



GRIEF SNAPSHOT

About the bereaved:

Name:	
Relationship to the patient:	
Telephone number:	
PHIN:	Date of birth:

Was the bereaved a caregiver for the deceased?	<i>Describe</i>
Is the bereaved responsible for other dependents? (e.g. minor children, aging parent)	<i>Describe</i>
Previous bereavement or other major losses? <i>Does the bereaved view any of these previous losses as "unresolved"?</i>	<i>Describe</i>
History of mental health issues?	<i>Describe</i>
History of past suicidal thoughts or past suicide attempts that you know of?	<i>Describe</i>
History of addiction that you know of?	<i>Describe</i>
Other stressors? (e.g. illness, financial hardship, single parenthood, other non-death losses)	<i>Describe</i>
Does the bereaved struggle with emotional regulation? <i>Does the bereaved indicate that strong and fluctuating emotions are a problem? Conversely does the bereaved report feeling numb?</i>	<i>Describe</i>
Is the bereaved experiencing intrusive or ruminative thoughts? (the death) <i>Are there particular thoughts that the bereaved finds intrusive and/or repetitive? (i.e. a certain memory, something about the death itself)</i>	<i>Describe</i>
Is the bereaved expressing anger/frustration with the Health Care System?	<i>Describe</i>
Is the bereaved avoiding aspects of the grief? <i>Is the bereaved avoiding places, people, or things related to the deceased? Or avoiding making room for their own grief?</i>	<i>Describe</i>
Other pertinent information?	<i>Describe</i>
Bereaved has declined bereavement follow-up	<input type="checkbox"/> YES

Credit: Victoria Hospice