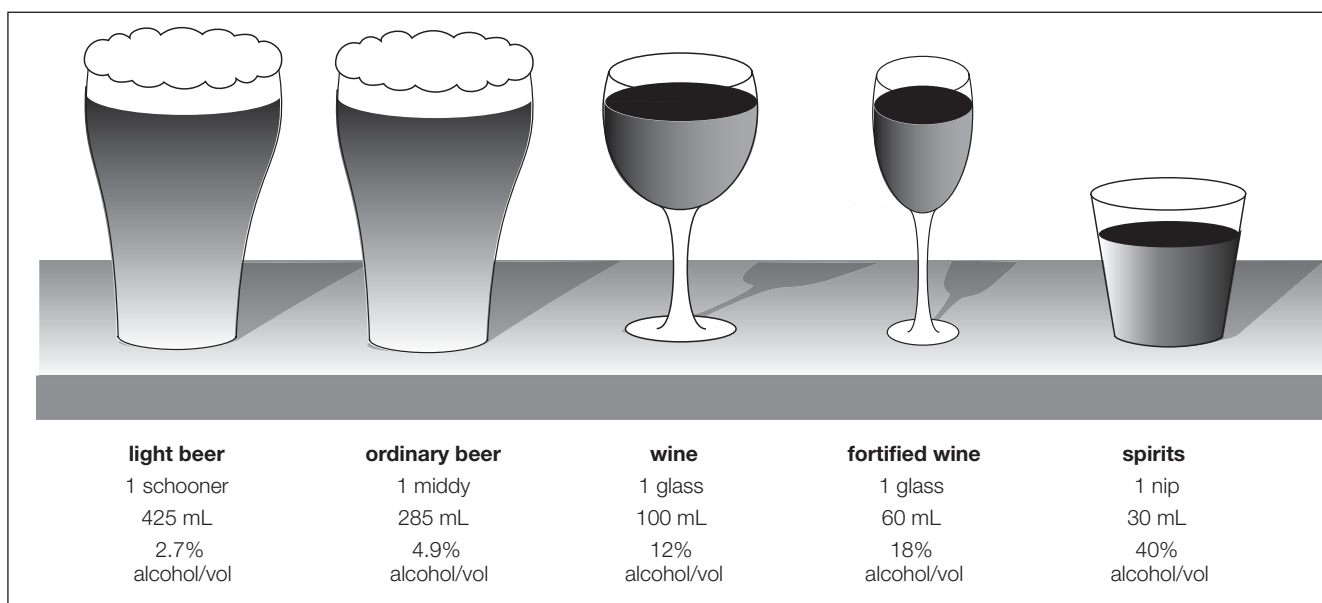
### Chart 1. Three month chart: Days in the past three months

Every day	90	Three times a month	9
Six times a week	77	Twice a month	6
Five times a week	64	Five days	5
Four times a week	51	Four days	4
Three times a week	39	Three days	3
Twice a week	26	Two days	2
Once a week	13	One day only	1
Four times a month	12		

### Chart 2. One month chart: Days of estimated drug/alcohol use in the past one month

Every day	30	Twice a week	9
Six times a week	26	Once a week	4
Five times a week	22	Three days	3
Four times a week	17	Two days	2
Three times a week	13	One day only	1

### Chart 3. Standard drink chart



## Brief Treatment Outcome Measure-Concise (BTOM-C) v1.0 Methadone/Buprenorphine treatment

### Score summary sheet

Agency code\* \_\_\_\_\_ Commencement date\* \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
day                      month                      year

Client code\* \_\_\_\_\_ PSB code (optional) \_\_\_\_\_

BTOM-C Scores	Baseline	3 Month	12 Months	2 Years	3 Years
<b>Date of interview</b> (day/month/year)					
<b>Drug using days</b> (per month)					
<b>Heroin</b>					
<b>Other opiates</b>					
<b>Cannabis</b>					
<b>Cocaine</b>					
<b>Amphetamines</b>					
<b>Tranquilisers</b>					
<b>Other</b> (please state)					

Occasions of drug use scale (ODUS) [F=Frequency (a), Q = Quantity (b), T = Total]															
BTOM-C Scores	Baseline			3 Month			12 Months			2 Years			3 Years		
	F	Q	T	F	Q	T	F	Q	T	F	Q	T	F	Q	T
<b>Alcohol</b>															
<b>Tobacco</b>															

BTOM-C Scores	Baseline	3 Month	12 Months	2 Years	3 Years
<b>Needle sharing frequency</b>					
<b>Overdoses frequency</b>					
<b>Polydrug use scale – Illicits only/7</b>					
<b>Social functioning scale/18</b>					
<b>Arrests frequency</b> (committed last three months)					
<b>Health score</b>					

## Guide to scoring the BTOM-C v1.0

### Needle sharing frequency (Q.13)

- Count the number of times the client has shared a needle and syringe.

### Overdoses frequency (Q.15)

- Count the number of times the client has experienced an overdose.

### Occasions of drug use scale (Q.16-17)

- Enter the frequency and quantity of alcohol and tobacco use.
- Multiply them to get the total.
- If the client has not used a class of drugs in the last month, their total for that class is 0.

### Drug using days (Q.18-24)

- Count the number of days the client has used a particular drug in the last month.
- If the client has not used a class of drugs in the last month, their total for that class is 0.

### Polydrug use scale – Illicits (Q.18-24)

- If the client has taken the drug the question refers to on one or more days in the last month, they score 1 point for that question.
- If the client has not taken the drug the question refers to in the last month, they score 0 points for that question.
- Add up the client's points for questions 18-24 to get the polydrug score. The client receives a score out of 7.

### Social functioning scale (Q. 25-30)

- 'Not applicable' responses are possible for questions 26-28. They are given the value '8', to indicate they are missing.
- For the purposes of calculating this score, all responses to questions 25-30 that are not shown as being 'not applicable', are referred to as 'valid responses'.
- The client receives a score out of 18.

#### a If the client has given no 'Not applicable' responses:

$$\text{SFS score} = Q25 + Q26 + Q27 + Q28 + Q29 + Q30$$

#### b If the client has given one 'Not applicable' response:

$$\text{SFS score} = (\text{sum of valid responses}) \times 1.2$$

#### c If the client has given two 'Not applicable' responses:

$$\text{SFS score} = (\text{sum of valid responses}) \times 1.5$$

#### d If the client has given three 'Not applicable' responses:

$$\text{SFS score} = (\text{sum of valid responses}) \times 2$$

### Arrests frequency (Q. 31b)

- Count the number of times the client has been arrested for offences committed in the past three months.

### Health score (Q. 33)

- This is simply the numbered code for the box ticked in Question 33.

# Methadone/Buprenorphine treatment – Treatment cessation form

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Agency code\* \_\_\_\_\_

Commencement date\* \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
day month year

Client code\* \_\_\_\_\_

PSB code (optional) \_\_\_\_\_

Date of cessation of treatment episode\* \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
day month year

---

## Reason for cessation of treatment episode\*

- |  |    |                          |
|--|----|--------------------------|
| Treatment completed                              | 01 | <input type="checkbox"/> |
| Transferred/referred to another service          | 02 | <input type="checkbox"/> |
| Left without notice                              | 03 | <input type="checkbox"/> |
| Left against advice                              | 04 | <input type="checkbox"/> |
| Left Involuntary (non-compliance)                | 05 | <input type="checkbox"/> |
| Moved out of area                                | 06 | <input type="checkbox"/> |
| Sanctioned by drug court/court diversion program | 07 | <input type="checkbox"/> |
| Imprisoned, other than through court sanction    | 08 | <input type="checkbox"/> |
| Released from prison                             | 09 | <input type="checkbox"/> |
| Died   | 10 | <input type="checkbox"/> |
| Ceased to participate upon expiration            | 11 | <input type="checkbox"/> |
| Other  | 98 | <input type="checkbox"/> |
| Not stated/inadequately described                | 99 | <input type="checkbox"/> |

## Referral to another service\*

- |   |    |                          |
|---|----|--------------------------|
| General practitioner                                | 03 | <input type="checkbox"/> |
| Medical officer/specialist                          | 04 | <input type="checkbox"/> |
| Psychiatric hospital                                | 05 | <input type="checkbox"/> |
| Other hospital                                      | 06 | <input type="checkbox"/> |
| Residential community mental health care unit       | 07 | <input type="checkbox"/> |
| Residential alcohol and other drug treatment agency | 08 | <input type="checkbox"/> |
| Other residential community care unit               | 09 | <input type="checkbox"/> |
| Education institution                               | 10 | <input type="checkbox"/> |
| Non-residential community mental health centre      | 11 | <input type="checkbox"/> |
| Non-residential alcohol and other drug treatment    | 12 | <input type="checkbox"/> |
| Non-residential community health centre             | 13 | <input type="checkbox"/> |
| Other non-health service agency                     | 14 | <input type="checkbox"/> |
| Workplace (EAP)                                     | 18 | <input type="checkbox"/> |
| Family and child protection service                 | 19 | <input type="checkbox"/> |
| No referral   | 97 | <input type="checkbox"/> |
| Other   | 98 | <input type="checkbox"/> |
| Not stated/inadequately described                   | 99 | <input type="checkbox"/> |

