

SUPPORT & FOLLOW UP

During office, home, and field visits, check in with the individual with whom you're working to understand their MOUD experience and help them stay on track.

Quality of Care



- Are you comfortable with your provider?
- How are you feeling about taking MOUD?
- Do you have any concerns about the provider and how they work with you?
- Do you feel you can be open with them about what you need and your concerns?

Side Effects



- How have you felt since you started taking the medication?
- Are you experiencing any side effects?
- Are these side effects impacting your routines and the things you need to get done?

Compliance



- How's it going taking the medication?
- What strategies are you using to remember to take it as prescribed?
- What's getting in the way of you taking the medication as prescribed?
- If you're struggling to take the medication as prescribed, have you talked with your provider about this, and have you considered other treatment options instead of MOUD?

Return to Use Confirmed Return to Use



- How do you feel about your provider helping you through your return to use?
- Are you interested in switching providers? What do you hope to get from a new provider that you haven't been getting?
- What comes up for you when you feel the urge to use?

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