Integra	ative H	ealth
116691		

Department of Family Medicine and Community Health



Brief Grief Questionnaire*

1. How much are you havin	g trouble accepting the dea	th of?		
Not at all0	Somewhat1	A lot 2		
2. How much does your gri	ef still interfere with your lif	e?		
Not at all0	Somewhat1	A lot 2		
3. How much are you having images or thoughts of when s/he died or other thoughts about the death that really bother you?				
Not at all0	Somewhat1	A lot 2		
4. Are there things you used to do when was alive that you don't feel comfortable doing anymore, or 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?				
Not at all0	Somewhat1	A lot 2		
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?				
Not at all0	Somewhat1	A lot 2		
	re suggests an individual <u>m</u> hear, personal communication			

Refer the individual to a grief specialist for further evaluation.

* Developed by M. Katherine Shear MD and Susan Essock PhD. Included with permission.

Brief Grief Questionnaire University of Wisconsin Integrative Health www.fammed.wisc.edu/integrative