Learning Activity 7-1: Client Interview

Occupational therapy practitioners gather important information by interviewing clients and family/significant others. The focus of an interview and specific questions asked will vary depending on the client's diagnosis and circumstances, the type of practice area, specific services provided, and priorities for care. Besides carefully considering the client's responses, occupational therapy practitioners use skilled observations to assess the client's mood, demeanor, social interaction skills, cognitive abilities, motor skills, etc. For example, is the client able to maintain attention for the duration of the interview? Does the client make eye contact? Can the client maintain an upright sitting posture? Are tremors or spasticity exhibited? Does the client have difficulty recalling or understanding information?

To practice your interview skills, use the form in Figure 7-1 to interview a family member, classmate, or friend. While this form may help to determine a client's social history, develop an occupational profile, or screen for problem areas, it may need to be adapted for different populations or situations. Additionally, this form does not include all of a client's demographic data or insurance information that might be present on a "real" form. Be sure to explain the purpose of the interview and let the person you are interviewing know he or she can choose not to answer any of the questions. It is also important to keep the information confidential, so do not use the person's real name or date of birth on the form. Of course, for an actual client, identifying information would always be included and the occupational therapy practitioner would use therapeutic communication techniques to probe further if the client was not forthcoming or if particular concerns were noted. Review Chapter 1 for tips regarding active listening and asking open versus closed questions.

Following the interview, elicit feedback about your performance from the person you interviewed. For example, did you speak too quickly or use too much technical jargon? Did you ask questions clearly, confidently, and concisely? Did the interview “flow”? Did the person feel that you appeared interested in his or her responses? Did you spend too much time looking at the form and writing rather than focusing directly on the person? Reflect on any difficulties you may have encountered during this experience. Determine what you might have done better or how you could have worded your questions differently. It is also useful to practice interviewing people from different age groups (e.g., a 10 year old and an 80 year old) to compare and contrast factors, such as amount of time required, style of questioning, demeanor of the people being interviewed, their life views, and types of responses.

Feedback elicited:

Difficulties encountered:

Changes needed:
Client Interview Form

Client name: ___________________________  Date: ___________________________
Date of birth: ___________________________  Age: ___________________________
Gender: ________________________________

Diagnosis/medical concerns: ____________________________________________________

Marital status: ☐ Married  ☐ Widowed  ☐ Divorced  ☐ Single  ☐ Domestic partnership
☐ Other ___________________________

Emergency contact: ___________________________________________________________
Contact phone number: _________________________________________________________
Relationship to client: _________________________________________________________

Cultural Considerations:

Communication: ☐ Intact  ☐ Impaired  ☐ Hard of hearing  ☐ Hearing aid  ☐ Aphasia
☐ Other ___________________________

Level of Education Completed:

Special training/skills: __________________________________________________________
Desired skills or education: ______________________________________________________

Work: Type of occupation _______________________________________________________
☐ Presently working  ☐ Works full-time  ☐ Works part-time  ☐ Works from home
☐ Works occasionally  ☐ Retired  ☐ Never worked  ☐ Volunteers ______________________
What does client like/dislike about present work? ___________________________________

Living Situation:
☐ Owns home  ☐ Condo/co-op  ☐ Apartment  ☐ Relative’s home  ☐ Assisted living facility
☐ Institution  ☐ Rents a room  ☐ Other ___________________________
Children: ☐ Yes  ☐ No ___________________________
Lives with others: ☐ Yes  ☐ No ___________________________

Stairs/architectural barriers: _____________________________________________________
Pets: ☐ Yes  ☐ No ______________________________________________________________

Emergency Preparedness:
☐ Smoke alarm  ☐ CO₂ detector  ☐ Flashlight/batteries  ☐ Fire extinguisher
☐ Personal emergency response system/panic button  ☐ Portable/cell phone  ☐ Bottled water
☐ Nonperishable food and manual can opener

BADL/IADL:

Daily living skills that client needs help with: _________________________________

Dietary considerations: _______________________________________________________

Functional Mobility: Assistance needed  ☐ Yes  ☐ No
☐ No devices used  ☐ Cane  ☐ Quad cane  ☐ Walker  ☐ Rollator  ☐ Crutches
☐ Manual wheelchair  ☐ Power wheelchair  ☐ Power mobility scooter  ☐ Other ________________

Figure 7-1A. Client interview form (page 1).
Client Interview Form (continued)

Community Mobility: Transportation adequate for needs: □ Yes □ No
□ Drives own car □ Relative drives □ Friend drives □ Walks □ Uses a taxi □ Bus □ Train
□ County/town transit for elderly/disabled

Rest and Sleep:
Reported stress level (0 to 10 scale) ________________________________________
Hours of sleep per night? ______________ Takes naps? ______________
Sleep interrupted by: □ Pain □ Bathroom needs □ Caregiver responsibilities □ Anxiety □ Noise
□ Other _____________________________________________________________________

Play/Leisure:
List three favorite activities and frequency:
1. ___________________________________________________________________________
2. ___________________________________________________________________________
3. ___________________________________________________________________________

Hobbies/special interests or talents: ____________________________________________________________________________________________

Hours per day watching TV: _______________________________________________________________________________________________

Does client read: □ Books □ Newspapers □ Magazines

Amount and type of daily/weekly exercise: ________________________________________

Habits Impacting Health:
Tobacco use: ___________________________________________ Alcohol use: __________________________
Other: ___________________________________________________________________________

Computer Skills:
□ Excellent □ Good □ Fair □ Poor □ Do not use

Hours per day using computer: □ Work __________ □ Leisure __________

Computer or leisure skills desired: _______________________________________________________________________________________

Social Participation:
Clubs, groups, religious organizations: ______________________________________________________________________________________

Easily engages in activities: □ Yes □ No

Satisfied with amount of friends: □ Yes □ No

Prefers: □ Individual activities □ Group activities □ Activities at home □ Activities in community

Barriers to leisure or social participation: ____________________________________________________________________________________

Personal Goal: ________________________________________________________________________________________________

______________________________________________________________________________

OT/OTA signature: ______________________________________________________________

Figure 7-1B. Client interview form (page 2).