

## Complicated Grief Assessment

**Please mark the box next to the answer that best describes how the respondent has been feeling over the past month. The blanks refer to the deceased person over whom the respondent is grieving.**

### **Criterion A:**

A.1a. In the past month, how often have you felt yourself longing and yearning for \_\_\_\_\_?

- Almost never (less than once a month) - 1
- Rarely (2-6 times/month) - 2
- Sometimes (more than 7 times/month, but not every day) - 3
- Every day - 4
- Several times every day - 5

A.1b. In the past month has the yearning been distressing to you or disruptive to your daily routine?

- Yes
- No

***A frequency of “every day” or “several times a day” OR distress or disruption caused by the yearning is required for a Complicated Grief diagnosis.***

### **Criteria B:**

***Below, 4 of 8 B Criteria must have an intensity of “4” or “5”.***

B1. In the past month, to what extent have you had difficulty accepting the death?

- No difficulty accepting the death - 1
- A slight sense of difficulty accepting the death - 2
- Some difficulty accepting the death - 3
- A marked sense of difficulty accepting the death - 4
- Extreme difficulty accepting the death - 5

B2. In the past month, to what extent have you had difficulty trusting people?

- No difficulty trusting others - 1
- A slight sense of difficulty trusting others - 2
- Some sense of difficulty trusting others - 3
- A marked sense of difficulty trusting others - 4
- An extreme sense of difficulty trusting others - 5

B.3. In the past month, to what extent have you felt bitter over \_\_\_\_\_'s death?

- No sense of bitterness - 1
- A slight sense of bitterness - 2
- Some sense of bitterness - 3
- A marked sense of bitterness - 4
- An extreme sense of bitterness - 5

B4. Sometimes people who lose a loved one feel uneasy about moving on with their life. In the past month, to what extent do you feel that moving on (for example, making new friends, pursuing new interests) would be difficult for you?

- Moving on would not be difficult - 1
- Moving on would be a little difficult - 2
- Moving on would be somewhat difficult - 3
- Moving on would be very difficult - 4
- Moving on would be extremely difficult - 5

B.5. In the past month, to what extent have you felt emotionally numb or had difficulty connecting with others?

- No sense of numbness - 1
- A slight sense of numbness - 2
- Some sense of numbness - 3
- A marked sense of numbness - 4
- An extreme sense of numbness - 5

B.6. In the past month, to what extent do you feel that life is empty or meaningless without \_\_\_\_\_?

- No sense of emptiness or meaninglessness - 1
- A slight sense of emptiness or meaninglessness - 2
- Some sense of emptiness - 3
- A marked sense of emptiness - 4
- An extreme sense of emptiness - 5

B.7. In the past month, to what extent do you feel that the future holds no meaning or purpose without \_\_\_\_\_?

- No sense that the future holds no purpose - 1
- A slight sense that the future holds no purpose - 2
- Some sense that the future holds no purpose - 3
- A marked sense that the future holds no purpose - 4
- An extreme sense that the future holds no purpose - 5

B.8. In the past month, to what extent have you felt on edge, jumpy, or easily startled?

- No feelings of being on edge - 1
- A slight sense of feeling on edge - 2
- Some sense of feeling on edge - 3
- A marked sense of feeling on edge - 4
- An extreme sense of feeling on edge - 5

**Criterion C.** Has your grief resulted in impairment in your in your social, occupational, or other areas of functioning? For instance, does your grief make it difficult for you to perform your normal daily activities?

- Yes - 1
- No - 2
- REF - 97
- DK - 98

*If Yes, then Criterion C is met.*

**Criterion D.** Have any of the above symptoms, including yearning and at least one Criterion B symptom, lasted for at least six months?

- Yes - 1
- No - 2

***The symptoms must have persisted for at least six months to be considered “Yes”. If the respondent suggests that the symptoms have occurred intermittently, then mark “No”.***

*If Yes, then Criterion D is met.*

**Complicated Grief Diagnosis = Criteria A, B, C, and D are met.**

- Yes - 1
- No - 2

## REFERENCES

Prigerson HG. Complicated Grief: When the path of adjustment leads to a dead-end. Bereavement Care 2005; 23 (3): 38-40

**Prigerson HG**, Maciejewski PK. A Call for Sound Empirical Testing and Evaluation of Criteria for Complicated Grief Proposed for DSM-V. Omega: Journal of Death & Dying 2005, Vol. 52 Issue 1, p9

**Prigerson HG**, Vanderwerker LC. Final Remarks. Omega: Journal of Death & Dying 2005, Vol. 52 Issue 1, p91

**Prigerson HG**, Vanderwerker LC, Maciejewski PK. Complicated Grief as a Mental Disorder: Inclusion in DSM. Chapter 8 in Handbook of Bereavement Research and Practice: 21<sup>st</sup> Century Perspectives, Eds. Margaret Stroebe, Robert Hansson, Henck Schut, and Wolfgang Stroebe, American Psychological Association Press, 2007