CANCER RELIEF GIBRALTAR

FULL NAME: ______________________ DOB: ________ CRC #: _____

CANCER RELIEF – BRIEF GRIEF

Brief Grief Questionnaire

Date & Time:		**RGN:**	

	Not at all **0**	**Somewhat** ***(a little)*** **1**	**A lot** **2**
1. How much are you having trouble accepting the death of ……….?	☐	☐	☐
2. How much does your grief (sadness and longing) interfere with your life?	☐	☐	☐
3. How much are you having images or thoughts of …………. when s/he died or other images or thoughts about …………… that really bother you?	☐	☐	☐
4. Are there things you used to do when ……… was alive that you don't feel comfortable doing anymore, that you avoid? Like going somewhere you went with him/her, or doing things you used to enjoy together? Or avoiding looking at pictures or talking about ……….? How much are you avoiding these things?	☐	☐	☐
5. How much are you feeling cut off or distant from other people since ………. died, even people you used to be close to like family or friends?	☐	☐	☐
SCORE FROM ABOVE:			
	HIGH: 8-10	MED: 5-7	LOW: 0-4

Ref: Katherine Shear M.D. andSusan Essock Ph.D.Copyright University of Pittsburgh 2002

New Paperwork: Brief Grief – V1	Written by: N.McCheyne	Approved by & Date: DA/VC March 2021	Next revision due by: Mar 2022
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