

BROWN INTERVIEW CHECKLIST

Facilitator initials _____ Interviewer _____ Observer _____ Date _____

I. FLOW OF THE INTERVIEW

A) Opening

- | | | |
|--|------------------|----|
| 1) Prepares oneself for interview; puts aside other obligations; focuses attention on pt | YES ____ NO ____ | |
| 2) Greets patient - i.e. Hello, Good Afternoon, etc. | YES ____ NO ____ | |
| a.) Verbal greeting | YES ____ NO ____ | |
| b.) Shakes hands | YES ____ NO ____ | |
| 3) Introduces self, and role on the health care team. | YES ____ NO ____ | |
| 4) IF APPROPRIATE: Attends to patient's comfort - physical position comfortable, noise and visual distractions minimized. | YES ____ NO ____ | NA |
| 5) IF APPROPRIATE: Minimizes distractions. | YES ____ NO ____ | NA |
| 6) IF APPROPRIATE: Asks the patient his/her understanding of the nature of the interview (i.e., teaching exercise, referral, etc.). | YES ____ NO ____ | NA |
| 7) Calibration - Assesses the patient's ability to communicate. | YES ____ NO ____ | |
| 8) Invitation to speak - Starts with an open question or statement. (e.g., How can I help you? What problems brought you to the hospital?) | YES ____ NO ____ | |
| 9) Allows patient to finish opening statement without interruption | YES ____ NO ____ | |

B) Exploration of Problems (Information Gathering)

- | | | | |
|--|------------------|-------------------|-----------------|
| | FULLY EMPLOYS | PARTIALLY EMPLOYS | DOES NOT EMPLOY |
| 1) Survey - ascertains all major symptoms, concerns, and goals for visit (more appropriate for outpatient visit). | F..... | P..... | DN |
| 2) IF APPROPRIATE: Negotiates priorities for problems to be discussed. | F..... | P..... | DN NA |
| 3) Asks patient to tell the story of the illness from the beginning until now. | F..... | P..... | DN |
| 4) Focuses using open-to-closed cone: starts w/open question, then "tell me more"/ "what else" until all symptoms elicited; ends w/specific questions. | F..... | P..... | DN |
| 5) IF APPROPRIATE: Clarifies patient's unclear statements. | YES ____ NO ____ | | NA |
| 6) IF APPROPRIATE: Interrupts to redirect. | F..... | P..... | DN NA |
| 7) Avoids asking more than one question at a time. | F..... | P..... | DN |

**(Exploration of Problems, cont.)
(Information Gathering)**

FULLY PARTIALLY DOES NOT
EMPLOYS EMPLOYS EMPLOY

8) Segment Summary - Restates the content and/or feeling about an area of the patient's concern and checks accuracy.

F.....P.....DN

9) Transition - Acknowledges the transition from one area to another.

F.....P.....DN

C) Closing

1) Asks patient if he/she has any questions or comments.

YES ____ NO ____

2) States appreciation for the patient's efforts in the interview.

YES ____ NO ____

3) Shakes hands.

YES ____ NO ____

4) IF APPROPRIATE: Makes appropriate follow-up arrangements.

YES ____ NO ____ NA

II. INTERPERSONAL SKILLS

A) Facilitation Skills

1) Eye contact - Appropriate length to enhance patient comfort.

YES ____ NO ____

2) Open posture - Arms uncrossed, facing the patient.

F.....P.....DN

3) Head nod, "mm-hm," repeats the patient's last statement, etc.

F.....P.....DN

4) Uses silences to facilitate the patient's expression of thoughts and feelings.

YES ____ NO ____

B) Relationship Skills (Conveying Empathy)

1) Reflection - Restates the patient's expressed emotion or inquires about emotions.

F.....P.....DN

2) Legitimation - Expresses understandability of the patient's emotions.

YES ____ NO ____

3) Respect - Expresses respect for the patient's coping efforts or makes a statement of praise.

YES ____ NO ____

4) IF APPROPRIATE: Support - Expresses willingness to be helpful to the patient in addressing his/her concerns.

YES ____ NO ____ NA

5) IF APPROPRIATE: Partnership - Expresses willingness to work together with the patient.

YES ____ NO ____ NA

III. PATIENT RESPONSES

- 1) Patient appears engaged in the interview.
- 2) Patient appears comforted and relaxed.
- 3) Patient freely discusses his/her concerns.

Comments:

OFTEN SOMETIMES SELDOM

.....
.....
.....

IV. KEY CONTENT AREAS (check if discussed)

A) History of the Present Illness/Dimensions of Symptoms

1. Characteristics of symptoms

- ☐ a) Onset
- ☐ b) Location
- ☐ c) Radiation
- ☐ d) Quality
- ☐ e) Severity (on a 0 – 10 scale)
- ☐ f) Duration
- ☐ g) Frequency
- ☐ h) Modifying factors
- ☐ i) Associated signs & symptoms
- ☐ j) Past experience(s) with symptoms

☐ 2. Context: What was the psychosocial context of the onset of the symptoms?

☐ 3. Psychosocial consequences: how have the symptoms affected the patient's life?

B) Understanding the Patient's Perspective

1. Meaning of the illness: patient's ideas and concerns about causes ____, diagnosis ____, and implications ____ of the illness?

☐ 2. Main concerns – what are the patient's biggest worries?

C) Past Medical History

- ☐ 1. Medical
- ☐ 2. Surgical
- ☐ 3. OB/GYN
- ☐ 4. Psychiatric
- ☐ 5. Problems with drugs or alcohol
- ☐ 6. Injuries
- 7. Health Maintenance
 - ☐ Periodic Health Examinations
 - ☐ Immunizations
 - ☐ Injury Prevention
- 8. ☐ Allergies
- 9. ☐ Medications (including OTC, vitamins, herbals)

D) Family History

☐ 1. Illnesses in family members/deaths: dates and age at death

☐ Parents ☐ Siblings ☐ Children

☐ Ask if illnesses like diabetes, HT, heart disease, or cancer run in the family.

E) Psychosocial and Behavioral History

1. Living arrangements

☐ With whom does the patient live?

☐ How are things at home?

2. Support/secondary gains:

☐ Are there people the patient can rely on for help?

☐ How have family or friends responded to the illness?

☐ 3. Significant other?

☐ How is that going?

☐ 4. Work/Daily activities?

☐ satisfaction?

☐ occupational risks (chemical, physical, emotional)

☐ 5. Exercise: specific physical activity, frequency, and duration?

☐ 6. Diet?

☐ 7. Substance use: current? past?

 tobacco ☐ ☐

 alcohol ☐ ☐

 Illicit drugs ☐ ☐

☐ 8. Financial concerns?

☐ 9. Stress?

☐ 10. Significant life events: deaths, divorces, etc.?

☐ 11. Mood?

☐ anxiety?

☐ depression?

12. Sexual history/function:

☐ currently sexually active?

☐ sexual orientation?

☐ risk assessment?

☐ sexual problems or concerns?

☐ 13. Ever any physical or sexual abuse?

F) Functional Status (If Appropriate)

Does the patient's health status interfere with:

☐ 1. Taking care of him/herself (e.g. toileting, bathing, dressing)

☐ 2. Daily activities (e.g. working, shopping, house cleaning, cooking)?

V. GENERAL COMMENTS: Use back of this page if needed.