

## 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*
- Inner circle
  - 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?”*
- Belief System – *“Do you have any spiritual, religious or just general 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?”*
- Academics – *“What grade are you in? Favorite subjects? Most challenging subjects?”*
- Fun/hobbies/interests – *“Do you have any hobbies, passions or interests– something you really like to do for fun?”*

### • Health Risk & Behaviors

- Caffeine – *“Do you drink coffee, tea, energy drinks, or take anything else w/caffeine in it?”*
- Nicotine – *“Do you smoke, vape, chew or use any tobacco or anything w/nicotine?”*
- Alcohol – *“Do you drink alcohol? How much and how often? Does it cause any problems for you?”*
- Marijuana – *“Any marijuana – like smoking, vaping or gummies? If so, how often? What’s it help with? Does it have cause any problems for you?”*
- Substances – *“Do you take anything not rx’d to you or any other substances such as methamphetamine, cocaine, etc.? How often? What’s it help with? Does it have any difficulties for you?”*
- 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?

\*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.