Cultural Formulation Interview Cheat Sheet

Reviewed by the BastionGPT Clinical Advisory Board · July 2026

A cultural formulation interview (CFI) intake documents the client's own definition of the problem, explanatory model, supports, identity, and preferences for care, using the 16-question CFI from DSM-5-TR. No law or payer requires it, and it never replaces the required evaluation elements.

Client & interview context who, language, components
Do: record date, clinician, the evaluation it belongs to, interview language, interpreter used or declined, and which CFI components you administered.
Pitfall: language and interpreter status missing; the one culture-adjacent element carried by law must be provable.

Cultural definition of the problem the client's frame
Do: capture the problem in the client's words, including what they call it with family or community.
Pitfall: translating their words straight into diagnostic vocabulary; the label belongs in the assessment.

Causes & explanatory model beliefs about cause
Do: record what the client believes causes it, what people close to them believe, and where views differ.
Pitfall: a model recorded as a curiosity that never touches the formulation or the treatment conversation.

Stressors & supports social determinants
Do: document what makes it worse and better: relationships, work, housing, migration, faith, discrimination.
Pitfall: labels without function, like a supportive family with no clinical meaning attached.

Role of cultural identity as the client assigns it
Do: write which aspects of identity the client ties to the problem, and which they say do not matter.
Pitfall: assigning salience from demographics; the CFI asks rather than assumes.

Self-coping & past help seeking everything tried
Do: include own strategies, family remedies, faith practices, healers, and prior care, with what helped.
Pitfall: dismissing non-clinical help sources; they predict engagement and belong in the plan.

Barriers & preferences what they want now
Do: record what kept them from care and the help they prefer; note how the plan responds.
Pitfall: eliciting preferences, then writing a plan that ignores them without comment.

Clinician-client relationship name the dynamic
Do: document concerns about being understood across difference and what would help the work.
Pitfall: skipping it because it feels awkward; the interview reserves a domain for it.

Integration with formulation & plan where it earns its place
Do: state what the findings change for differential, engagement, and plan, tied to the parent evaluation.
Pitfall: an orphaned CFI; auditors read the required 90791 elements, not the addendum.

Before you sign

- [ ] Problem documented in the client's own words
- [ ] Explanatory model shapes the plan visibly
- [ ] Identity salience comes from the client's answers
- [ ] Interview language and interpreter recorded
- [ ] Required intake elements intact in the parent note
- [ ] Preferences honored in the plan or deferred with reasons
- [ ] Signed with credentials, co-signed where required

Drafting with AI

Capture 30 seconds of bullets after the interview: the client's words for the problem, causes they named, supports, identity aspects they tied to it, past help, preferences.

"Draft a CFI intake addendum from these bullets, adult referred for low mood, core CFI within a 90791 evaluation, prefers skills-focused therapy: …"

Never paste client-identifying information into consumer AI tools. BastionGPT is HIPAA-compliant with a signed BAA on every plan.

200 to 500 words	15 to 25 min by hand	About 20 min	Convention, not law
typical length	clinical team estimate	to administer, with practice	US · Canada · Australia

Full guide and sample note:
bastiongpt.com/template/cultural-formulation-interview

BastionGPT drafts the addendum from your interview bullets. Free 7-day trial.

Cultural Formulation Interview (CFI) Intake Template

Copy or print for your practice · Adapt fields to your organization's, payer's and jurisdiction's documentation requirements.

Client (initials): | DOB / age: | Date: | Clinician / credentials:

Interview language: | Interpreter used: | Components used: | Linked evaluation:

Cultural definition of the problem
In the client's words; how they describe it to family or community

Causes & explanatory model
Client and family attributions; where views agree or differ

Stressors & supports
Worse and better: relationships, work, housing, migration, faith, discrimination experiences

Role of cultural identity
As the client describes it; aspects they tie to the problem, and how

Self-coping & past help seeking
Own strategies, family remedies, healers, prior professional care; what helped

Barriers & preferences for current care
What kept the client from care; the help they want now

Clinician-client relationship
Concerns about being understood; what would help; communication arrangements

Integration with formulation & plan
What the findings change for differential, engagement, and the plan in the parent evaluation

Clinician signature / credentials: | Supervisor co-signature (if required): | Date signed: