



## Motivational Interviewing Tips

# 6 OPEN-ENDED QUESTIONS



[www.boostoregon.org/motivational-interviewing](http://www.boostoregon.org/motivational-interviewing)



[training@boostoregon.org](mailto:training@boostoregon.org)

Open-ended questions are a core skill in motivational interviewing (MI).

Depending on your training, you may have been taught to gather information from patients by asking a series of close-ended, yes-or-no questions. Unfortunately, that can make patients feel interrogated rather than heard and understood.

With an MI approach, we focus on open-ended questions that encourage people to share what is most relevant to them. This provides opportunities to demonstrate empathy and draw on the patient's wisdom and experience.

The questions below are designed to assist you in using an MI approach to learn about your patients and build engagement. As always, tone matters. A genuinely curious approach goes a long way when using these questions. Feel free to experiment and put these in your own words!

### 1. **How have you been feeling since we last talked?**

This question addresses the whole person and not just a patient with a list of symptoms or problems. People often appreciate the opportunity to tell you more and may reveal important information that you might have missed otherwise.

Make sure to allow enough time for the answer to come - don't feel obliged to fill the silence. What feels like a long time to you is often much-appreciated thinking and processing time for the patient.



2.

**What would you like to talk about today?**

Appointments often start by jumping into a topic, with the agenda set by the provider. Taking a brief moment for collaborative agenda-setting can engage the patient and give them a sense of ownership over the process. It can also save you from a “doorknob” moment where a patient brings up their most pressing issue when you’re on your way out of the door and time is short or has already run out.

For situations in which more structure might be necessary or helpful (e.g, a patient who may easily get off-topic) , you could also start the conversation with the question, “There are a few things I’m hoping we can talk about today - your meds, your blood pressure, and your sleep. What would you like to start with? One of those, or is there something else more important to you right now?”

---

3.

**What concerns you about getting this vaccine?**

This question, asked in a non-judgmental, curious way shows that you are genuinely open to hearing your patient’s concerns. Many providers ask, “Why don’t you want the vaccine?” - which, although also an open-ended question, can elicit a defensive response, as the patient may feel like they must justify their decision.

Inquiring about a patient’s perspective is not like a cross-examination by an attorney to elicit a predetermined answer that you will refute. Be sure to avoid fixing, correcting, or confronting in response to someone’s concerns, even if their concerns are factually incorrect. Those responses are more likely to increase resistance. Reflective listening likely will be the most helpful approach.

\*\*This question should be asked only if you think the patient is concerned about getting a vaccine. If they are not showing hesitancy, there is no need to introduce the idea that they should have concerns.

---



#### 4. **Could I ask what you're thinking about your smoking these days?**

Some topics in health care, such as tobacco use, are particularly fraught. Patients may be reluctant to discuss their smoking because they're accustomed to health care providers lecturing them about why they should quit. Many patients (understandably) don't want to discuss the subject, as they have found the discussions to be unhelpful, if not shaming.

Beginning this question with "could I ask" is a gentle way of broaching the topic. You are sending the message that you are asking for their permission to have a discussion; if they do not want to have the discussion, be sure to respect their wishes. If they do engage, a motivational interviewing approach can result in a helpful, collaborative conversation around a topic that has been discussed repeatedly in the past.

---

#### 5. **How might things be different for you if you were able to get more sleep?**

Open questions like this can invite "change" talk and give the patient the opportunity to wonder aloud in your presence why they might make a change. Even when someone wants to make a change, they may get discouraged when they start getting into the details, and you may feel the energy slipping out of the conversation as they face the difficulty of making adjustments. Giving the patient a chance to envision a life in which they have made a change can increase their excitement again and motivate them to take action.

---



6.

**So what do you think you might do?**

This question bridges the gap between talking about a change and making a plan. Planning is best done after the patient has a chance to talk through an issue. However, many health care conversations begin with the plan (e.g., “Your test results show \_\_\_, so you need to do \_\_\_.”) When planning occurs after someone has expressed their values and motivations to change, it is more likely to be meaningful and effective.

This question also emphasizes the choice and autonomy of the patient. The next step is in their hands, and you are voicing that you recognize that.

Also note that their answer may be, “I need to think about it” - and that is okay! Forcing someone to take an action step that they are not prepared for tends to backfire. As always, we need to respect that this is their decision and convey that respect through our words and tone.

---

If you found this guide useful and would like more ideas on how to have effective helping conversations, check out our other resources at [Boost Oregon’s Motivational Interviewing page!](#)

*-Carrie Bader*

Training Director @ Boost Oregon

