The APA is offering the Cultural Formulation Interview (including the Informant Version) and the Supplementary Modules to the Core Cultural Formulation Interview for further research and clinical evaluation. They should be used in research and clinical settings as potentially useful tools to enhance clinical understanding and decision-making and not as the sole basis for making a clinical diagnosis. Additional information can be found in DSM-5-TR in the Section III chapter “Cultural Formulation.” The APA requests that clinicians and researchers provide further data on the usefulness of these cultural formulation interviews at http://www.dsm5.org/Pages/Feedback-Form.aspx.

**Measure:** Supplementary Modules to the Core Cultural Formulation Interview (CFI)

**Rights granted:** This measure may not be modified absent written permission from APA. This measure can be reproduced, either electronically or in print formats, without permission by researchers and by clinicians solely for use with their patients in private-practice, research, or hospital settings. For the avoidance of doubt, this includes that Clinicians may upload this instrument into their own pre-existing electronic health software systems for patient assessment and records when done solely for their own use with their patients.

**Rights holder:** American Psychiatric Association

*To request permission to include this measure in a commercial electronic health record system (EHR) or application, to translate the measure, or for any other use beyond what is stipulated above, please contact:* https://websrvapps.psychiatry.org/requestform/default.aspx
Supplementary Modules to the Core Cultural Formulation Interview (CFI)

Guidelines for Implementing the CFI Supplementary Modules

These modules supplement the core Cultural Formulation Interview and can help clinicians conduct a more comprehensive cultural assessment. The first eight supplementary modules explore the domains of the core CFI in greater depth. The next three modules focus on populations with specific needs, such as children and adolescents, older adults, and immigrants and refugees. The last module explores the experiences and views of individuals who perform caregiving functions, in order to clarify the nature and cultural context of caregiving and how they affect social support in the immediate environment of the individual receiving care. In addition to these supplementary modules, an Informant version of the core CFI collects collateral information on the CFI domains from family members or caregivers.

Clinicians may use these supplementary modules in two ways:

- As adjuncts to the core CFI for additional information about various aspects of illness affecting diverse populations. The core CFI refers to pertinent modules under each subheading to facilitate such use of the modules.
- As tools for in-depth cultural assessment independent of the core CFI. Clinicians may administer one, several, or all modules depending on what areas of an individual’s problems they would like to elaborate.

Clinicians should note that a few questions in the modules duplicate questions in the core CFI (indicated by an asterisk [*]) or in other modules. This makes it possible to administer each module independently. Clinicians who use the modules as an adjunct to the core CFI or who administer the modules independently may skip redundant questions.

As with the core CFI, follow-up questions may be needed to clarify the individual’s answers. Questions may be rephrased as needed. The modules are intended as a guide to cultural assessment and should be used flexibly to maintain a natural flow of the interview and rapport with the individual. In situations where the individual cannot answer these questions (e.g., due to cognitive impairment or severe psychosis) these questions can be administered to the identified caregiver. The caregiver's own perspective can also be ascertained using the module for caregivers.

In every module, instructions to the interviewer are in italics. The modules may be administered during the initial clinical evaluation, at a later point in care, or several times over the course of treatment. Multiple administrations may reveal additional information as rapport develops, especially when assessing the patient-clinician relationship.

Please refer to DSM-5-TR Section III, chapter “Cultural Formulation,” section “Outline for Cultural Formulation,” for additional suggestions regarding this type of interview.
1. Explanatory Model

**Related Core CFI Questions:** 1, 2, 3, 4, 5 Some of the core CFI question are repeated below and are marked with an asterisk (*). The CFI question that is repeated is indicated in brackets.

**GUIDE TO INTERVIEWER:** This module aims to clarify the individual’s understanding of the problem based on his or her ideas about cause and mechanism (explanatory models) and past experiences of, or knowing someone with, a similar problem (illness prototypes). The individual may identify the problem as a symptom, a specific term or expression (e.g., “nerves,” “being on edge”), a situation (e.g., loss of a job), or a relationship (e.g., conflict with others). In the examples below, the individual’s own words should be used to replace “[PROBLEM]”. If there are multiple problems, each relevant problem can be explored. The following questions may be used to elicit the individual’s understanding and experience of that problem or predicament.

**INTRODUCTION FOR THE INDIVIDUAL BEING INTERVIEWED:** I would like to understand the problems that bring you here so that I can help you more effectively. I will be asking you some questions to learn more about your own ideas about the causes of your problems and the way they affect your daily life.

**General understanding of the problem**
1. *Can you tell me more about how you understand your [PROBLEM]? [RELATED TO CFI Q#1-2.]
2. What did you know about your [PROBLEM] before it affected you?

**Illness prototypes**
3. Had you ever had anything like your [PROBLEM] before? Please tell me about that.
4. Do you know anyone else, or heard of anyone else, with this [PROBLEM]? If so, please describe that person’s [PROBLEM] and how it affected that person. Do you think this will happen to you too?
5. Have you seen on television, heard on the radio, read in a magazine, or found on the internet anything about your [PROBLEM]? Please tell me about it.

**Causal explanations**
6. *Can you tell me what you think caused your [PROBLEM]? *(PROBE AS NEEDED: Is there more than one cause that may explain it?)* [RELATED TO CFI Q#4.]
7. Have your ideas about the cause of the [PROBLEM] changed? How? What changed your ideas about the cause?
8. *What do people in your family, friends, or others in your community think caused the [PROBLEM]? *(PROBE AS NEEDED: Are their ideas about it different from yours? How so?)* [RELATED TO CFI Q#5.]

**Course of illness**
10. What usually happens to people who have this [PROBLEM]? In your own case, what do you think is likely to happen?
11. Do you consider your [PROBLEM] to be serious? Why? What is the worst that could happen?
12. How concerned are other people in your family, friends or community about your having this [PROBLEM]? Please tell me about that.

**Help seeking and treatment expectations**
13. What do you think is the best way to deal with this kind of problem?
14. What do your family, friends, or others in your community think is the best way of dealing with this kind of problem?
2. Level of Functioning

Related Core CFI Question: 3

GUIDE TO INTERVIEWER: The following questions aim to clarify the individual’s level of functioning in relation to his or her own priorities and those of the cultural reference group. The interview begins with a general question about everyday activities that are important for the individual. Questions follow about domains important for positive health (social relations, work/school, economic viability, and resilience). Questions should be kept relatively broad and open to elicit the individual’s own priorities and perspective. For a more detailed evaluation of specific domains of functioning, a standard instrument such as the WHO-DAS II may be used together with this interview.

INTRODUCTION FOR THE INDIVIDUAL BEING INTERVIEWED: I would like to know about the daily activities that are most important to you. I would like to better understand how your [PROBLEM] has affected your ability to perform these activities, and how your family and other people around you have reacted to this.

1. How has your [PROBLEM] affected your ability to do the things you need to do each day, that is, your daily activities and responsibilities?
2. How has your [PROBLEM] affected your ability to interact with your family and other people in your life?
3. How has your [PROBLEM] affected your ability to work?
4. How has your [PROBLEM] affected your financial situation?
5. How has your [PROBLEM] affected your ability to take part in community and social activities?
6. How has your [PROBLEM] affected your ability to enjoy everyday life?
7. Which of these concerns are most troubling to you?
8. Which of these concerns are most troubling to your family and to other people in your life?
3. Social Network

Related Core CFI Questions: 5, 6, 12, 15

GUIDE TO INTERVIEWER: The following questions identify the influences of the informal social network on the individual’s problem. Informal social network refers to family, friends and other social contacts through work, places of prayer/worship or other activities and affiliations. Question #1 identifies important people in the individual’s social network, and the clinician should tailor subsequent questions accordingly. These questions aim to elicit the social network’s response, the individual’s interpretation of how this would impact on the problem, and the individual’s preferences for involving members of the social network in care.

INTRODUCTION FOR THE INDIVIDUAL BEING INTERVIEWED: I would like to know more about how your family, friends, colleagues, co-workers, and other important people in your life have had an impact on your [PROBLEM].

Composition of the individual’s social network
1. Who are the most important people in your life at present?
2. Is there anyone in particular whom you trust and can talk with about your [PROBLEM]? Who? Anyone else?

Social network understanding of problem
3. Which of your family members, friends, or other important people in your life know about your [PROBLEM]?
4. What ideas do your family and friends have about the nature of your [PROBLEM]? How do they understand your [PROBLEM]?
5. Are there people who do not know about your [PROBLEM]? Why do they not know about your [PROBLEM]?

Social network response to problem
6. What advice have family members and friends given you about your [PROBLEM]?
7. Do your family, friends, and other people in your life treat you differently because of your [PROBLEM]? How do they treat you differently? Why do they treat you differently?
8. (IF HAS NOT TOLD FAMILY OR FRIENDS ABOUT PROBLEM): Can you tell me more about why you have chosen not to tell family or friends about the [PROBLEM]? How do you think they would respond if they knew about your [PROBLEM]?

Social network as a stress/buffer
9. What have your family, friends, and other people in your life done to make your [PROBLEM] better or easier for you to deal with? (IF UNCLEAR: How has that made your [PROBLEM] better?)
10. What kinds of help or support were you expecting from family or friends?
11. What have your family, friends, and other people in your life done to make your [PROBLEM] worse or harder for you to deal with? (IF UNCLEAR: How has that made your [PROBLEM] worse?)

Social network in treatment
12. Have any family members or friends helped you get treatment for your [PROBLEM]?
13. What would your family and friends think about your coming here to receive treatment?
14. Would you like your family, friends, or others to be part of your treatment? If so, who would you like to be involved and how?
15. How would involving family or friends make a difference in your treatment?
Related Core CFI Questions: 7, 9, 10, 12

**GUIDE TO INTERVIEWER:** The aim of these questions is to further clarify the stressors that have aggravated the problem or otherwise affected the health of the individual. (Stressors that initially caused the problem are covered in the module on Explanatory Models.) In the examples below, the individual’s own words should be used to replace “[STRESSORS]”. If there are multiple stressors, each relevant stressor can be explored.

**INTRODUCTION FOR THE INDIVIDUAL BEING INTERVIEWED:** You have told me about some things that make your [PROBLEM] worse. I would like to learn more about that.

1. Are there things going on that have made your [PROBLEM] worse, for example, difficulties with family, work, money, or something else? Tell me more about that.
2. How are the people around you affected by these [STRESSORS]?
3. How do you cope with these [STRESSORS]?
4. What have other people suggested about coping with these [STRESSORS]?
5. What else could be done about these [STRESSORS]?

**GUIDE TO INTERVIEWER:** Patients may be reluctant to discuss areas of their life they consider sensitive, which may vary across cultural groups. Asking specific questions may help the patient discuss these stressors. Insert questions about relevant stressors here. For example:

7. Have you experienced discrimination or been treated badly as a result of your background or identity? By background or identity I mean, for example, the communities you belong to, the languages you speak, where you or your family are from, your racial or ethnic background, your gender or sexual orientation, and your faith or religion. Have these experiences had an impact on [STRESSORS] or your [PROBLEM]?
5. Spirituality, Religion, and Moral Traditions

Related Core CFI Questions: 6, 7, 8, 9, 10, 11, 12, 14, 15

GUIDE TO INTERVIEWER: The following questions aim to clarify the influence of spirituality, religion, and other moral or philosophical traditions on the individual's problems and related stresses. People may have multiple spiritual, moral, and religious affiliations or practices. If the individual reports having specific beliefs or practices, inquire about the level of involvement in that tradition and its impact on coping with the clinical problem. In the examples below, the individual's own words should be used to replace "[NAME(S) OF SPIRITUAL, RELIGIOUS OR MORAL TRADITION(S)]". If the individual identifies more than one tradition, each can be explored. If the individual does not describe a specific tradition, use the phrase "spirituality, religion or other moral traditions" instead of the specific name of a tradition (e.g., Q5: "What role do spirituality, religion or other moral traditions play in your everyday life?")

INTRODUCTION FOR THE INDIVIDUAL BEING INTERVIEWED: To help you more effectively, I would like to ask you some questions about the role that spirituality, religion or other moral traditions play in your life and how they may have influenced your dealing with the problems that bring you here.

**Spiritual, religious, and moral identity**
1. Do you identify with any particular spiritual, religious or moral tradition? Can you tell me more about that?
2. Do you belong to a congregation or community associated with that tradition?
3. What are the spiritual, religious or moral tradition backgrounds of your family members?
4. Sometimes people participate in several traditions. Are there any other spiritual, religious or moral traditions that you identify with or take part in?

**Role of spirituality, religion, and moral traditions**
5. What role does [NAME(S) OF SPIRITUAL, RELIGIOUS OR MORAL TRADITION(S)] play in your everyday life?
6. What role does [NAME(S) OF SPIRITUAL, RELIGIOUS OR MORAL TRADITION(S)] play in your family, for example, family celebrations or choices in marriage or schooling?
7. What activities related to [NAME(S) OF SPIRITUAL, RELIGIOUS OR MORAL TRADITION(S)] do you carry out in the home, for example, prayers, meditation, or special dietary laws? How often do you carry out these activities? How important are these activities in your life?
8. What activities do you engage in outside the home related to [NAME(S) OF SPIRITUAL, RELIGIOUS OR MORAL TRADITION(S)], for example, attending ceremonies or participating in a [CHURCH, TEMPLE OR MOSQUE]? How often do you attend? How important are these activities in your life?

**Relationship to the [PROBLEM]**
9. How has [NAME(S) OF SPIRITUAL, RELIGIOUS OR MORAL TRADITION(S)] helped you cope with your [PROBLEM]?
10. Have you talked to a leader, teacher or others in your [NAME(S) OF SPIRITUAL, RELIGIOUS OR MORAL TRADITION(S)] community about your [PROBLEM]? How have you found that helpful?
11. Have you found reading or studying [BOOK(S) OF SPIRITUAL, RELIGIOUS OR MORAL TRADITION(S), (E.G. BIBLE, KORAN)], or listening to programs related to [NAME(S) OF SPIRITUAL, RELIGIOUS OR MORAL TRADITION(S)] on TV, radio, the Internet or other media [e.g., DVD, tape] to be helpful? In what way?
12. Have you found any practices related to [NAME(S) OF SPIRITUAL, RELIGIOUS OR MORAL TRADITION(S)], like prayer, meditation, rituals, or pilgrimages to be helpful to you in dealing with [PROBLEM]? In what way?

**Potential stresses or conflicts related to spirituality, religion, and moral traditions**
13. Have any issues related to [NAME(S) OF SPIRITUAL, RELIGIOUS OR MORAL TRADITION(S)] contributed to [PROBLEM]?
14. Have you experienced any personal challenges or distress in relation to your [NAME(S) OF SPIRITUAL, RELIGIOUS OR MORAL TRADITION(S)] identity or practices?
15. Have you experienced any discrimination due to your [NAME(S) OF SPIRITUAL, RELIGIOUS OR MORAL TRADITION(S)] identity or practices?
16. Have you been in conflict with others over spiritual, religious or moral issues?
6. Cultural Identity

Related Core CFI Questions: 6, 7, 8, 9, 10  Some of the core CFI question are repeated below and are marked with an asterisk (*). The CFI question that is repeated is indicated in brackets.

GUIDE TO INTERVIEWER: This module aims to further clarify the individual’s cultural identity and how this has influenced the individual’s health and well being. The following questions explore the individual’s cultural identity and how this may have shaped his or her current problem. We use the word culture broadly to refer to all the ways the individual understands his or her identity and experience in terms of groups, communities or other collectivities, including national or geographic origin, ethnic community, racialized categories, gender, sexual orientation, social class, religion/spirituality, and language.

INTRODUCTION FOR THE INDIVIDUAL BEING INTERVIEWED: Sometimes peoples’ background or identity influences their experience of illness and the type of care they receive. In order to better help you, I would like to understand your own background or identity. By background or identity I mean, for example, the communities you belong to, the languages you speak, where you or your family are from, your racial or ethnic background, your gender or sexual orientation, and your faith or religion.

National, Ethnic, Racial Background
1. Where were you born?
2. Where were your parents and grandparents born?
3. How would you describe your family’s national, ethnic, and/or racial background?
4. In terms of your background, how do you usually describe yourself to people outside your community? Sometimes people describe themselves somewhat differently to members of their own community. How do you describe yourself to them?
5. Which part of your background do you feel closest to? Sometimes this varies, depending on what aspect of your life we are talking about. What about at home? Or at work? Or with friends?
6. Do you experience any difficulties related to your background, such as discrimination, stereotyping, or being misunderstood?
7. *Is there anything about your background that might impact on your [PROBLEM] or impact on your health or health care more generally? [RELATED TO CFI Q#9.]

Language
8. What languages do you speak fluently?
9. What languages did you speak growing up?
10. What languages are spoken at home? Which of these do you speak?
11. What languages do you use at work or school?
12. What language would you prefer to use in getting health care?
13. What languages do you read? Write?

Migration
GUIDE TO INTERVIEWER: If the individual was born in another country, ask questions 1-7. [For refugees, refer to the module on Immigrants and Refugees to obtain more detailed migration history.]

14. When did you come to this country?
15. What made you decide to leave your country of origin?
16. How has your life changed since coming here?
17. What do you miss about the place or community you came from?
18. What are your concerns for your own and your family’s future here?
19. What is your current status in this country (e.g., refugee claimant, citizen, student visa, work permit)? Be aware this may be a sensitive or confidential issue for the individual, if they have precarious status.
20. How has migration influenced your health or that of your family?
21. Is there anything about your migration experience or current status in this country that has made a difference to your [PROBLEM]?
22. Is there anything about your migration experience or current status that might influence your ability to get the right kind of help for your [PROBLEM]?
**Spirituality, Religion, and Moral Traditions**

23. Do you identify with any particular religious, moral or spiritual tradition?

**GUIDE TO INTERVIEWER:** In the next question, the individual’s own words should be used to replace “[NAME(S) OF SPIRITUAL, RELIGIOUS OR MORAL TRADITION(S)].”

24. What role does [NAME(S) OF SPIRITUAL, RELIGIOUS OR MORAL TRADITION(S)] play in your everyday life?

25. Do your family members share your spiritual, religious or moral traditions? Can you tell me more about that?

**Gender Identity**

**INTRODUCTION FOR THE INDIVIDUAL BEING INTERVIEWED:** Some individuals feel that their gender [e.g. the social roles and expectations they have related to being male, female, transgender, genderqueer, or intersex] influences their health and the kind of health care they need.

**GUIDE TO INTERVIEWER:** In the examples below, the individual’s own words should be used to replace “[GENDER]”. The interviewer may need to exemplify or explain the term ‘GENDER’ with relevant wording (e.g., “being a man,” “being a transgender woman”).

26. Do you feel that your [GENDER] has influenced your [PROBLEM] or your health more generally?

27. Do you feel that your [GENDER] has influenced your ability to get the kind of health care you need?

28. Do you feel that health care providers have certain assumptions or attitudes about you or your [PROBLEM] because of your [GENDER]?

**Sexual Orientation Identity**

**INTRODUCTION FOR THE INDIVIDUAL BEING INTERVIEWED:** Sexual orientation may also be important to individuals and their comfort in seeking health care. I would like to ask you some questions about your sexual orientation. Are you comfortable answering questions about your sexual orientation?

29. How would you describe your sexual orientation (e.g., heterosexual, gay, lesbian, bisexual, queer, pansexual, asexual)?

30. Do you feel that your sexual orientation has influenced your [PROBLEM] or your health more generally?

31. Do you feel that your sexual orientation influences your ability to get the kind of health care you need for your [PROBLEM]?

32. Do you feel that health care providers have assumptions or attitudes about you or your [PROBLEM] that are related to your sexual orientation?

**Summary**

33. You have told me about different aspects of your background and identity and how this has influenced your health and well being. Are there other aspects of your identity I should know about to better understand your health care needs?

34. What are the most important aspects of your background or identity in relation to [PROBLEM]?
7. Coping and Help-Seeking

**Related Core CFI Questions:** 6, 11, 12, 14, 15  Some of the core CFI question are repeated below and are marked with an asterisk (*). The CFI question that is repeated is indicated in brackets.

**GUIDE TO INTERVIEWER:** This module aims to clarify the individual's ways of coping with the current problem. The individual may have identified the problem as a symptom or mentioned a term or expression (e.g., “nerves,” “being on edge,” spirit possession), or a situation (e.g., loss of a job), or a relationship (e.g., conflict with others). In the examples below, the individual's own words should be used to replace “[PROBLEM]”. If there are multiple problems, each relevant problem can be explored. The following questions may be used to learn more about the individual’s understanding and experiencing of that problem.

**INTRODUCTION FOR THE INDIVIDUAL BEING INTERVIEWED:** I would like to understand the problems that bring you here so that I can help you more effectively. I will be asking you questions about how you have tried to cope with your problems and get help for them.

**Self-coping**

1. "Can you tell me more about how you are trying to cope with [PROBLEM] at this time? Has that way of coping with it been helpful? If so, how? [RELATED TO CFI Q#11.]
2. "Can you tell me more about how you tried to cope with the [PROBLEM] or with similar problems in the past? Was that way of coping with it helpful? If so, how? [RELATED TO CFI Q#11.]
3. Have you sought help for your [PROBLEM] on the internet, by reading books, by viewing television shows, or by listening to audiotapes, videos or other sources? If so, which of these? What did you learn? Was it helpful?
4. Do you engage by yourself in practices related to a spiritual, religious or moral tradition to help you cope with your [PROBLEM]? For example, prayer, meditation, or other practices that you carry out by yourself?
5. Have you sought help for your [PROBLEM] from natural remedies or medications that you take without a doctor’s prescription, such as over-the-counter medicines? If so, which natural remedies or medications? Were they helpful?

**Social network**

6. "Have you told a family member about your [PROBLEM]? Have family members helped you cope with the [PROBLEM]? If so, how? What did they suggest you do to cope with the [PROBLEM]? Was it helpful? [RELATED TO CFI Q#15.]
7. "Have you told a friend or co-worker about your [PROBLEM]? Have friends or co-workers helped you cope with the [PROBLEM]? If so, how? What did they suggest you do to cope with the [PROBLEM]? Was it helpful? [RELATED TO CFI Q#15.]

**Help- and treatment-seeking beyond social network**

8. Are you involved in activities that involve other people related to a spiritual, religious or moral tradition? For example, do you go to worship or religious gatherings, speak with other people in your religious group or speak with the religious or spiritual leader? Have any of these been helpful in coping with [PROBLEM]? In what way?
9. Have you ever tried to get help for your [PROBLEM] from your general doctor? If so, who and when? What treatment did they give? Was it helpful?
10. Have you ever tried to get help for your [PROBLEM] from a mental health clinician, such as a counselor, psychologist, social worker, psychiatrist, or other professional? If so, who and when? What treatment did they give? Was it helpful?
11. Have you sought help from any other kind of helper to cope with your [PROBLEM] other than going to the doctor, for example, a chiropractor, acupuncturist, homeopath, or other kind of healer? What kind of treatment did they recommend to resolve the problem? Was it helpful?

**Current treatment episode**

12. What were the circumstances that led to your coming here for treatment for your [PROBLEM]? Did anyone suggest you come here for treatment? If so, who, and why did he or she suggest you come here?
13. What help are you hoping to get here [at this clinic] for your [PROBLEM]?
8. Patient–Clinician Relationship

Related Core CFI Question: 16 Some of the core CFI question are repeated below and are marked with an asterisk (*). The CFI question that is repeated is indicated in brackets.

GUIDE TO INTERVIEWER: The following questions address the role of culture in the patient–clinician relationship with respect to the individual’s presenting concerns and to the clinician’s evaluation of the individual’s problem. We use the word culture broadly to refer to all the ways the individual understands his or her identity and experience in terms of groups, communities or other collectivities, including national or geographic origin, ethnic community, racialized categories, gender, sexual orientation, social class, religion/spirituality, and language.

The first set of questions evaluates four domains in the clinician-patient relationship from the point of view of the patient: experiences, expectations, communication, and possibility of collaboration with the clinician. The second set of questions is directed to the clinician to guide reflection on the role of cultural factors in the clinical relationship, the assessment, and treatment planning.

INTRODUCTION FOR THE PATIENT: I would like to learn about how it has been for you to talk with me and other clinicians about your [PROBLEM] and your health more generally. I will ask some questions about your views, concerns, and expectations.

QUESTIONS FOR THE PATIENT:

1. What kind of experiences have you had with clinicians in the past? What was most helpful to you?
2. Have you had difficulties with clinicians in the past? What did you find difficult or unhelpful?
3. Now let’s talk about the help that you would like to get here. Some people prefer clinicians of a similar background (for example, age, race, religion, or some other characteristic) because they think it may be easier to understand each other. Do you have any preference or ideas about what kind of clinician might understand you best?
4. *Sometimes differences among patients and clinicians make it difficult for them to understand each other. Do you have any concerns about this? If so, in what way? [RELATED TO CFI Q#16.]

GUIDE TO INTERVIEWER: Question #5 addresses the patient-clinician relationship moving forward in treatment. It elicits the patient's expectations of the clinician and may be used to start a discussion on how the two of them can collaborate in the individual’s care.

5. What patients expect from their clinicians is important. As we move forward in your care, how can we best work together?

QUESTIONS FOR THE CLINICIAN AFTER THE INTERVIEW:

1. How did you feel about your relationship with the patient? Did cultural similarities and differences influence your relationship? In what way?
2. What was the quality of communication with the patient? Did cultural similarities and differences influence your communication? In what way?
3. If you used an interpreter, how did the presence of an interpreter or his/her way of interpreting influence your relationship or your communication with the patient and the information you received?
4. How do the patient’s cultural background or identity, life situation, and/or social context influence your understanding of his/her problem and your diagnostic assessment?
5. How do the patient’s cultural background or identity, life situation, and/or social context influence your treatment plan or recommendations?
6. Did the clinical encounter confirm or call into question any of your prior ideas about the cultural background or identity of the patient? If so, in what way?
7. Are there aspects of your own identity that may influence your attitudes toward this patient?
9. School-Age Children and Adolescents

Related Core CFI Questions: 8, 9, 10

GUIDE TO INTERVIEWER: This supplement is directed to adolescents and mature school-age children. It should be used in conjunction with standard child mental health assessments that evaluate family relations (including intergenerational issues), peer relations, and the school environment. The aim of these questions is to identify, from the perspective of the child/youth, the role of age-related cultural expectations, the possible cultural divergences between school, home, and the peer group, and whether these issues impact on the situation or problem that brought the youth for care. The questions indirectly explore cultural challenges, stressors and resilience, and issues of cultural hybridity, mixed ethnicity or multiple ethnic identifications. Peer group belonging is important to children and adolescents, and questions exploring ethnicity, religious identity, racism or gender difference should be included following the child’s lead. Some children may not be able to answer all questions; clinicians should select and adapt questions to ensure they are developmentally appropriate for the individual. Children should not be used as informants to provide socio-demographic information on the family or an explicit analysis of the cultural dimensions of their problems. An Addendum lists cultural aspects of development and parenting that can be evaluated during parents’ interviews.

INTRODUCTION FOR THE CHILD/YOUTH: We have talked about the concerns of your family. Now I would like to know more about how you feel about being ___ years old.

Feelings of age appropriateness in different settings
1. Do you feel you are like other children/youth your age? In what way?
2. Do you sometimes feel different from other children/youth your age? In what way?
3. IF THE CHILD/YOUTH ACKNOWLEDGES SOMETIMES FEELING DIFFERENT: Does this feeling of being different happen more at home, at school, at work, and/or some other place?
4. Do you feel your family is different from other families?
5. Do you use different languages? With whom and when?
6. Does your name have any special meaning for you? Your family? Your community?
7. Is there something special about you that you like or that you are proud of?

Age-related stressors and supports
8. What do you like about being a child/youth at home? At school? With friends?
9. What don’t you like about being a child/youth at home? At school? With friends?
10. Who is there to support you when you feel you need it? At home? At school? Among your friends?

Age-related expectations
GUIDE TO INTERVIEWER: Concepts of childhood and age-appropriate behavior vary significantly across cultures. The aim of these questions is to elicit the normative frame(s) of the child/family and how this may different from other cultural environments.

11. What do your parents or grandparents expect from a child/youth your age? (CLARIFY: For example, chores, schoolwork, play, religious observance.)
12. What do your school teachers expect from a child/youth your age?
13. IF INDIVIDUAL HAS SIBLINGS: What do your siblings expect from a child/youth your age? (CLARIFY: For example, babysitting, help with homework, dating, dress.)
14. What do other children/youth your age expect from a child/youth your age?

Transition to adulthood/maturity (FOR ADOLESCENTS ONLY)
15. Are there any important celebrations or events in your community to recognize reaching a certain age or growing up?
16. When is a youth considered ready to become an adult in your family or community?
17. When is a youth considered ready to become an adult according to your school teachers?
18. What is good or difficult about becoming a young woman or a young man in your family? In your school? In your community?
19. How do you feel about “growing up” or becoming an adult?
20. In what ways are your life and responsibilities different from the life and responsibilities of your parents?
ADDENDUM FOR PARENTS’ INTERVIEW

GUIDE TO INTERVIEWER: Information on cultural influences on development and parenting is best obtained by interviewing the child’s parents or caretakers. In addition to issues directly related to presenting problems, it is useful to inquire about:

- The child’s particular place in the family (e.g., oldest boy, only girl)
- The process of naming the child (Who chose the name? Does it have special meaning? Who else is called like this?)
- Developmental milestones in the culture of origin of the mother (and father): expected age for weaning, walking, toilet training, speaking. Vision of normal autonomy/dependency, appropriate disciplining and so on
- Perceptions of age-appropriate behaviors (e.g., age for staying home alone, participation in chores, religious observance, play)
- Child-adult relations (e.g., expression of respect, eye contact, physical contact)
- Gender relations (expectations around appropriate girl-boy behavior, dress code)
- Languages spoken at home, in daycare, at school
- The importance of religion, spirituality, and community in family life and related expectations for the child.
10. Older Adults

Related Core CFI Questions: 5, 6, 7, 8, 9, 10, 12, 13, 15, 16

GUIDE TO INTERVIEWER: The following questions are directed to older adults. The goal of these questions is to identify the role of cultural conceptions of aging and age-related transitions on the illness episode.

INTRODUCTION FOR THE INDIVIDUAL BEING INTERVIEWED: I would like to ask some questions to better understand your problem and how we can help you with it, taking into account your age and specific experiences.

Conceptions of aging and cultural identity
  1. How would you describe a person of your age?
  2. How does your experience of aging compare to that of your friends and relatives who are of a similar age?
  3. Is there anything about being your age that helps you cope with your current life situation?

Conceptions of aging in relationship to illness attributions and coping
  4. How does being older influence your [PROBLEM]? Would it have affected you differently when you were younger?
  5. Are there ways that being older influences how you deal with your [PROBLEM]? Would you have dealt with it differently when you were younger?

Influence of comorbid medical problems and treatments on illness
  6. Have you had health problems due to your age?
  7. How have your health conditions or the treatments for your health conditions affected your [PROBLEM]?
  8. Are there any ways that your health conditions or treatments influence how you deal with your [PROBLEM]?
  9. Are there things that are important to you that you are unable to do because of your health or age?

Quality and nature of social supports and caregiving
  10. Who do you rely on for help or support in your daily life in general? Has this changed now that you are going through [PROBLEM]?
  11. How has [PROBLEM] affected your relationships with family and friends?
  12. Are you receiving the amount and kind of support you expected?
  13. Do the people you rely on share your view of your [PROBLEM]?

Additional age-related transitions
  14. Are there other changes you are going through related to aging that are important for us to know about in order to help you with your [PROBLEM]?

Positive and negative attitudes towards aging and clinician-patient relationship
  15. How has your age affected how health providers treat you?
  16. Have any people, including health care providers, discriminated against you or treated you poorly because of your age? Can you tell me more about that? How has this experience affected your [PROBLEM] or how you deal with it?
  17. [IF THERE IS A SIGNIFICANT AGE DIFFERENCE BETWEEN PROVIDER AND PATIENT:] Do you think that the difference in our ages will influence our work in any way? If so, how?
11. Immigrants and Refugees

Related Core CFI Questions: 7, 8, 9, 10, 13

GUIDE TO INTERVIEWER: The following questions aim to collect information from refugees and immigrants about their experiences of migration and resettlement. Many refugees have experienced stressful interviews with officials or health professionals in their home country, during the migration process (which may involve prolonged stays in refugee camps or other precarious situations), and in the receiving country, so it may take longer than usual for the interviewee to feel comfortable with and trust the interview process. When patient and clinician do not share a high level of fluency in a common language, accurate language translation is essential.

INTRODUCTION FOR THE INDIVIDUAL BEING INTERVIEWED: Leaving one’s country of origin and resettling elsewhere can have a great impact on people’s lives and health. To better understand your situation, I would like ask you some questions related to your journey here from your country of origin.

Background information
1. What is your country of origin?
2. How long have you been living here in ________ (HOST COUNTRY)?
3. When and with whom did you leave ________ (COUNTRY OF ORIGIN)?
4. Why did you leave ________ (COUNTRY OF ORIGIN)?

Pre-migration difficulties
5. Prior to arriving in ________ (HOST COUNTRY), were there any challenges in your country of origin that you or your family found especially difficult?
6. Some people experience hardship, persecution, or even violence before leaving their country of origin. Has this been the case for you or members of your family? Can you tell me something about your experiences?

Migration-related losses and challenges
7. Of the persons important/close to you, who stayed behind?
8. Often people leaving a country experience losses. Did you or any of your family members experience losses upon leaving the country? If so, what are they?
9. Were there any challenges on your journey to ________ (HOST COUNTRY) that you or your family found especially difficult?
10. Do you or your family miss anything about your way of life in (COUNTRY OF ORIGIN)?

Ongoing relationship with country of origin
11. Do you have concerns about relatives that remain in (COUNTRY OF ORIGIN)?
12. Do relatives in (COUNTRY OF ORIGIN) have any expectations of you?

Resettlement and new life
13. Have you or your family experienced any difficulties related to your visa, citizenship, or refugee status here in ________ (HOST COUNTRY)?
14. Are there any (other) challenges or problems you or others in your family are facing related to your resettlement here?
15. Has coming to [HOST COUNTRY] resulted in something positive for you or your family? Can you tell me more about that?

Relationship with problem
16. Is there anything about your migration experience or current status in this country that has made a difference to your [PROBLEM]?
17. Is there anything about your migration experience or current status that might make it easier or harder to get help for your [PROBLEM]?

Future expectations
18. What hopes and plans do you have for you and your family in the coming years?
12. Caregivers

Related Core CFI Question: 6, 12, 14

GUIDE TO INTERVIEWER: This module is designed to be administered to individuals who provide caregiving for the individual being assessed with the CFI. This module aims to explore the nature and cultural context of caregiving, and the social support and stresses in the immediate environment of the individual receiving care, from the perspective of the caregiver.

INTRODUCTION FOR THE CAREGIVER: People like yourself who take care of the needs of patients are very important participants in the treatment process. I would like to understand your relationship with [INDIVIDUAL RECEIVING CARE] and how you help him/her with his/her problems and concerns. By help, I mean support in the home, community, or clinic. Knowing more about that will help us plan his/her care more effectively.

Nature of relationship
1. How long have you been taking care of [INDIVIDUAL RECEIVING CARE]? How did this role for you start?
2. How are you connected to [INDIVIDUAL RECEIVING CARE]?

Caregiving activities and cultural perceptions of caregiving
3. How do you help him/her with the [PROBLEM] or with day-to-day activities?
4. What is most rewarding about helping him/her?
5. What is most challenging about helping him/her?
6. How, if at all, has his/her [PROBLEM] changed your relationship?

Sometimes caregivers like yourself are influenced in doing what they do by cultural traditions of helping others, such as beliefs and practices in your family or community. By cultural traditions I mean, for example, what is done in the communities you belong to, where you or your family are from, or among people who speak your language or who share your race or ethnic background, your gender or sexual orientation, or your faith or religion.

7. Are there any cultural traditions that influence how you approach helping [INDIVIDUAL RECEIVING CARE]?
8. Is the amount or kind of help you are giving him/her different in any way from what would be expected in the community that you come from or the one he/she comes from? Is it different from what society in general would expect?

Social context of caregiving
9. [IF CAREGIVER IS A FAMILY MEMBER:] How do you, as a family, cope with this [PROBLEM]?
10. Are there others, such as family members, friends, or neighbors, who also help him/her with the [PROBLEM]? If so, what do they do?
11. How do you feel about how much or how little others are helping with his/her [PROBLEM]?

Clinical support for caregiving
12. How do you see yourself helping to provide care to [INDIVIDUAL RECEIVING CARE] now and in the future?
13. [IF UNCLEAR:] How do you see yourself helping with the care that he/she receives in this clinic?
14. How can we make it easier for you to be able to help [INDIVIDUAL RECEIVING CARE] with the [PROBLEM]?