

## Contextual Interview

- **Love – Work – Play**

- Living situation** – *“Who all’s in the home? Who lives with you or who do you live with?”*
- Relationship status & sex** – *“Are you dating anyone or in a relationship?” “Do you consider them a supportive person in your life or a main cause of stress? If ‘yes’ for stress → ask if it’s regular ‘ups and downs’ or are they worried about their physical and/or emotional safety*
- Family** – *“Who are the most important family members in your life? Anyone you tend to spend time with or talk to?”*  
[Pay attention to any missing members – mentions mom but not dad]
- Friends** – *“Do you have any friends you talk with or spend time with?”*
- Spiritual life** – *“Do you have any spiritual, religious or philosophical beliefs that are important to you? Or, some type of motto you live your life by such as ‘take things one day at a time,’ ‘be kind to others,’ etc.?”*
- Income** – *“What do you do for income?”*
- Work** – *“Where do you work? Do you like it? Is it meaningful?”*
- Fun/hobbies** – *“Do you have any hobbies or passions – something you really like to do for fun?”*

- **Health Risk & Behaviors**

- Caffeine** – *“Do you drink coffee, tea, energy drinks, or ingest any caffeine products?”*
- Tobacco/Nicotine** – *“Do you smoke, vape, chew or ingest any tobacco products or products with nicotine?”*
- Alcohol** – *“Do you drink alcohol? How much and how often? Does it get in the way of the life you’re trying to live or cause any major problems such as cause legal problems or problems in your relationships?”*
- Marijuana** – *“Do you smoke marijuana? Or ingest marijuana? If so, how often? What’s it help with? Does it have any negative consequences?”*
- Street drugs** – *“Do you use any street drugs? If so, which ones, and how often? What’s it help with? Does it have any negative consequences?”*
- Diet** – *“How many meals do you eat per day? Fast food or homemade? Tend to be junk food or healthier items that have fresh fruit, veggies, lean meats and beans?”*
- Exercise** – *“Do you exercise or do any physical activity – walking counts? Anything else you do to move your body?”*
- Sleep** – *“How many hours of sleep are you getting per night? What time do you go to bed, get up? Any difficulty falling asleep or staying asleep?”*

- **Time – Trigger – Trajectory of problem**

- Onset of problem?**
- Recent change, why now?**
- Triggers?**
- Things that make it better, worse?**
- Effect on love – work – play?**

Beachy, B. (2019)

\*adapted from Robinson, P. , Gould, D.,  
& Strosahl, K. (2010). *Real behavior change  
in primary care: Improving patient outcomes  
& increasing job satisfaction*. Oakland, CA: New  
Harbinger Publications, Inc.

