Interviewing Clients and Patients: Improving the Skill of Asking Open-Ended Questions

Editor’s Note: This article is part of a series from the Nutrition and Dietetic Educators and Preceptors (NDEP) group on emerging topics of interest in dietetics education.

YEARS OF OBSERVATIONS of nutrition counselors conducting open discussions with clients reveal that asking effective open-ended questions is a limiting factor during these exchanges.1,2 Educators and counselors are aware of the nature of open-ended questions, which usually begin with who, what, when, where, why, and how. They avoid simple, limited “yes” or “no” responses and are often used to initiate conversation. By providing the opportunity to reflect and engage in conversation, such questions elicit opinions and rich descriptions of experiences. Open-ended questions are often used by psychotherapists to encourage patients to share relevant information.3 Use of effective open-ended questions is the cornerstone of motivational interviewing technique, which uses discussion to help guide clients to overcome ambivalence and move toward behavior change.4 Motivational interviewing and open discussion techniques are increasingly being used by nutrition educators and registered dietitians to effect behavior change in their clients.5-8 In outpatient settings, facilitating support groups with open discussion to manage conditions, such as overweight and diabetes, is common,9-11 whereas in inpatient and community settings, more targeted participant-centered interviewing techniques are often recommended.6,12,13 The success of these approaches to counseling is largely dependent on using the correct type of open-ended questions.

- Example of a poor question: “What foods that you normally eat are high in calcium?”
- Example of a better question: “How do you make sure that you are getting enough calcium in your diet?”

Observational studies indicate that not all counselors are adept at asking effective open-ended questions that will promote discussion.1,2 When poor open-ended questions are posed, clients’ responses are too often short monosyllabic answers or scanty head and body gestures. As a result, the discussions are generally dominated by the counselor to avoid awkward silences. These unsatisfactory interactions frustrate counselors and minimize the potential impact to change their clients’ health behavior. This article aims to address reasons why some open-ended questions fail to facilitate discussions whereas other open-ended questions succeed. The intent is not elementary, as all educators and counselors are quite aware of the definition of open-ended questions, rather the aim is to drill to the nuances that differentiate effective open-ended questions from their ineffectual impostors.

CLOSED-ENDED VS OPEN-ENDED QUESTIONS

A closed-ended question is an interrogative that requires a specific one- or two-word answer.14 A list of words commonly used when asking closed-ended questions is presented in Figure 1. Note how the questions using these words are often seeking confirmation of the question being asked. When a counselor poses a closed-ended question, the expectation is that the answer will be short with no details, and the ball will be back in the counselor’s court to encourage a more complete response. Counselors are regularly discouraged from using closed-ended questions because they do not enrich a discussion; however, these questions have their place and may be used judiciously to elicit information or to converge a discussion and limit its scope.4,14

In contrast, open-ended questions seek to evoke longer answers that retrieve relevant information from the respondent using his or her own words. When using an open-ended question, the counselor expects that the respondent will delve into a relatively detailed explanation that will add meaning to the topic being discussed. However, if the response resembles that of a closed-ended question, the counselor wonders what went wrong and believes that the client dislikes discussions or is being uncooperative. When counselors pose the wrong type of open-ended question, the reticent client’s response will be short. In contrast, some clients will converse at length in response to any question. These talkative clients lead counselors to believe their questions are effective and to lay the blame of a poor discussion on the client rather than examine their questioning technique. All open-ended questions are not equal: some will promote discussion and others will halt it. The first step in asking effective questions is to understand the different types of open-ended questions.

TYPES OF OPEN-ENDED QUESTIONS

Open-ended questions that promote discussion should be simple in nature—brief, clear, and direct.15 The words listed in the first column in Figure 2 cover the spectrum of open-ended questions. These words—who, when, where, what, why, and how—have the potential to encompass all perspectives in a discussion.14 The questions in Figure 2 represent several categories of open-ended questions including: data questions, knowledge questions, leading questions, and open hypothetical questions. The answers to the ques-
tions presented in the third column of Figure 2 demonstrate the range of possible responses, from a few words to several sentences, depending on the specific type of open-ended question being asked. Naturally, the goal of the counselor is to ask open-ended questions that elicit a rich response such as: “What if you were not able to eat your lunch?” However, as demonstrated in the Figure 2, many open-ended questions may lead to short one- to two-word responses despite a counselor’s best efforts.

Data Questions
Data questions ask respondents to provide specific information. They gather facts about the client and the context. Data questions are closed questions disguised in an open-ended format. Figure 3 lists a number of data gathering questions and their possible short responses, which are limited to providing the counselor with the requested fact. They rarely spark the conversation or carry the discussion and should not be expected to do so. Counselors who rely on data questions to move a discussion forward often find themselves facing silence and feel rushed to ask another question. Because data questions are the simplest form of open-ended questions, many counselors revert to asking a string of data questions, collecting facts, but rarely moving the discussion forward. Following is an example of a conversation using data questions:

Counselor: Do you shop at the farmers’ market?
Client: Yes.
Counselor: Which farmers’ market do you shop at?
Client: The one on Main Street.
Counselor: How often do you shop there?
Client: On the third Thursday of every month.
Counselor: What do you buy when you go to the farmers’ market?
Client: Tomatoes, carrots, and corn.

Data questions are useful when conducting assessments, but they are not effective open-ended questions. Counselors who use data questions should anticipate the same short responses as the ones obtained from closed-ended questions, and should be prepared to follow-up with probing questions.

Knowledge Questions
Knowledge questions test the client. An example may be: “What are the benefits of fiber?” In this situation, the counselor knows all the correct answers and is asking the client to identify the correct answer. Knowledge questions are acceptable when quizzing students about a subject matter, but are problematic for encouraging conversation. First, they put clients on the defensive because clients will be worried about providing an incorrect response and looking foolish, especially in a group...
environment. Second, knowledge questions imply a top-down hierarchy where the counselor has the correct answer and is, therefore, superior to the client. Some examples of knowledge questions include:

- What types of fats are recommended for cooking?
- Which foods are particularly high in sodium?
- When should you give yourself insulin?
- Why is wheat not recommended for celiac disease?
- How many servings of dairy should you eat every day?

Nutrition educators and counselors frequently depend on knowledge questions to facilitate a discussion; little do they realize that these questions are conversation stoppers. Even in the classroom, educators are often frustrated when they ask knowledge questions and are faced with a roomful of silent students. Educators and counselors should refrain from asking questions that they themselves know the answer to. Knowledge questions are best avoided. If counselors feel compelled to use them, they may wish to rephrase the question using the phrase “What have you heard.” For example, “What causes celiac disease?” may be reworded as, “What have you heard about celiac disease?”

### Feeling Questions

Counselors are often advised to encourage clients to explore their feelings, such as their fears about health consequences or their apathy about changing behavior. However, feeling questions can be problematic. Reserved clients are reticent to share their feelings and may resent the intrusiveness of the question. Observations of dozens of group discussions revealed that direct feeling questions repeatedly
failed to explore clients’ emotions and resulted in short answer responses. Typical responses to the question “How do you feel about . . .?” were “OK, I guess” or a shrug of the shoulders. Counselors’ objectives are better served by exploring feelings indirectly through use of hypothetical situations or asking for a detailed account of events. Questions such as “What was it like for you to have to take medications every day?” or “Would you mind sharing your reaction when you found out you had high blood sugar?” are more effective open-ended questions that have the potential to explore feelings through further conversation and probing.

**Leading Questions**

Leading questions suggest the answer and prompt the client to respond in a particular direction. Such questions are commonly used in nutrition as the field often lends itself to designations of “good” or “bad” foods and eating patterns “to be avoided” or “to be recommended.” Asking leading questions is a natural continuation of these opposing dyads. Examples include:

- You enjoy chocolate too much, don’t you?
- Why do you believe that breastfeeding is good for your baby?
- What is it about smoking that makes it bad for your health?

Many of the leading questions used in nutrition carry a double whammy: they are knowledge questions that also pass tacit judgment and they should be avoided in any conversation.

**EFFECTIVE OPEN-ENDED QUESTIONS**

Open-ended questions that spark conversation require careful wording consideration and formulation. The purpose of these questions is to encourage clients to share their thoughts, opinions, feelings, experiences, hesitations, and motivators with the nutrition counselor who consequently will be better equipped to help clients change their behavior. Asking effective open-ended questions is a habit that can be cultivated. As a start, counselors, especially those with minimal counseling experience, such as students and dietetic interns, may wish to develop and carry a list of effective open-ended questions as a cheat sheet until they have mastered the art of asking these questions. Figure 4 provides common phrases to start authentic open-ended questions. Successful questions target the thoughts and experiences of clients by asking them to describe their life situations, ponder their decisions, share their opinions, and explore their fears and motivations. Following are a few tips that improve the effectiveness of open-ended questions:

- **Open-ended questions are specific.** General questions are often too difficult to answer and do not result in the desired response. For example, change the general question “What concerns would you like to share with us today?” to the more specific “What concerns about your toddler’s eating habits would you like to share with us today?”
Open-ended questions should be posed one at a time. Asking several questions in a row confuses the client, for example: “So, what was it like for you to eat out? I mean, when you went out to eat, what did you think? What was available to you? What choices did you make?” Faced with a string of questions that require multiple answers, the confused client will likely answer only one or none at all.

The success of an open-ended question varies depending on the situation. The success of a question is limited by the client’s willingness to share information. If the topic is not pertinent and meaningful to the client, he or she may not provide the desired elaborate response. In these instances, a skilled interviewer would investigate what related topic is of interest to the client and weave it into the discussion.

The following activity may be conducted in the classroom or at a workshop to help learners practice identifying the types of open-ended questions and work to improve them.

1. Ask students or attendees to gather in groups.
2. Have each group decide on a nutrition topic and develop a list of questions they would ask clients about the topic.
3. Choose one representative from each group to present the list of questions developed by their group members.
4. For each question, work together with the class/audience to identify the type of question formulated (e.g., data, knowledge, hypothetical) and how to improve it, if necessary.

**RECOMMENDATIONS**

All clients have stories to tell or opinions to share and most welcome the opportunity to divulge their thoughts and experiences. Counselors must ask the right question. The right question is open-ended, specific, sincere, nonjudgmental, and addresses a topic of interest to the particular client. Before formulating the questions to use in a...
session, the counselor needs to answer the following:\(^{14}\):

1. What do I know about the client (existing information from a program participant’s file or a patient’s medical chart)?
2. What do I not know about the client (information to collect)?
3. What are our (client and counselor) objectives for this session?
4. What do I need to know to reach the set objectives?

The specific open-ended questions to be used in a session should be formulated based on the four questions listed. This process focuses the discussion and guarantees that no question will be asked just for the sake of asking, but that all have been selected to retrieve specific information that will achieve the desired objectives.

Finally, counselors should be aware that normally an open-ended question undergoes several revisions before it becomes consistently effective. Questions should be evaluated objectively and revised as necessary. After every counseling session, the counselor should reflect back and ask “What happened after I asked this question?” and “How can I improve this question next time so I can get a better response?”\(^{15}\) Although simple answers to these questions hold the potential to significantly improve information gathering, ultimately, asking great questions does not guarantee success of a counseling session, which rests on the convergence of many variables.\(^{19}\) However, by spending time improving the skill of asking questions, the outcome will certainly be better than what it would have been otherwise.

References


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