

Questionnaire for service user reported outcomes of opioid agonist maintenance treatment (OMT)

OPTIMUS outcomes monitoring guidance Part B - outcomes questionnaire

Imp Important note: this document is made available for information and research purposes only. It is not intended for use in the field as it may be incomplete or not the latest version.

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Author(s);

The OPTIMUS* study group

Version 2

02.06.2025



* **OPTIMUS: OPioid Treatment outcomes Interview for Maintenance medication USers**



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About

About this document

This document has been specially prepared for sharing outside of the OPTIMUS study group. While it accurately reflects the contents of the second part of the OPTIMUS guidance — the *Outcomes questionnaire*, which accompanies the main OPTIMUS guidance — **it is not intended to be used in the field** as there may have been changes made to the original questionnaire since this document was prepared.

This version of the guidance was adapted from Version 2 of the questionnaire (June 2025).

About the OPTIMUS project

The OPTIMUS project, coordinated by the EUDA, aims to establish international consensus on patient-reported outcomes for opioid agonist maintenance treatment (OMT).

Through a two-round Delphi study involving 757 participants from 26 countries, a six-domain outcomes questionnaire was developed, covering treatment, physical and mental health, social functioning, substance use, and quality of life.

The tool, endorsed by both professionals and service users, has been translated into 21 languages and refined based on extensive feedback. Feasibility testing, currently ongoing, evaluates acceptability and implementation in OMT services. OPTIMUS promotes harmonised, user-centred measurement of public health relevant OMT outcomes in order to help save and improve service users' lives.



QUESTIONNAIRE FOR SERVICE USER REPORTED OUTCOMES OF OPIOID AGONIST MAINTENANCE TREATMENT (OMT)

Authors: the OPTIMUS* Study Group

Before using this questionnaire, please read the accompanying guidance:
OPTIMUS outcomes monitoring guidance Part A, see <https://shorturl.at/GB8Vx>

* **OPTIMUS**: OPioid Treatment outcomes Interview for Maintenance medication USers



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How to use the questionnaire:

<p>To the interviewer :</p>	<p>It is recommended that the interview is taken by an independent peer interviewer (or nurse or key worker), preferably not the treating physician. It should be made clear to both service user and physician/staff that any answers from the interview can never lead to negative consequences for the service user. Urine analysis is only to confirm the use of opioids and to start an opioid maintenance treatment, not for controlling concomitant drug use. Concomitant drug use can never lead to treatment expulsion or other negative consequences. It is recommended that drug treatment clinics always have a general medic (e.g. GP or nurse) available at least on a frequent visiting basis. Remember that all service users should be treated with respect, as our equals, avoiding stigma or 'top-down' professional behaviour. Please make sure to repeat this information later on, e.g. at the end of the visit and/or at a following visit, as it can be too much information for a service user to grasp at once (especially if they are under influence of a substance).</p>
	<p>There are 3 ways to use this clinical form: 1) as a relatively quick instrument to broadly screen for problems in the different domains - for that use only the START, CORE, and END questions (plus ideally at the very first visit or else in one of the first visits also the BASE questions), 2) to screen for problems and go more in-depth on topics where the CORE questions suggest a problem - for that add the OPT questions from the annex for one or more topic areas where you suspect problems exist, after first doing all CORE questions and before the END questions. 3) for a broad and long in-depth interview on all aspects of the questionnaire - for that do START, (BASE), CORE, all OPT, and END questions.</p> <p>The questions in the annex and marked with 'OPT...' are thus fully optional, to be done only if there is sufficient time available. It is important to plan beforehand if you are taking only core questions (i.e. those marked 'CORE...' and questions to START and END the session) or also optional questions. As a minimum or shortest version all CORE questions should be answered - plus the START, (BASE) and END questions.</p>
	<p>If there is a previous interview with the service user please read it before starting the session and make note of problems then encountered. Then at the end of this present session please take that previous interview into account when discussing with the service user if there is a need for follow-up. In particular discuss any problems that may have repeatedly not been satisfactorily addressed by the service. Importantly, if you see change over time in any outcome, either negative or positive, or no change, please do discuss this with the service user.</p>
	<p>It is recommended to take the interview a) at first visit on treatment start (then include the BASE questions) b) first visit after end of induction period c) then ideally every month, but if that is not possible then at least every 3 months. For example, use the short version (option 1 above) on a monthly basis, while doing a longer version (including the optional questions for one or more</p>



	domains, or ideally all of them) at the first visit and every 3 months.
	Information that is already available, e.g. in the Treatment Demand Indicator (TDI) and/or clinical records, does not need to be asked again, provided it is linked to the individual service user so that the clinician can see it during the visit. Baseline questions are only to be asked once, ideally the first time the service user is interviewed in this treatment episode, skip this section for follow-up interviews.

The OPTIMUS outcomes questionnaire:

Time at start of feasibility testing interview (or write 0 if using a stopwatch):

Start-of-session questions and information (START)

START-1	Date interview
START-2	What is your year of birth:
START-3	What is your gender: male / female / other / don't want to say
START-4	Please indicate if the service user is in the induction period or on stable treatment. induction /stable
START-5	Please indicate the date of the last time this questionnaire was used with this service user. this is the first time / last time was months ago, namely on (date).



To the service user:	Thank you for being available for this interview. The aim is to understand better if there are any problems with regard to your treatment, and your health, that we can help you with. Therefore we hope you will be willing to share with us your answers to the questions, which are sometimes very personal. You are not obliged to answer any question you do not want to answer, and you can stop the interview at any moment. Please note that there are no negative consequences from disclosing any sensitive information such as for example the use of illicit drugs. If you feel that you are not being treated with respect or if you fear any negative consequences from your contacts with our staff (including from this interview) please talk to a trusted worker or our confidential counsellor (if available: interviewer to give the name and contact of the confidential counsellor where the service user can make a complaint about staff)

Time at end of START section (or write the elapsed time in minutes if using a stopwatch):

(if you use a stopwatch do not stop it during the interview!)

Baseline questions - only asked the first time (BASE)

BASE-1	What is the highest educational level that you have completed?
Source: TDI	- never went to school/never completed primary school
"BASEeduc"	- primary level of education
	- secondary level of education
	- higher education
BASE-2	During the last 4 weeks, with whom did you live most of the time?
Source: TDI	- alone
"BASElivewho m"	- with the family of origin (parents, etc.)
	- with partner/children
	- with friends or other people (with no family relation)
	- in detention
	- in institutions/shelters (not detention)



	- homeless / on the street
	- other, namely:
BASE-3	During the last 4 weeks, what was your main working activity?
Source: TDI	- occasionally employed
"BASElabour"	- regularly employed
	- student
	- unemployed/discouraged (not looking for work)
	- receiving social benefits for pension or invalidity, or a home-maker
	- other, namely:
BASE-4	In what country were you born?
"BASEbirthcntry"	
BASE-5	Was one of your parents, or both parents, born in another country?
"BASEparents"	No /one parent /both parents
BASE-6	Did you grow up in a home with an adult who misused substances?
"BASEadultdrug"	yes one adult / yes two or more adults / no
BASE-7	Have you been in any type of treatment for your drugs or substance use problems in the past?
Source: OTI	Yes / no
"BASEpastTX"	



BASE-8	If yes, when did you leave your last treatment?
"BASElastTX" weeks ago /months ago /years ago OR exact date or month/yr
BASE-9	When you asked for treatment this time, how long did you have to wait until you received your first medication?
"BASEwaitTX" days /.... weeks /... months /... years OR from (date) to (date)
BASE-10	Have you ever been in prison?
Source: OTI	Yes /no
"BASEprison"	
BASE-11	Have you ever injected any drug or substance that was not prescribed to be injected?
"BASEeverIDU"	Yes /no
BASE-12	Have you ever had a positive test result for HIV or hepatitis B or C, TB or other infectious diseases?
"BASEinfect"	No / yes HIV / yes HCV / yes HBV / yes TB / yes other, which:

Time at end of BASE section (or write the elapsed time in minutes if using a stopwatch):

(if you use a stopwatch do not stop it during the interview!)

CORE QUESTIONS (CORE)

Domain A 'Treatment' (outcomes 1 - 2)



Outcome 1 - Treatment continuity

CORE-1.1 "medseveryday"	In the last 4 weeks, did you have sufficient prescribed methadone, buprenorphine or other opioid medication, every time that you needed it?
	Yes / no
CORE-1.2 "medsatall"	If not, were there any times that you had no prescribed opioid medication at all, when you needed it?
	Yes / no
CORE-1.3 "medsreasons"	When you had no medication at all, or it was not sufficient, what were the reasons?
	- Opening times did not work for me
	- Conflict/problems with those involved in my care
	- Problems in transportation to the clinic
	- Treatment was interrupted by the service against my wish
	- Problem at pharmacy e.g. due to stigma
	- I lost / sold my treatment
	- I couldn't afford the treatment
	- Treatment fatigue / I preferred to use other substances, because:
	- Illness, family emergency, hospitalisation
	- Detaining, arrest, other issues with the legal system
	- I could not come due to other commitments (working away, child or family care etc.)
	- Other, namely:
CORE-1.4 "psychosoc"	In the last 4 weeks, did you only get opioid medication, only psycho-social support, or both?



	Only medication / only psycho-social support / both
To the interviewer:	Consider using the optional questions if the core questions suggest any problem (but only do this after finishing first all core questions)

See the optional questions for outcome 1 - Treatment continuity [here](#)

Outcome 2 - Treatment satisfaction

CORE-2.1 "TXsatisfied"	In the last 4 weeks, how satisfied were you with your whole opioid treatment, including the medications?
	Please give a score between 1 and 10, with the higher the score the more satisfied you were. Answer:
To the interviewer:	Consider using the optional questions if the core question is scored 6 or less (but only do this after finishing first all core questions)

See the optional questions for outcome 2 - Treatment satisfaction [here](#)

Time at the end of CORE questions for Domain A (or write the elapsed time in minutes if using a stopwatch):

- If you modify the questionnaire to have OPT questions directly after core questions then move the OPT questions for Domain A here, i.e. replacing these two bullet points
- If you did not modify the questionnaire then go to the OPT questions in the annex and then return back here

Skip this if no OPT questions were used:

Time at end of OPT questions for Domain A (or write the elapsed time in minutes if using a stopwatch):



Domain B 'Physical health and risks' (outcomes 3 - 7)

Outcome 3 - Physical health

CORE-3.1 "health"	In general, how would you rate your physical health?
	Please give a score between 1 and 10, where a higher score means a better health. Answer:
To the interviewer:	Consider using the optional questions if the core question is scored 6 or less (but only do this after finishing first all core questions)
	Note this interview does NOT replace a physical medical examination, which should also take place regularly. Rather this is a quick self-report checklist to prompt for any follow-up needed for health issues reported by the service user.

See the optional questions for outcome 3 - Physical health [here](#)

Outcome 4 - Overdoses

CORE-4.1 "OD"	In the last 3 months, did you have any overdoses?
	Prefer not to say / no / yes
CORE-4.2 "ODfreq"	If yes, how many did you have?
	Answer:
To the interviewer:	Consider using the optional questions if the service user reports one or more overdoses (but only do this after finishing first all core questions)



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See the optional questions for outcome 4 - Overdoses [here](#)

Outcome 5 - injecting drugs

CORE-5.1 "IDU"	In the last 3 months, did you inject a drug or substance that was not prescribed for injection?
	Answer: prefer not to say /no /yes
CORE-5.2 "IDUfreq"	If yes, how often did you do that?
	never - less than weekly - 1-2 times a week - 3 or more times a week - 1-2 times per day - more than 2 times per day
To the interviewer:	Consider using the optional questions if the service user admitted injecting drugs (but only do this after finishing first all core questions)

See the optional questions for outcome 5 - Injecting drugs [here](#)

Outcome 6 - Sharing injection materials

To the interviewer:	Skip this outcome if question 5.1 is "never injected" or "prefer not to say".
CORE-6.1 "borrow"	In the last 3 months, did you use injecting materials after they had already been used by others, including a needle or syringe, cup, spoon, filter/cotton, acid/lemon juice or water?
	Answer: no - yes - don't know



CORE-6.2 "sterileN/S"	In the last 3 months, could you easily obtain sterile needles and syringes or injecting paraphernalia (cup, spoon, filter/cotton, acid/lemon juice or water) when you needed them?
source: DRID	Answer: no - yes - don't know
To the interviewer:	Consider using the optional questions if the service user reported sharing injecting materials (but only do this after finishing first all core questions)

See the optional questions for outcome 6 - Sharing injection materials [here](#)

Outcome 7 - Diseases testing

CORE-7.1 "TestAny"	In the last 12 months, have you been tested for any infections or diseases?
	yes / no / I don't know
To the interviewer:	Skip the following questions if the answer is "no" or "I don't know"
CORE-7.2 "TestHIV"	Have you been tested for HIV in the last 12 months, and if yes or no, can you tell me why?
	- I don't know
	- I don't remember when I was last tested
	- No, I was tested earlier, but not in the last 12 months
	- No, because I know I have a negative status and had no risk behaviour (-> doctor: consider testing if injected drugs)
	- No, because I know I have a positive status and I am in treatment



	- No, because I know I have a positive status but I am not in treatment
	- No, and I don't know my status
	- Yes, I was tested in the last 12 months but I did not receive a test result
	- Yes, it was a negative test result
	- Yes, it was a positive test result and I am in treatment
	- Yes, it was a positive test result but I am not in treatment
CORE-7.3 "TesthepC"	Have you been tested for hepatitis C in the last 12 months, and if yes or no, can you tell me why?
	- I don't know
	- I don't remember when I was last tested
	- No, I was tested earlier, but not in the last 12 months
	- No, because I know I have a negative status and had no risk behaviour (-> doctor: consider testing if injected drugs)
	- No, because I know I have a positive status and I am in treatment
	- No, because I know I have a positive status but I am not in treatment
	- No, and I don't know my status
	- Yes, I was tested in the last 12 months but I did not receive a test result
	- Yes, it was a negative test result
	- Yes, it was a positive test result and I am in treatment
	- Yes, it was a positive test result but I am not in treatment
CORE-7.4 "Testother"	Have you been tested for any other diseases in the last 12 months, and if yes, which diseases?
	no / yes, namely:
To the interviewer:	Consider using the optional questions if the service user reported injecting drugs or appears to be in bad health (but only do this after finishing first all core questions)



See the optional questions for outcome 7 - Diseases testing [here](#)

Time at the end of CORE questions for Domain B (or write the elapsed time in minutes if using a stopwatch):

- If you modify the questionnaire to have OPT questions directly after core questions then move the OPT questions for Domain B here, i.e. replacing these two bullet points
- If you did not modify the questionnaire then go to the OPT questions in the annex and then return back here

Skip this if no OPT questions were used:

Time at end of OPT questions for Domain B (or write the elapsed time in minutes if using a stopwatch):

Domain C 'Mental health' (outcome 8)

Outcome 8 - Mental health

CORE-8.1 "MHrate"	In general, how would you rate your mental health, including your mood and your ability to think?
	Please give a score between 1 and 10, where a higher score means a better mental health:
	Answer:
CORE-8.2 "MHproblems"	In the last 3 months, have you experienced any mental health problems, for example feelings of stress or anxiety, depression or persistent negative thoughts?
	no / yes, namely:
To the interviewer:	Consider using the optional questions if the core question is scored 6 or less (but only do this after finishing first all core questions)

See the optional questions for outcome 8 - Mental health [here](#)

Time at the end of CORE questions for Domain C (or write the elapsed time in minutes if using a



stopwatch):

- If you modify the questionnaire to have OPT questions directly after core questions then move the OPT questions for Domain C here, i.e. replacing these two bullet points
- If you did not modify the questionnaire then go to the OPT questions in the annex and then return back here

Skip this if no OPT questions were used:

Time at end of OPT questions for Domain C (or write the elapsed time in minutes if using a stopwatch):

.....

Domain D 'Social functioning' (outcomes 9 - 11)

Outcome 9 - Social support

CORE-9.1 "SOCsupport"	How satisfied are you with the support you received from others in the last 4 weeks? This can be emotional support, financial or material support, or any other support.
	Please give a score between 1 and 10, with the higher the score the more satisfied you are. Answer:
CORE-9.2 "SOChome" Source: DRID toolkit	Have you been homeless any time in the last 12 months, such as living without a steady home, on the streets or temporarily in a hostel or shelter?
	No / yes / don't want to say
To the interviewer:	Consider using the optional questions if the first question is scored 6 or less or the second question was a "yes" or "don't want to say" (but only do this after finishing first all core questions)

See the optional questions for outcome 9 - Social support [here](#)

Outcome 10 - Social activities



CORE-10.1 "SOCactive"	How satisfied are you with the activities you did with other people in the last 4 weeks? This can be, for example, at home, in the community, with friends or family, at work or in a hobby.
	Please give a score between 1 and 10, with the higher the score the more satisfied you are. Answer:
To the interviewer:	Consider using the optional questions if the core question is scored 6 or less (but only do this after finishing first all core questions)

See the optional questions for outcome 10 - Social activities [here](#)

Outcome 11 - Legal problems

CORE-11.1 "LEGAL"	In the last 3 months, did you have any existing cases or new problems with the police, law or justice?
	- Cautioned /warned by police (existing / new)
	- Fined (existing / new)
	- Arrested /detained (existing / new)
	- Trial /drug court (existing / new)
	- Probation/parole (existing / new)
	- Prison/jail (existing / new)
	- Other, namely: (existing / new)
To the interviewer:	Consider using the optional questions if the core question suggests legal problems (but only do this after finishing first all core questions)

See the optional questions for outcome 11 - Legal problems [here](#)

Time at the end of CORE questions for Domain D (or write the elapsed time in minutes if using a stopwatch):



- If you modify the questionnaire to have OPT questions directly after core questions then move the OPT questions for Domain D here, i.e. replacing these two bullet points
- If you did not modify the questionnaire then go to the OPT questions in the annex and then return back here

Skip this if no OPT questions were used:

Time at end of OPT questions for Domain D (or write the elapsed time in minutes if using a stopwatch):

Domain E 'Substance use' (outcome 12)

Outcome 12 - Substance use

CORE-12.1 "SUBSyes"	In the last 4 weeks, did you use any non-prescribed medicines, illicit drugs, alcohol or tobacco? no / yes / prefer not to say
CORE-12.2 "SUBSused"	In the last 4 weeks, how often did you use the following substances, and how did you usually take them?
	Alcohol: More than once a day - once a day - four to six times a week - two to three times a week - once a week - less than once a week - not at all; (12 units or less per week / more than 12 units per week)*
	Tobacco: More than once a day - once a day - four to six times a week - two to three times a week - once a week - less than once a week - not at all; (smoked / vaped / snorted / chewed)
	Cannabis: More than once a day - once a day - four to six times a week - two to three times a week - once a week - less than once a week - not at all; (smoked / vaped / snorted / swallowed)
	Non-prescribed benzodiazepines /benzo's (Valium, Bromazepam/Lexotan): More than once a day - once a day - four to six times a week - two to three times a week - once a week - less than once a week - not at all; (snorted / smoked / swallowed / injected)
	Prescribed benzodiazepines /benzo's (Valium, Bromazepam/Lexotan): More than once a day - once a day - four to six times a week - two to three times a week - once a week - less than once a week - not at all; (snorted / smoked / swallowed / injected)
	Crack-cocaine: More than once a day - once a day - four to six times a week - two to three times a week - once a week - less than once a week - not at all; (snorted / smoked / swallowed / injected)



	Cocaine powder: More than once a day - once a day - four to six times a week - two to three times a week - once a week - less than once a week - not at all; (snorted / smoked / swallowed / injected)
	Non-prescribed (Meth)amphetamines /speed: More than once a day - once a day - four to six times a week - two to three times a week - once a week - less than once a week - not at all; (snorted / smoked / swallowed / injected)
	Prescribed amphetamines (dexamphetamine, methylphenidate, other stimulants: which.....): More than once a day - once a day - four to six times a week - two to three times a week - once a week - less than once a week - not at all; (snorted / smoked / swallowed / injected)
	Non-prescribed heroin: More than once a day - once a day - four to six times a week - two to three times a week - once a week - less than once a week - not at all; (snorted / smoked / swallowed / injected)
	Other non-prescribed opioids e.g. (car)fentanyl, oxycodone, methadone, tramadol, which?.....: More than once a day - once a day - four to six times a week - two to three times a week - once a week - less than once a week - not at all; (snorted / smoked / swallowed / injected)
	Prescribed opioids e.g. methadone, buprenorphine, heroin, which?: More than once a day - once a day - four to six times a week - two to three times a week - once a week - less than once a week - not at all; (snorted / smoked / swallowed / injected)
	Hallucinogens (e.g. LSD, mushrooms..), which?.....: More than once a day - once a day - four to six times a week - two to three times a week - once a week - less than once a week - not at all; (snorted / smoked / swallowed / injected)
	Other psychoactive substances (synthetic cannabis, mephedrone etc.), which?.....: More than once a day - once a day - four to six times a week - two to three times a week - once a week - less than once a week - not at all; (snorted / smoked / swallowed / injected)
	Nitrous oxide / laughing gas: More than once a day - once a day - four to six times a week - two to three times a week - once a week - less than once a week - not at all;
	Other central nervous system depressants e.g. gabapentinoids, "sleeping tablets", which?.....: More than once a day - once a day - four to six times a week - two to three times a week - once a week - less than once a week - not at all; (snorted / smoked / swallowed / injected)
	Other non-prescribed substances/medications, or in a non-prescribed dose, which?.....: More than once a day - once a day - four to six times a week - two to three times a week - once a week - less than once a week - not at all; (snorted / smoked / swallowed / injected)
	Other prescribed drugs/medicines, e.g. pregabalin, which?.....: More than once a day - once a day - four to six times a week - two to three times a week - once a week - less than once a week - not at all; (snorted / smoked / swallowed / injected)
	Other substances, e.g. "street tablets", "vegetable drugs", herbs, which?.....: More than once a day - once a day - four to six times a week - two to three times a week -



	once a week - less than once a week - not at all; (snorted / smoked / swallowed / injected)
	Use of different substances together or short after one another, which?.....: More than once a day - once a day - four to six times a week - two to three times a week - once a week - less than once a week - not at all; (snorted / smoked / swallowed / injected)
	* a unit of alcohol is the amount of alcoholic drink equivalent to 10 ml (8 grams) pure alcohol (https://en.wikipedia.org/wiki/Standard_drink)
	Please add street names of drugs prevalent in your country to the form
To the interviewer:	Consider using the optional questions if the core question suggests problematic substance use (but only do this after finishing first all core questions)

See the optional questions for outcome 12 - Substance use [here](#)

Time at the end of CORE questions for Domain E (or write the elapsed time in minutes if using a stopwatch):

- If you modify the questionnaire to have OPT questions directly after core questions then move the OPT questions for Domain E here, i.e. replacing these two bullet points
- If you did not modify the questionnaire then go to the OPT questions in the annex and then return back here

Skip this if no OPT questions were used:

Time at end of OPT questions for Domain E (or write the elapsed time in minutes if using a stopwatch):

Domain F 'Quality of life' (outcome 13)

Outcome 13 - Quality of life

CORE-13.1 "QOL"	In general, how would you rate the quality of your life? This can include all the previous topics we discussed, or other aspects of your life.
	Please give a score between 1 and 10, with the higher the score the better the quality of your life. Answer:



CORE-13.2 "QOLOMT"	In the last 3 months, did your opioid treatment help you improve or maintain the quality of your life?
	yes improve / yes maintain / no the same / no even worse / don't know
To the interviewer:	Consider using the optional questions if the core question is scored 6 or less (but only do this after finishing first all core questions)
	Consider in problematic cases to gather additional information e.g. via a house visit or interview with family members

See the optional questions for outcome 13 - Quality of life [here](#)

Time at the end of CORE questions for Domain F (or write the elapsed time in minutes if using a stopwatch):

- If you modify the questionnaire to have OPT questions directly after core questions then move the OPT questions for Domain F here, i.e. replacing these two bullet points
- If you did not modify the questionnaire then go to the OPT questions in the annex and then return back here

Skip this if no OPT questions were used:

Time at end of OPT questions for Domain F (or write the elapsed time in minutes if using a stopwatch):

End-of-session questions and information (END)

(jump back to the [top](#))

To the interviewer:	If you still have time, you can now choose to first do one of more sets of optional questions (see annex), e.g. for those domains where the core questions suggest a problem, or even all of them, before returning to this section to close the session with the service user. If you have no extra time left please proceed with this section to close the



	session.
	If there is a previous interview with the service user please take it into account when discussing with the service user if there is a need for follow-up. In particular discuss any problems that may have repeatedly not been satisfactorily addressed by the service. Importantly, if you see change over time in any outcome, either negative or positive, or no change, please do discuss this with the service user.
To the service user:	
END-1	Were there any further issues that you would have liked to have discussed?
	Answer: yes / no
END-2	If yes, would you like to discuss these now or later?
	Answer: now / later
END-3	If later, do you want to make a new appointment with me or would you like to talk with another person, or with a specialist on one of the topics we discussed?
	Answer: same person / another person or topic specialist, namely:
END-4	Is there anything else important that you would like to mention, for example a recent change in your life, or do you have any other questions?
	Answer: no /yes, namely:
To the interviewer:	
END-5	Do you think any of the issues discussed may require further action from the clinician or service, including referral to other/external services or specialists?
	Answer: [] no [] yes, namely:.....
END-6	Please indicate the planned follow-up interval for the next full interview of this service user. Answer: 1 month / 3 months / 6 months / other OR (date and time next appointment: xx/xx/xx, yy:yy hr)



Time at end of END section, i.e. time at the end of the whole interview (or write the elapsed time in minutes if using a stopwatch):

(if you used a stopwatch you can stop it now)

EVALUATION QUESTIONS TO THE PARTICIPANT (THESE SHOULD NOT BE COUNTED IN THE DURATION OF THE INTERVIEW!)

Thank you very much for your participation in this interview, I would now like to know what you think about it.

1. Did you find the interview easy to do? yes / no / don't know
2. On a scale of 1 to 10, where 1 is extremely difficult and 10 is extremely easy, how easy did you find it?
3. If you think it could be made easier, please tell us how.
4. Did you find the interview useful for yourself? yes / no / don't know
5. On a scale of 1 to 10, where 1 is extremely useless and 10 is extremely useful, how useful did you find it?
6. If you think it could be made more useful for yourself, please tell us how.
7. If this interview was repeated with you every three months to understand the outcomes of your treatment, would you like to participate again or would you prefer to keep treatment as usual and not do this interview again? again / not again / don't know
8. If you have any further comment on the interview, or on a specific part of it, please let me know.
.....
.....

(interviewer: if the participant gives comments on specific sections you can note them in the table below)

START section	



BASE section	
CORE questions domain A - Treatment	
CORE questions domain B - Physical health	
CORE questions domain C - Mental health	
CORE questions domain D - Social functioning	
CORE questions domain E - Substance use	
CORE questions domain F - Quality of life	
OPTIONAL questions domain A - Treatment	
OPTIONAL questions domain B - Physical health	
OPTIONAL questions domain C - Mental health	
OPTIONAL questions domain D - Social functioning	
OPTIONAL questions domain E - Substance use	
OPTIONAL questions domain F - Quality of life	
END section	

Thanks again for all your help!

EVALUATION QUESTIONS TO THE INTERVIEWER, TO BE ANSWERED AFTER FINISHING THE MEETING

Thank you very much for your help to do this interview, I would now like to know what you think about it.

9. Did you find the interview easy to do? yes / no / don't know

10. On a scale of 1 to 10, where 1 is extremely difficult and 10 is extremely easy, how easy did you find it?

11. If you think it could be made easier, please tell us how.

12. Did you find the interview useful for the treatment of the service user? yes / no / don't know



13. On a scale of 1 to 10, where 1 is extremely useless and 10 is extremely useful, how useful did you find it?
14. If you think it could be made more useful for the service user, please tell us how.
15. Would you agree that repeating this interview every three months with the service user, has an added value for their treatment, despite the time investment? yes / no / don't know
16. Would you agree that the optional questions are useful to get a more in-depth evaluation of the service user in the domains where the core questions suggest there are problems, despite that they make the interview longer?
yes / no / don't know
17. Knowing that you do not need to do all optional questions of a domain, but you can choose to do either some or all of them, and that this interview is done only once every 3 months, do you think there are too many, just right, or too few optional questions per domain? too many / just right / too few / don't know
18. If you have any further comment on the interview, or on a specific part of it, please let us know.
.....
.....
(if you have comments on specific sections you can note them in the table below)

START section	
BASE section	
CORE questions domain A - Treatment	
CORE questions domain B - Physical health	
CORE questions domain C - Mental health	
CORE questions domain D - Social functioning	
CORE questions domain E - Substance use	
CORE questions domain F - Quality of life	
OPTIONAL questions domain A - Treatment	
OPTIONAL questions domain B - Physical health	
OPTIONAL questions domain C - Mental health	
OPTIONAL questions domain D - Social functioning	



OPTIONAL questions domain E - Substance use	
OPTIONAL questions domain F - Quality of life	
END section	

19. Please calculate the duration of each section in the below Interview Duration Table. To do that, first copy the time notations from above in the questionnaire into the first or second column (use first column if you noted clock time, use the second column if you noted total elapsed interview time using a stopwatch), then calculate in the third column the duration of each section in minutes. Use only whole or half minutes, e.g. 2 or 4.5, do not write seconds or hours. Copy the results from the third column to the results reporting form (there it is question 27).

Interview Duration Table			
	1. Write clock time here at the beginning of the interview and at the end of each section e.g. 14.32 or 5.22 pm.	2. OR, write total elapsed interview time here, at the beginning of the interview and at the end of each section, in whole or half minutes e.g. 0 or 3 or 4.5	3. Write here the duration of each section after calculating it from the information in column 1 or in column 2, in whole or half minutes e.g. 0 or 3 or 4.5
Beginning of the interview		0	-
START section			
BASE section			
CORE questions domain A - Treatment			
CORE questions domain B - Physical health			
CORE questions domain C - Mental health			
CORE questions domain D - Social functioning			
CORE questions domain E - Substance use			
CORE questions domain F - Quality of life			



OPTIONAL questions domain A - Treatment			
OPTIONAL questions domain B - Physical health			
OPTIONAL questions domain C - Mental health			
OPTIONAL questions domain D - Social functioning			
OPTIONAL questions domain E - Substance use			
OPTIONAL questions domain F - Quality of life			
END section = end of interview			
Total duration of the interview in column 3 (check that it is the exact sum of the durations of all sections)			

Thanks again for all your help!



ANNEX - OPTIONAL QUESTIONS (OPT) - that can be added to the core questions

Domain A 'Treatment'

Optional questions for outcome 1 'Treatment continuity'

(see Core questions for Domain A 'Treatment' [here](#), or jump back to the [top](#))

OPT-1.5 "medsatalldays"	If your prescribed opioid medication was not always sufficient in the last 4 weeks, how many days did you not have any prescribed opioid medication at all?
	1-2 days; 3-6 days; 7-13 days; 2-3 weeks - all the time
OPT-1.6 "medssufficedays"	If your prescribed opioid medication was not always sufficient in the last 4 weeks, how many days did you have prescribed opioid medication, but it was not sufficient?
	1-2 days; 3-6 days; 7-13 days; 2-3 weeks - all the time
OPT-1.7 "medsdaily"	Do you take your opioid medication (e.g. methadone, buprenorphine) every day or every time as prescribed?
	Yes /no
OPT-1.8 "TXwhat"	In the last 4 weeks, what treatment did you receive for your drugs problems, I mean which medication and which other treatment and care including social or other help or referrals from your treatment provider?
	- Not in treatment
	- Methadone (Dosemg/day)
	- Buprenorphine (Dosemg/day)
	- Other opioid maintenance, namely: Medicine.....; Dosemg/day)



	- Detoxification
	- Therapeutic community
	- Drug free /Narcotics Anonymous
	- Drug counselling
	- Referrals, namely:
	- Other, namely:.....
OPT-1.9 "TXmain"	What is the <u>main</u> type of drug treatment you are currently in?
Source: OTI	- Not in treatment
	- Methadone (Dose - See above)
	- Buprenorphine (Dose - See above)
	- Other opioid maintenance, namely: Medicine.....; Dose - See above)
	- Detoxification
	- Therapeutic community
	- Drug free /Narcotics Anonymous
	- Drug counselling
	- Referrals, namely:
	- Other, namely:.....
OPT-1.10 "TXrelapses"	In the last 4 weeks, how many relapses did you have?
 (number)
OPT-1.11 "TXmonths"	How long have you been in your current treatment?
Source: OTI weeks / months / years



Optional questions for outcome 2 ‘Treatment satisfaction’

(see Core questions for Domain A ‘Treatment’ [here](#), or jump back to the [top](#))

OPT-2.2 "TXimprove"	If you were not fully satisfied (you gave a score of 6 or less), how could your drug treatment or medication be improved?
	- Visiting frequency /opening hours /access /outreach, namely:
	- Travelling distance /time /transport fees, namely:
	- Opioid medication type or dosing or take-home medication namely:
	- Stop punishment for using other drugs, namely:
	- Urine test only for clinical evaluation /voluntary, namely:
	- Other treatment rules or problem with staff, namely:
	- Psycho-social /mental health treatment or support, namely:
	- Economic support (financial accessibility, food, necessities, housing), namely:
	- Access to detox beds, rehabilitation namely:
	- Other treatment or support, namely:
	- Other, namely:
OPT-2.3 "TXinvolved"	In the last 4 weeks, did you generally feel involved in your own care plan?
	Yes / no / don't know

Domain B ‘Physical health and risks’

Optional questions for outcome 3 ‘Physical health’

(see Core questions for Domain B ‘Physical health and risks’ [here](#), or jump back to the [top](#))

Optional health:	



OPT-3.2 "breathing"	Do you have any breathing problems, including frequent coughing? yes / no
OPT-3.3 "skin"	Do you have skin infections, abscesses or wounds? yes / no
OPT-3.4 "teeth"	Do you have problems with your teeth or mouth? yes / no
OPT-3.5 "reproduct"	Do you have any problems peeing or when having sex or otherwise with your reproductive organs? yes / no
OPT-3.6 "heart"	Do you sometimes have pain on your chest or irregular heart beating or blood pressure problems? yes / no
OPT-3.7 "gastro"	Do you have any problems with your stomach or bowels, including frequent diarrhoea or constipation? yes / no
OPT-3.8 "pain"	Do you have pain? yes / no
	If yes, please give a score between 1 and 10, where a higher score means more pain. Answer:
OPT-3.9 "otherhealth"	Do you have any other health problems? yes / no
	If yes please tell me which:
Optional health care:	
OPT-3.10 "doctor"	Have you visited a doctor in the last 3 months? yes / no
OPT-3.11 "gethealth"	Is it easy for you to get health care? yes / no



	Please give a score between 1 and 10, where the higher the score the easier for you to get health care. Answer:
	If it is not easy, can you tell me why not?
OPT-3.12 "treatelsewh"	Are you being treated elsewhere for any health problem? yes / no
	If yes, for what problem and where?.....
OPT-3.13 "referred"	Has this service referred you for specialist care when you needed it?
	Answer: did not need it / needed it and referred but did not get it / needed it and referred and got it / don't know
OPT-3.14 "happyhcare"	How happy were you with the health care you received in the past 3 months?
	Please give a score between 1 and 10, where the higher the score the better you rate the health care you received. Answer:
OPT-3.15 "nohappywhy"	If you were not very happy with the healthcare you received, please tell me why: Answer:

Optional questions for outcome 4 'Overdose'

(see Core questions for Domain B 'Physical health and risks' [here](#), or jump back to the [top](#))

To the interviewer:	If the service user reports no overdoses skip to question OPT-4.8
OPT-4.3 "ODconscs"	Did you experience loss of consciousness, heart palpitations or loss of breath in any of these overdoses?
	All of these symptoms in at least one OD / some of these symptoms in at least one OD / none of these symptoms in any OD



OPT-4.4 "ODhservice"	Did you have to use any health services in any of these overdoses, for example emergency services or a hospital?
	No I didn't need them / no, I needed but didn't get them / yes, I needed and got them / yes, I got them even if I didn't want them
OPT-4.5 "ODinTX"	Did any of these overdoses happen while you were in drug treatment?
	All these overdoses happened while I was in treatment / Some of these overdoses happened while I was in treatment / None of these overdoses happened while I was in treatment
OPT-4.6 "ODsubstances"	Do you remember which substance(s) you were using?
	Answer:
OPT-4.7 "ODreasons"	What do you think were the reasons for overdosing?
	- I had not yet started my treatment
	- I had too little prescribed medication
	- Someone else gave me the substance
	- I didn't know the substance or the combination of substances
	- I had a new dealer
	- I used different substances together
	- I wanted to have a stronger 'kick'
	- I didn't care anymore
	- I wanted to overdose
	- I did not want to live anymore
OPT-4.8 "ODtraining"	Did you get any training or information on how to prevent an overdose?
	Yes / no / don't know
OPT-4.9 "ODnaltrex"	Have you been offered naltrexone or naloxone (Nyxoid)?
	Yes / no / don't know



Optional questions for outcome 5 'Injecting drugs'

(see Core questions for Domain B 'Physical health and risks' [here](#), or jump back to the [top](#))

OPT-5.3 "IDUwhat"	If yes, what were the substances you injected?
	Answer:
OPT-5.4 "IDUproblems"	If yes, are you experiencing any problems due to your injecting?
	- Inflammation of the site
	- Hardened veins
	- Infection
	- Wounds
	- other.....
OPT-5.5 "IDUchange"	Did you change any of your injecting habits in the last 3 months?
	Answer: yes/no
OPT-5.6 "IDUchangewhat"	If yes, what did you change?
	- less frequent injecting
	- more frequent injecting
	- injected in different places, namely:
	- injected different substances, namely:



	- other:
OPT-5.7 "IDUchangewhy "	If yes, why did you change your injecting habits?
	Answer:

Optional questions for outcome 6 'Sharing injection materials'

(see Core questions for Domain B 'Physical health and risks' [here](#), or jump back to the [top](#))

To the interviewer:	Skip below questions if "never used injecting materials already used by others"
OPT-6.3 "borrowfreq"	How often did you use injecting materials after they had already been used by others?
	Answer: less than weekly - 1-2 times a week - 3 or more times a week - 1-2 times per day - more than 2 times per day
OPT-6.4 "borrowwhat"	Which injecting materials did you use after they had already been used by others?
	- syringe
	- needle
	- cup or spoon
	- acid or lemon
	- water
	- wipe, tissue, dry pad or tourniquet
	- filter or cotton



	- Someone else's syringe was used to measure my share of the drug
OPT-6.5 "borrowwhy"	Why did you use injecting materials after they had already been used by others?
	- I did not have access to sterile equipment
	- I did not care
	- I did not realise, it was a mistake
	- I felt under pressure by others to do it despite I did not want to
	- We were sharing the substance
	- other.... (open text box)
OPT-6.6 "lendout"	Did you lend out injecting materials to others after they had already been used by yourself, including a needle or syringe, cup, spoon, filter/cotton, acid/lemon juice or water?
	Answer:
	no, I injected drugs but did not lend out injecting materials to others after I had used them
	yes, I lent out injecting materials to others after I had used them
	prefer not to say
OPT-6.7 "lendoutfreq"	If yes, how often did you do that?
	never - less than weekly - 1-2 times a week - 3 or more times a week - 1-2 times per day - more than 2 times per day
OPT-6.8 "reuse"	How often did you reuse injecting materials that you had already used before, including a needle or syringe, cup, spoon, filter/cotton, acid/lemon juice or water?
	Answer:
	prefer not to say



	never - less than weekly - 1-2 times a week - 3 or more times a week - 1-2 times per day - more than 2 times per day
OPT-6.9 "sourceN/S"	In the last 3 months, from which of the following places did you get your sterile needles and syringes?
source: DRID	Bought from a pharmacy - Bought from other shop - Drug agency needle exchange - Pharmacy needle exchange - Mobile exchange - Outreach worker - Friends - Other drug injector - Stolen from pharmacy, shop or hospital - Drug dealer - Other, specify

Optional questions for outcome 7 'Diseases testing'

(see Core questions for Domain B 'Physical health and risks' [here](#), or jump back to the [top](#))

OPT-7.5 "hepB"	In the last 12 months, have you been tested for hepatitis B, and if yes or no, can you tell me why?
	- I don't know
	- I don't remember when I was last tested
	- No, I was tested earlier, but not in the last 12 months
	- No, because I know I have a negative status and had no risk behaviour (-> doctor: consider testing if injected drugs)
	- No, because I know I have a positive status and I am in treatment
	- No, because I know I have a positive status but I am not in treatment
	- No, and I don't know my status
	- No, because I am vaccinated
	- Yes, I was tested in the last 12 months but I did not receive a test result
	- Yes, it was a negative test result
	- Yes, it was a positive test result and I am in treatment
	- Yes, it was a positive test result but I am not in treatment



OPT-7.6 "STIs"	In the last 12 months, have you been checked for sexually transmitted diseases other than HIV?
	- no / don't know / yes, namely:
OPT-7.7 "TB"	In the last 12 months, have you been checked for tuberculosis?
	- yes / no / don't know
OPT-7.8 "unprotsex"	In the last 12 months, did you have unprotected sex with a non-steady partner or a partner with a positive HIV or hepatitis B status or with a sexually transmitted disease? If yes or no, can you tell me why?
	- I don't know
	- I prefer not to say
	- I don't remember when was the last time I had unprotected sex
	- No, I did not have any unprotected sex in the last 12 months
	- Yes, I had unprotected sex with a steady partner
	- Yes, I had unprotected sex with a casual partner
	- Yes, I had unprotected sex with a client
	- Yes, I had unprotected sex with a partner who was infected, namely with (infection):
	- Yes, other sex risks, namely
OPT-7.9 "infectrisk"	In the last 12 months, did you have any risk of infection for HIV or hepatitis B or C other than unprotected sex or sharing injecting materials, for example by sharing smoking materials, sharing snorting materials, sharing personal hygiene tools with an infected partner, tattooing, or other possible risks?
	- I don't know
	- I prefer not to say
	- I don't remember when was the last time I had other infection risks
	- Yes, I shared smoking materials with another person



	- Yes, I shared snorting materials with another person
	Yes, I shared personal hygiene tools e.g. toothbrush, razor etc. with another person
	- Yes, I shared any of the above materials with a person who was infected, namely (what infection, what shared):
	- Yes, I was tattooed
	- Yes, I had other infection risks, namely
OPT-7.10 "vaxhepAB"	Have you ever been vaccinated for hepatitis A and/or B?
	yes hepA / yes hepB / yes both / no / don't know
OPT-7.11 "vaxbloodlevels"	If yes, do you know what your blood levels were?
	yes / no / don't know

Domain C 'Mental health'

Optional questions for outcome 8 'Mental health'

(see Core questions for Domain C 'Mental health' [here](#), or jump back to the [top](#))

	Mental health:
OPT-8.3 "MHfeelings"	If your mental health is not very good (you gave a score of 6 or less), what feelings, thoughts or other symptoms are you experiencing?
	- Low mood, depression or fluctuating mood/emotions
	- Trouble concentrating
	- Anxiety, agitation/hyperactivity, panic attacks or other stress



	- Delusional thinking or other psychotic symptoms
	- Suicidal thoughts or attempts, self-harm
	- Sleeplessness /nightmares /low quality sleep or other sleep problems
	- Other.....
OPT-8.4 "MHreasons"	If your mental health is not very good, can you say what are the reasons for these feelings, thoughts or other symptoms?
	- Family problems (loss of someone, conflicts)
	- Violence toward myself or someone close to me
	- Trouble at work or studies (Loss or conflicts)
	- Money problems
	- Other..... (please help add/improve the answer categories)
OPT-8.5 "MHmedsyas"	In the last 3 months, did you take any medication or non-prescribed drugs or substances for these feelings, thoughts or other symptoms?
	yes / no
OPT-8.6 "MHmedswhic h"	If yes, which medication or drugs or substances?
	Answer:
OPT-8.7 "MHcoping"	Do you have other ways to deal with your mental health when it is not very good?
	- Sport/running,
	- Hobbies/art/music
	- Meditation /religion /spirituality
	- Talking to friends



	- Other..... (please help add/improve the answer categories)
OPT-8.8 "MHothers"	In the last 3 months, did anyone express concern about your mental health?
	yes / no / don't know
	Mental health care:
OPT-8.9 "MHdiscuss"	In the last 3 months, did you discuss your mental health with any professional (psychologist, psychiatrist, nurse, etc.; including in hospital)?
	yes / no / don't know
OPT-8.10 "MHgothelp"	If yes, did you get any help that you needed?.....
	yes / no / don't know
OPT-8.11 "MHaskhelp"	If no, did you consider asking for professional help?
	yes / no / don't know
OPT-8.12 "MHhappyhelp"	If yes, how happy were you with the mental health care you received?
	Please give a score between 1 and 10, where a higher score means you were happier with the care. Answer:



Domain D 'Social functioning'

Optional questions for outcome 9 'Social support'

(see Core questions for Domain D 'Social functioning' [here](#), or jump back to the [top](#))

OPT-9.3 "SOCsupprtlist"	In the last 4 weeks, did you receive any support from the following people, and can you rate their support?
	Please give a score between 1 and 10, with the higher the score the more supported you felt:
	- Professional from service or institution: no / yes, rating:
	- Partner: no / yes, rating:
	- Family: no / yes, rating:
	- Friend(s): no / yes, rating:
	- Work colleagues: no / yes, rating:
	- Others: no / yes, rating: (who are they?)
OPT-9.4 "SOCneed"	Do you feel a need for more support?
	no / yes
	If yes: What kind of support do you need?
	Answer:
OPT-9.5 "SOCpaidwrk"	Do you have paid work?
	no / yes
	If yes: What kind of work is that?
	Answer:
OPT-9.6	Does your income get you through the month?



"SOCincome"	
	yes / not always / no
OPT-9.7 "SOCclose"	Do you have any close relationship with someone where you feel you can say anything and you will feel safe with it?
	yes / no

Optional questions for outcome 10 'Social activities'

(see Core questions for Domain D 'Social functioning' [here](#), or jump back to the [top](#))

OPT-10.2 "SOCalone"	In the last 4 weeks, how often did you feel alone, lonely or isolated from others?
	Answer: never - sometimes - half of the time - most of the time - always
OPT-10.3 "SOCOMT"	Has being in opioid treatment changed your access to or maintaining a professional activity (as employee or volunteer) or otherwise engaging with others?
	no / yes professionally / yes volunteer / yes other
OPT-10.4 "SOCOMThow"	If yes, in what way?
	Answer:



OPT-10.5 "SOChours"	In the last 4 weeks, how often did you spend time on the following activities?
	- paid work: never - sometimes - half of the time - most of the time - always
	- voluntary work: never - sometimes - half of the time - most of the time - always
	- school or education: never - sometimes - half of the time - most of the time - always
	- parenting: never - sometimes - half of the time - most of the time - always
	- other caring responsibilities: never - sometimes - half of the time - most of the time - always
	- (other) family activities: never - sometimes - half of the time - most of the time - always
	- being with friends: never - sometimes - half of the time - most of the time - always
	- phone calls with friends/family: never - sometimes - half of the time - most of the time - always
	- sport: never - sometimes - half of the time - most of the time - always
	- hobbies: never - sometimes - half of the time - most of the time - always
	- internet: never - sometimes - half of the time - most of the time - always
	- shelter: never - sometimes - half of the time - most of the time - always
	- self-care group: never - sometimes - half of the time - most of the time - always
	- advocacy or peer work: never - sometimes - half of the time - most of the time - always
	- other, namely:; never - sometimes - half of the time - most of the time - always
OPT-10.6 "SOCfriends"	Did you make any new friends through these activities?
	yes / no / don't know

Optional questions for outcome 11 'Legal problems'

(see Core questions for Domain D 'Social functioning' [here](#), or jump back to the [top](#))

OPT-11.2 "LEGreason"	If yes: What was the reason for your problems with the police, law or justice??



	- illicit drug use /possession for personal use by me
	- drug dealing /possession not for personal use by me
	- property crime by me
	- violence by me
	- violence against me
	- discrimination against me
	- problems with my right to work
	- problems with my visa or legal status
	- divorce / custody children
	- other, namely:
OPT-11.3 "LEGhelp"	Do you need help for any of your legal problems?
	yes /no
OPT-11.4 "LEGsentnce"	Are you awaiting a sentence, in court or similar?
	yes /no
OPT-11.5 "LEGOSTexist"	Did being in opioid treatment help you with your existing legal problems?
	yes /no
	If yes: Can you tell me how it helped you?
OPT-11.6 "LEGOSTnew"	Did being in opioid treatment help you avoid new legal problems?
	yes /no
	If yes: Can you tell me how it helped you?



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Domain E ‘Substance use’

Optional questions for outcome 12 ‘Substance use’

(see Core questions for Domain E ‘Substance use’ [here](#), or jump back to the [top](#))

OPT-12.3 "SUBSchange"	In the last 3 months, has your substance use changed e.g. in the type of substances used, the dose or frequency of use?
OPT-12.4 "SUBSprobl"	Do you experience any problems with any of the substances you use? no / yes, namely:
OPT-12.5 "SUBSbenefit"	Do you feel any benefits of the substances you use? no / yes, namely:
OPT-12.6 "SUBSmedicate"	Did you feel the need to self-medicate and if so how often? no / yes / don't know
	If yes: What problem did you self-medicate for, and what substance did you use to self-medicate?
OPT-12.7 "SUBSreduce"	Would you like to change the dose/frequency of your substance use? no / yes / don't know. If yes how can we help?



OPT-12.8 "SUBSredcehl p"	Can we help you reduce your substance use? no / yes / don't know. If yes how can we help?
OPT-12.9 "SUBSmoney"	Do you know how much money you spend per week on these substances? no /yes, If yes, can you tell me how much?
OPT-12.10 "SUBSsetting"	In what settings or situations have you been mostly using these substances?
OPT-12.11 "SUBSOSTcon nect"	Do you think being on opioid treatment has changed your connection to the substances that you use? no/ yes /don't know If yes, which substances and how have you changed using them?.....
OPT-12.12 "SUBSOSThel pd"	Do you think your opioid treatment has helped you reduce or not increase your substance use? no/ yes /don't know If yes, which substances and how have you changed using them?.....
OPT-12.13 "Otheraddict"	Do you engage in other potentially addictive behaviours such as excessive gambling, excessive eating or dieting etc.? no / yes, namely:
	If yes: Do you experience any problems with that behaviour? no / yes, namely:

Domain F 'Quality of life'

Optional questions for outcome 13 'Quality of life'



(see Core questions for Domain F 'Quality of life' [here](#), or jump back to the [top](#))

OPT-13.3 "QOLreason"	Can you say why you gave the score you gave for the quality of your life?
OPT-13.4 "QOLhelp"	How could we help you improve your quality of life?
OPT-13.5 "QOLhouse"	During the last four weeks, in what kind of accommodation did you live most of the time?
Source: TDI	- stable accommodation
	- unstable accommodation and/or homeless
	- in detention
	- other, namely:
OPT-13.6 "QOLspendday"	How do you normally spend your day?