# 10 Client Interview Tool

### Guidance notes

The following questions relate to sections of the audit report template. They are a guide only.

We recommend that you tailor these questions to suit the particular situation and add further questions as needed to verify information from other sources and to probe areas of particular concern or interest.

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| **a. Opioid substitution treatment** | |
| About how long have you been receiving OST from this service/your primary health care provider? |  |
| What difference does the treatment make in your life? What are the more helpful aspects of the treatment and what are the less helpful aspects? |  |
| Overall, what would you say are the limitations of the service? |  |
| Have you been encouraged to include your family or friends in your treatment? |  |
| Are you encouraged to provide feedback to the service and to take part in service planning or evaluation or any other service initiatives? |  |
| How can you express dissatisfaction with any aspect of treatment? Do you know about the complaints process? Do you know how to access the Health and Disability Advocacy service? |  |
| **b. Entry into opioid substitution treatment** | |
| Thinking back to when your treatment started, how did you find the admission processes? (Prompt the client to consider the waiting time, information, details about GP provision, support provided, collaborative approach.) |  |
| What information have you been given about the range of OST medications available? |  |
| **c. Stages of treatment** | |
| How often do you have appointments with the OST service medical officer / your key worker / your GP? How helpful are these appointments for you? |  |
| How satisfied are you with your treatment/recovery plan? |  |
| Do you feel well supported by the service in working towards your own goals? |  |
| Have you been given information about or been helped to access other support that is available, for example, counselling, housing support, etc? |  |
| Has there been any planning towards completing the OST? Have you and your key worker/primary health care prescriber done any work around relapse prevention? |  |
| **d. Safety issues** | |
| Have you been provided with information about:   * overdose * substance-impaired driving * methadone and cardiac safety * drug interactions?   How helpful has the information been and has it affected you behaviour in any way? |  |
| **e. Managing dose-related issues** | |
| Have you received information about:   * managing takeaway doses * replacing lost or stolen medication doses * suspected diversion of medication * missed doses * presenting for medication when intoxicated?   How helpful was the information? |  |
| **f. Management of clinical issues** | |
| Have you received information about:   * managing problematic alcohol or drug use * side effects of OST medications * health issues related to injecting drug use, for example, hepatitis C * managing mental health problems * chronic pain management * pregnancy and breastfeeding?   How helpful was the information? |  |
| **g. Managing OST transfers** | |
| Do you have any comments to make about the process of transferring to another service? |  |
| **h. OST in primary care** | |
| Do you have any comments to make about primary health care provision of OST? (The auditors should tailor this question to the client’s situation regarding GP care.) |  |
| **i. OST and the pharmacy** | |
| Do you have any comments to make about your experiences at your pharmacy? |  |
| **j. The workforce** | |
| Do you have any comments to make about staff you have dealt with at the service? |  |
| Have you been offered the assistance of a peer-support worker? If so, how have you found that experience? |  |