

Initial: _____

Date: ____/____/____



— THE CENTER FOR —
COMPLICATED GRIEF

Brief Grief Questionnaire (BGQ)

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DO NOT CIRCULATE WITHOUT WRITTEN PERMISSION BY AUTHOR

1. How much are you having trouble accepting the death of _____?

0
Not at all

1
Somewhat

2
A lot

2. How much does your grief still interfere with your life?

0
Not at all

1
Somewhat

2
A lot

3. How much are you having images or thoughts of _____ when he/she died or other thoughts about the death that really bother you?

0
Not at all

1
Somewhat

2
A lot

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?

0
Not at all

1
Somewhat

2
A lot

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?

0
Not at all

1
Somewhat

2
A lot