

## Appendices

### ***Appendix 1.1: Case histories***

### Case 1: Somatisation of grief

Mrs X was a 59 year old withdrawn divorcee who suffered from hypertension and asthma, and who frequently presented with somatic symptoms of her emotional issues. After a new diagnosis of non-insulin dependent diabetes, she consulted me in a distressed and tearful state because the knowledge of her diabetes made her feel like ‘trash’ and ‘rubbish’.

Explanations that she was grieving the loss of her health provided her with an understanding of her distress and led to her identifying a series of other losses in her life. These included her divorce, her grown up children leaving home, the loss of a previously supportive church group, physical and sexual abuse as a child (which also gave rise to feelings of herself as ‘trash’ and ‘rubbish’), the death of two grandchildren through sudden infant death syndrome and the threat of the breakdown of her son’s marriage. Monthly counselling sessions using the Grief Map (Clark, 2001) assisted her in working through these losses and in increasing her coping skills, and provided a framework through which she could redirect her life to meaningful purposes.

An agreed management plan consisted of separate sessions of counselling and medical review. Following this her somatisation ceased, she became effective in managing her diabetes, and she became actively involved in her community again.

### Case 2: Patient presenting with depression

Mrs Y was a 59 year old married woman who presented with a 30 year history of depression. She had already consulted several other doctors and had taken antidepressants without gaining relief.

When asked what had happened 30 years ago she replied that her only baby had died of jaundice when he was three days old, 9 years after she and her husband had migrated to Australia. Further questioning also determined that in the past five years both her parents in the UK had died. She regretted not having been able to see them before their death, and had never said her final goodbyes to them. Other regrets in relation to her migration included the distress she had caused her parents by coming to Australia, and that she felt she had never adequately given tribute to them in their lifetime.

Monthly counselling sessions occurred over a period of six months. These included grief education and strategies for effecting closure with the baby and her parents (Neimeyer, 2000) and led to her to accommodate to the losses of the baby, her parents, and her migration. Clinical assessment, and reports by her husband during this time showed her depression to be consistently improving. There was also evidence of her increased involvement in activities with her children and grandchildren. Six weeks before termination of the counselling she informed me that her own GP had started her on a new antidepressant. She then informed me that she felt better than she had felt for 30 years, and felt no further need for counselling.

Follow up three years later found that the depression had relapsed a few months after ceasing counselling and while still on antidepressant medication.

### **Case 3: Hypertension in a patient with grief**

A 57 year-old ship rigger, who had suffered a fall at work one month previously, presented with partial paralysis of the right arm secondary to a C6 disc lesion. Six months previous to this consultation his blood pressure was 130/85. After several weeks of symptomatic treatment, during which he had decided against surgery because of the risks involved (a mate of his had been rendered quadriplegic following such as operation), he came for review. His blood pressure was found to be 150-160/100-110 on this and the following three occasions.

He appeared depressed and anxious. He revealed that he had lost his role in life and no longer felt the person he used to be. He was unable to return to the work that he loved: he used to have enormous pride in watching the ships he had rigged sailing down the Port River and knowing he had been responsible for their safe passage. He had lost his mates and the friendship that they had brought him. As he was divorced he now found there were few people around with whom to socialize.

He was started on an antihypertensive and some counselling sessions were arranged. These dealt with assisting him acknowledge his losses and his feelings of grief, and to reconstruct some meaning from his other interests in life. He gradually invested his energies in collecting marine artifacts and in making a circle of friends in a new seaside community. During this time his blood pressure varied between 140/90 and 160/100 while still on medication. Over the following three years his blood pressure gradually reduced after which he came off his antihypertensive and his blood pressure remained between 130-140/85-95.

Follow up six years later found that he was well and still off antihypertensives. He was still engaged in following the pursuits he had started during his rehabilitation. His lifestyle was full and satisfying even though the strength in his right arm had not returned to normal.

#### Case 4: Example of routine after-loss care

Mrs W was a 72 year-old patient whose husband had died suddenly of a heart attack shortly after admission to hospital. I telephoned her the next day to express my condolences and to inform her I intended to visit her that day. The visit included a check of her physical symptoms of grief, including her pulse and blood pressure, and an assessment that her support networks were satisfactory. She was given some information about grief, and I asked her to contact me should she need any further assistance. I followed this up by a phone call four months later, at which time she informed me things were going as well as could be expected,

and that she did not require my help. She consulted me two years later for an unrelated medical problem. During this, she told me that although she had not needed medical care after her husband's death, the offer of further help at that initial visit had been of great comfort and a safety net during the subsequent months.

## ***Appendix 4.1: Ethics approval***



THE UNIVERSITY OF ADELAIDE

Registry Secretariat

Ref: HE/142/93, F.2603/75

Enquiries:

Mrs. H. Malby, Acting Secretary,  
Committee on the Ethics of Human Experimentation  
Tel: (08) 30-34014

24 August 1993

Dr. S. Clark  
Department of Community Medicine

Dear Dr. Clark,

**H/20/93 - LOSS AND GRIEF IN GENERAL PRACTICE**

Thank you for providing the additional information in your letter of 10 August 1993.

I am pleased to inform you that the Committee on the Ethics of Human Experimentation has considered and approved the above project. **Project approvals are current for one year only and the expiry date for your project will be 30 September 1994.**

Please note that any change to the project which may affect its ethical aspects will invalidate the project's approval. In such cases an amended protocol must be submitted to the Committee for further approval.

Subjects taking part in the study should be given a copy of the Information Sheet and the signed Consent Form to retain.

Applications for renewal must be accompanied by a brief report on the project's progress and any ethical issues which may have arisen. Similarly, if the project has been completed, has lapsed, or has been withdrawn, a report should be submitted to the Committee.

I take this opportunity to wish you well in your research.

Yours sincerely,

F.J. O'NEILL  
Registrar

***Appendix 4.2: Patient information sheet***



**Information on**  
**"LOSS & GRIEF IN GENERAL PRACTICE"**  
**PROJECT**

The purpose of this project is to assess new therapies by which general practitioners may help patients suffering loss and grief.

You may not benefit personally from the study. However, your participation will be important in determining benefit to the community.

You will be allocated to one of two therapies: Either the standard therapy normally used by your doctor, or the standard therapy plus the new treatment under trial. The standard therapy will be the counselling and advice which your doctor normally provides for his or her patients. The new treatments will consist of grief counselling therapies specifically developed for use in general practice.

The number of consultations will be as many as you and your doctor feel are necessary to your benefit. You will be asked to complete questionnaires at various stages. At the end of your treatment, you will be able to know to which you had been allocated.

A decision not to enter the Project will not prejudice your treatment nor your relationship with your doctor. Your doctor will continue to give you the help that he or she feels most appropriate to your needs.

Enrolment in the trial is entirely voluntary and you may withdraw from it at any time without prejudice to your future treatment. Should your doctor think it desirable, he or she may withdraw you from the trial for alternative treatment such as referral to a specialist.

Your confidentiality will be maintained throughout the Project and your personal details will not be divulged.

Should any difficulties arise regarding the study, you should contact your doctor on the following phone number: .....

***Appendix 4.3: Consent form***

**CONSENT FORM**

See also Information Sheet attached.

1. I \_\_\_\_\_ (please print) hereby consent to take part in the research project entitled:  
LOSS & GRIEF IN GENERAL PRACTICE
  
2. I acknowledge that I have read the Information Sheet entitled:  
INFORMATION ON "LOSS AND GRIEF IN GENERAL PRACTICE" PROJECT
  
3. I have had the project, so far as it affects me, fully explained to my satisfaction by the research worker. My consent is given freely.
4. Although I understand that the purpose of this research project is to improve the quality of medical care, it has also been explained that my involvement may not be of any benefit to me.
5. I have been given the opportunity to have a member of my family or a friend present while the project was explained to me.
6. I have been informed that, while information gained during the study may be published, I will not be identified and my personal results will not be divulged.
7. I understand that I am free to withdraw from the project at any time and that this will not affect medical advice in the management of my health, now or in the future.
8. I am aware that I should retain a copy of this Consent Form, when completed, and the relevant Information Sheet.

SIGNED ..... DATE .....

NAME OF WITNESS ..... SIGNED .....  
(Please print) DATE .....

I, ..... have described to .....  
(Please print)

the nature of the procedures to be carried out. In my opinion she/he understood the explanation.

SIGNED ..... DATE .....

STATUS IN PROJECT .....

***Appendix 4.4: Post interview information sheet***

**Post questionnaire information sheet**

Thank you for answering these questions.

If you would like any help regarding these issues, counselling services are available from the following:

your local community health centre (see under 'Community Health Centres' listed in the phone directory)

your local general practitioner

***Appendix 5.1: Draft interview schedule***

**Date**                   

Practice number   

Patient's ID number   

Audiotape code   

Thank you for agreeing to participate in the interview. I would like to ask you some questions about your visit to the doctor and then some about any losses you might be experiencing at present.

What you tell me will be completely confidential.

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**Clinical impression**

No grief       Mild grief       Moderate grief       Severe grief

Opening	? Loss
<p>What was the reason you came to the doctor?</p> <p>What has the doctor told you about the illness? (if relevant)</p> <p>What other medical problems do you have at present?</p> <p>What past illnesses or operations have you had?</p> <p>What medications are you on? (<i>record all medications</i>)</p> <p>(<i>If the medication list reveals other medical conditions</i>)            What are you on these medications for?</p> <p>Have you been under any stress lately?  <i>If 'yes': Please tell me about it</i></p>	

**Loss review**

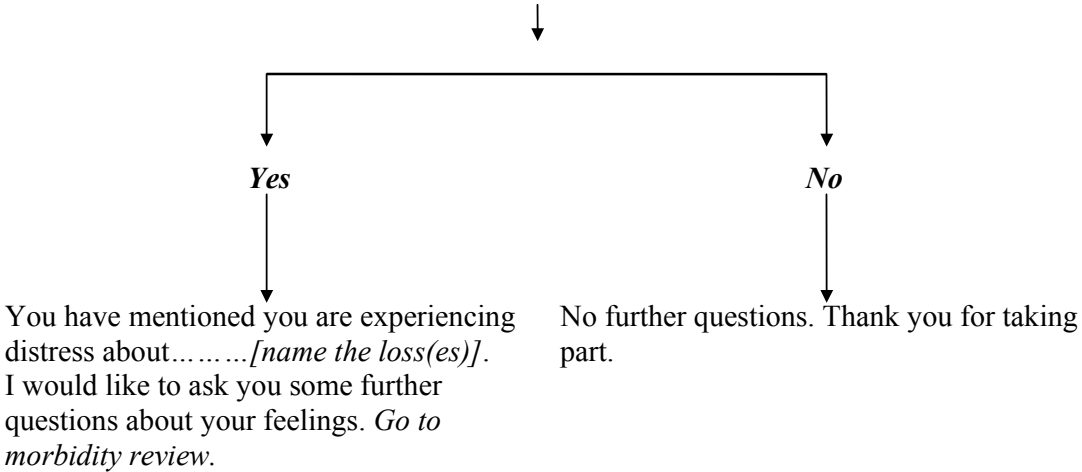
I would now like to ask you a few questions about various losses:

<p>Are you experiencing distress about loss of quality of your life due to illness, disability, aging or injury?</p>	
<p>Are you experiencing distress about loss of quality of the life of someone close to you due to illness, disability, aging or injury?</p>	
<p>Are you experiencing distress about a loss of your employment which occurred in the past or which will happen in the future? This loss of employment may have occurred through any means, such as through retirement, redundancy, unemployment etc?</p>	
<p>Are you experiencing distress about a loss of employment to someone close to you which occurred in the past or which will happen in the future? This loss of employment may have occurred through any means, such as through retirement, redundancy, unemployment etc?</p>	
<p>Are you experiencing distress about a past or future death of a loved one?</p>	
<p>Are you experiencing distress about fear of your own death?</p>	



Are you experiencing distress about a loss of opportunity to you or someone close to you, such as career choice etc?	
Are you experiencing distress about a financial loss or loss of personal property significant to you such as through disaster, collapse of a financial organisation or burglary etc?	
Are you experiencing distress as a result of you or someone close to you migrating or moving house?	
Are you experiencing distress about the loss of someone close to you through separation, divorce, child leaving home etc (ie other than through death or migration)?	
Are you experiencing distress about a loss or lack of pregnancy to you or someone close to you through infertility, miscarriage, abortion, sterilisation, stillbirth etc?	
Are you experiencing distress about serious illness or death of a pet?	
Are you experiencing distress about loss of personal integrity to you or someone close to you through violence, such as rape, incest, domestic violence, war etc?	
Are you experiencing distress about any other loss?	

*Losses detected*



Morbidity review	Scale
<p><b>Emotions</b> Tell me about .....[name the loss(es)]</p> <p>How do you feel about.....[name the loss(es)] at present?</p> <p>How is/are..... [name the loss(es)] affecting you emotionally?</p>	<p>0 1 2 3</p>
<p><b>Physical symptoms</b> Are ..... [name the loss(es)] causing you any physical symptoms?</p> <p>If 'yes': Tell me about them.</p> <p>If 'no': 'What about aches and pains, loss of energy, indigestion etc?'</p> <p>Is/are.....[name the loss(es)] keeping you awake at night?</p> <p>Is/are.....[name the loss(es)] causing you to drink more?</p> <p>Is/are.....[name the loss(es)] causing you to smoke more heavily?</p> <p>Is are.....[name the loss(es)] causing you to take more medication or drugs of any sort?</p>	<p>0 1 2 3</p>
<p><b>Cognitive functioning</b> Are you experiencing difficulty with memory as a result of.....[name the loss(es)]?</p> <p>If 'yes' Tell me about it.</p> <p>Are you experiencing difficulty with concentration as a result of.....[name the loss(es)]?</p> <p>If 'yes' Tell me about it.</p> <p>Are you finding thoughts about <i>the loss</i> keep intruding into your mind?</p> <p>If 'yes' Tell me about them.</p>	<p>0 1 2 3</p>

<p><b>Social</b>          Has/have.....[name the loss(es)] caused you to wish to withdraw from the company of others?   <i>If 'yes' Tell me about it.</i></p> <p>Do you feel .....[name the loss(es)] has/have caused you to feel a need for other people around you to give you comfort or support?- whether you have got that support or not?  <i>If 'yes' Tell me about it.</i></p>	<p>0    1    2    3</p>
<p><b>Spiritual</b>          Has/have.....[name the loss(es)] changed your values?  <i>If 'yes' Tell me about the changes</i></p> <p>Has/have.....[name the loss(es)] changed your beliefs?  <i>If 'yes' Tell me about the changes</i></p>	<p>0    1    2    3</p>

This is a scale where 0 represents no distress and 10 represents the maximum distress you can possibly experience. Considering .....[name the loss(es)] you have been telling me about, where would you put yourself on this scale at the present?



***Debrief:***

What you have told me has been very helpful for the study. How do you feel now?

*If distressed:*

I am concerned that you are so distressed about these losses.

It is certainly very difficult for you and I notice how upset you are.

You have been very courageous to talk to me today.

If you would like any further help, here are the numbers of your doctor and counsellor who can help you (hand the patient the post-interview information sheet)

*NOW: complete the clinical impression on page 1.*

***Appendix 5.2: Prompt sheet***

## Prompt Sheet

### **Beginning the interview**

Build rapport.

**Inform the subject that the purpose of the interview is to inquire about losses they might be experiencing.**

Confirm confidentiality.

Inquire whether subjects will give their permission for the interview to be audiotaped.

If yes, record subject's ID number only on the tape and refrain from using their name throughout the duration of the interview.

**Ask subjects to respond as honestly as possible.**

### **Loss survey**

Do you regard this as a loss?

Does this loss situation .....(*name the loss*) cause you distress at present?

**Use positive reinforcement to subjects when they disclose information useful to the study.**

### **Grief measure**

Explore losses with appropriate open and confirmatory questions to determine the severity of each domain as you think appropriate.

### **Debrief**

What you have told me has been very useful to the study. How do you feel now?

### **For distressed subjects**

I am concerned that you are so distressed about these losses.

It is certainly very difficult for you and I notice how upset you are.

You have been very courageous to talk to me today.

If you would like any further help here are the numbers of your doctor and counsellors who can help you.

### **All subjects**

Hand the patient the post-interview information sheet.

**Now:** complete the clinical impression on page 1.

***Appendix 5.3: Trial interview schedule***

## Interview schedule for Grief Diagnostic Interview: Trial

Date

Practice number

Patient's ID number

Audiotape code

Thank you for agreeing to participate in the interview. I would like to ask you some questions about your visit to the doctor and then some about any losses you might be experiencing at present.

What you tell me will be completely confidential.

### *CLINICAL IMPRESSION*

No grief	Minimal grief	Mild grief	Moderate grief	Severe grief
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



Opening	? Loss
<p>What was the reason you came to the doctor?</p> <p>What has the doctor told you about the illness? (if relevant)</p> <p>What other medical problems do you have at present?</p> <p>What past illnesses or operations have you had?</p> <p>What medications are you on? (<i>record all medications</i>)</p> <p>(<i>If the medication list reveals other medical conditions</i>)            What are you on these medications for?</p> <p>Have you been under any stress lately?  <i>If 'yes': Please tell me about it</i></p>	

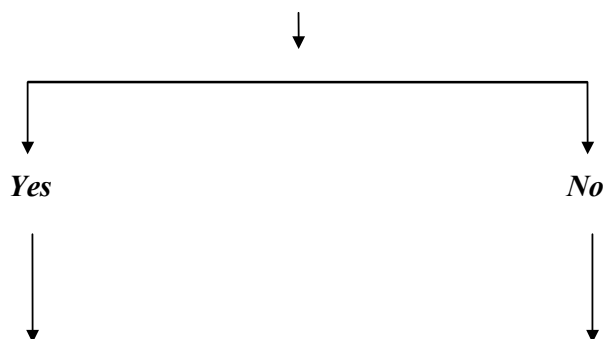
**Loss review**

I would now like to ask you a few questions about various losses:

<p>Are you experiencing distress about loss of quality of your life due to illness, disability, aging or injury?</p>	
<p>Are you experiencing distress about loss of quality of the life of someone close to you due to illness, disability, aging or injury?</p>	
<p>Are you experiencing distress about a loss of your employment which occurred in the past or which will happen in the future? This loss of employment may have occurred through any means, such as through retirement, redundancy, unemployment etc?</p>	
<p>Are you experiencing distress about a loss of employment to someone close to you which occurred in the past or which will happen in the future? This loss of employment may have occurred through any means, such as through retirement, redundancy, unemployment, illness, birth of a baby etc?</p>	
<p>Are you experiencing distress about a past or future death of a loved one?</p>	
<p>Are you experiencing distress about fear of your own death?</p>	

Are you experiencing distress about a loss of opportunity to you or someone close to you, such as career choice etc?	
Are you experiencing distress about a financial loss or loss of personal property significant to you such as through disaster, collapse of a financial organisation or burglary etc?	
Are you experiencing distress as a result of you or someone close to you migrating or moving house?	
Are you experiencing distress about the loss of someone close to you through separation, divorce, child leaving home etc (ie other than through death or migration)?	
Are you experiencing distress about a loss or lack of pregnancy to you or someone close to you through infertility, miscarriage, abortion, sterilisation, stillbirth etc?	
Are you experiencing distress about serious illness or death of a pet?	
Are you experiencing distress about loss of personal integrity to you or someone close to you through violence, such as rape, incest, domestic violence, war etc?	
Are you experiencing distress about any other loss?	

**Losses detected**



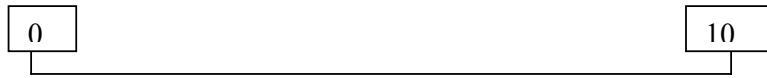
You have mentioned you are experiencing distress about.....[name the loss(es)]. I would like to ask you some further questions about your feelings. *Go to morbidity review below.*

No further questions. Thank you for taking part.

<b>Morbidity review</b>	<b>Scale</b>
<p><b>Emotions</b> Tell me about .....[name the loss(es)]</p> <p>How do you feel about.....[name the loss(es)] at present?</p> <p>How is/are.....[name the loss(es)] affecting your life?</p> <p>How is/are..... [name the loss(es)] affecting you emotionally?</p>	<p>0 1 2 3</p>
<p><b>Physical symptoms</b> Are ..... [name the loss(es)] causing you any physical symptoms?</p> <p><i>If 'yes':</i> Tell me about them.</p> <p><i>If 'no':</i> 'What about aches and pains, loss of energy, indigestion etc?'</p> <p>Is/are.....[name the loss(es)] keeping you awake at night?</p> <p>Is/are.....[name the loss(es)] causing you to drink more?</p> <p>Is/are.....[name the loss(es)] causing you to smoke more heavily?</p> <p>Is are.....[name the loss(es)] causing you to take more medication or drugs of any sort?</p>	<p>0 1 2 3</p>

<p><b>Cognitive functioning</b>  Are you experiencing difficulty with memory as a result of.....[<i>name the loss(es)</i>]?</p> <p><i>If 'yes' Tell me about it.</i></p> <p>Are you experiencing difficulty with concentration as a result of.....[<i>name the loss(es)</i>]?</p> <p><i>If 'yes' Tell me about it.</i></p> <p>Are you finding thoughts about <i>the loss</i> keep intruding into your mind?</p> <p><i>If 'yes' Tell me about them.</i></p>	<p>0 1 2 3</p>
<p><b>Social</b>  Has/have.....[<i>name the loss(es)</i>] caused you to wish to withdraw from the company of others?</p> <p><i>If 'yes' Tell me about it.</i></p> <p>Do you feel .....[<i>name the loss(es)</i>] has/have caused you to feel a need for other people around you to give you comfort or support?- whether you have got that support or not?</p> <p><i>If 'yes' Tell me about it.</i></p>	<p>0 1 2 3</p>
<p><b>Spiritual</b>  Has/have.....[<i>name the loss(es)</i>] changed your values?</p> <p><i>If 'yes' Tell me about the changes</i></p> <p>Has/have.....[<i>name the loss(es)</i>] changed your beliefs?</p> <p><i>If 'yes' Tell me about the changes</i></p>	<p>0 1 2 3</p>

This is a scale where 0 represents no distress and 10 represents the maximum distress you can possibly experience. Considering .....[name the loss(es)] you have been telling me about, where would you put yourself on this scale at the present?



***Debrief:***

What you have told me has been very helpful for the study. How do you feel now?

*If distressed:*

I am concerned that you are so distressed about these losses.

It is certainly very difficult for you and I notice how upset you are.

You have been very courageous to talk to me today.

If you would like any further help, here are the numbers of your doctor and counsellor who can help you (hand the patient the post-interview information sheet)

*NOW: complete the clinical impression on page 1.*

***Appendix 5.4: Evaluation interview schedule***

## Interview schedule for Grief Diagnostic Interview: Evaluation

Date

Practice number

Patient's ID number

Audiotape code

Thank you for agreeing to participate in the interview. I would like to ask you some questions about your visit to the doctor and then some about any losses you might be experiencing at present.

What you tell me will be completely confidential.

### Clinical impression

No grief	Minimal grief	Mild grief	Moderate grief	Severe grief
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Opening	? Loss
<p>What was the reason you came to the doctor?</p> <p>What has the doctor told you about the illness? (if relevant)</p> <p>What other medical problems do you have at present?</p> <p>What past illnesses or operations have you had?</p> <p>What medications are you on? (<i>record all medications</i>)</p> <p>(<i>If the medication list reveals other medical conditions</i>)            What are you on these medications for?</p> <p>Have you been under any stress lately?  <i>If 'yes': Please tell me about it</i></p>	

**Loss review**

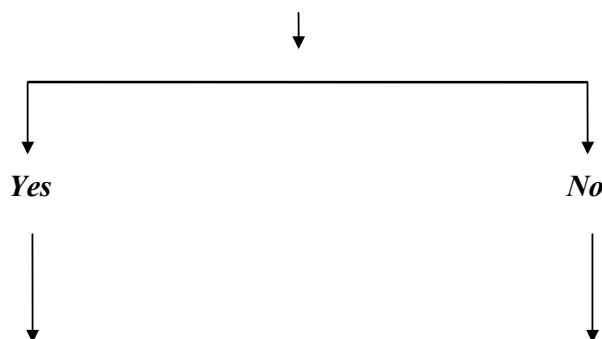
I would now like to ask you a few questions about various losses:

<p>Are you experiencing distress about loss of quality of your life due to illness, disability, aging or injury?</p>	
<p>Are you experiencing distress about loss of quality of the life of someone close to you due to illness, disability, aging or injury?</p>	
<p>Are you experiencing distress about a loss of your employment which occurred in the past or which will happen in the future? This loss of employment may have occurred through any means, such as through retirement, redundancy, unemployment, illness, birth of a baby etc?</p>	
<p>Are you experiencing distress about a loss of employment to someone close to you which occurred in the past or which will happen in the future? This loss of employment may have occurred through any means, such as through retirement, redundancy, unemployment, illness, birth of a baby etc?</p>	
<p>Are you experiencing distress about a past or future death of a loved one?</p>	
<p>Are you experiencing distress about fear of your own death?</p>	



Are you experiencing distress about a loss of opportunity to you or someone close to you, such as career choice etc?	
Are you experiencing distress about a financial loss or loss of personal property significant to you such as through disaster, collapse of a financial organisation or burglary etc?	
Are you experiencing distress as a result of you or someone close to you migrating or moving house?	
Are you experiencing distress about the loss of someone close to you through separation, divorce, child leaving home etc (ie other than through death or migration)?	
Are you experiencing distress about a loss or lack of pregnancy to you or someone close to you through infertility, miscarriage, abortion, sterilisation, stillbirth etc?	
Are you experiencing distress about serious illness or death of a pet?	
Are you experiencing distress about loss of personal integrity to you or someone close to you through violence, such as rape, incest, domestic violence, war etc?	
Are you experiencing losses through fostering or adoption eg being or caring for a fostered or adopted child?	
Are you experiencing loss of freedom eg being a carer, from retirement of a spouse, a relative in goal etc?	
Are you experiencing distress about any other loss?	

**Losses detected**



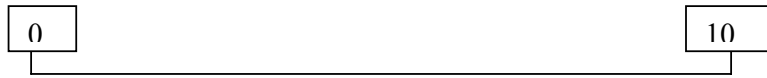
You have mentioned you are experiencing distress about.....[name the loss(es)]. I would like to ask you some further questions about your feelings. *Go to morbidity review below.*

No further questions. Thank you for taking part.

<b>Morbidity review</b>	<b>Scale</b>
<p><b>Emotions</b> Tell me about .....[name the loss(es)]</p> <p>How do you feel about.....[name the loss(es)] at present?</p> <p>How is/are.....[name the loss(es)] affecting your life?</p> <p>How is/are..... [name the loss(es)] affecting you emotionally?</p>	<p>0 1 2 3</p>
<p><b>Physical symptoms</b> Are ..... [name the loss(es)] causing you any physical symptoms?</p> <p><i>If 'yes':</i> Tell me about them.</p> <p><i>If 'no':</i> 'What about aches and pains, loss of energy, indigestion etc?'</p> <p>Is/are.....[name the loss(es)] keeping you awake at night?</p> <p>Is/are.....[name the loss(es)] causing you to drink more?</p> <p>Is/are.....[name the loss(es)] causing you to smoke more heavily?</p> <p>Is are.....[name the loss(es)] causing you to take more medication or drugs of any sort?</p>	<p>0 1 2 3</p>

<p><b>Cognitive functioning</b>  Are you experiencing difficulty with memory as a result of.....[<i>name the loss(es)</i>]?</p> <p><i>If 'yes' Tell me about it.</i></p> <p>Are you experiencing difficulty with concentration as a result of.....[<i>name the loss(es)</i>]?</p> <p><i>If 'yes' Tell me about it.</i></p> <p>Are you finding thoughts about <i>the loss</i> keep intruding into your mind?</p> <p><i>If 'yes' Tell me about them.</i></p>	<p>0 1 2 3</p>
<p><b>Social</b>  Has/have.....[<i>name the loss(es)</i>] caused you to wish to withdraw from the company of others?</p> <p><i>If 'yes' Tell me about it.</i></p> <p>Do you feel .....[<i>name the loss(es)</i>] has/have caused you to feel a need for other people around you to give you comfort or support?- whether you have got that support or not?</p> <p><i>If 'yes' Tell me about it.</i></p>	<p>0 1 2 3</p>
<p><b>Spiritual</b>  Has/have.....[<i>name the loss(es)</i>] changed your values?</p> <p><i>If 'yes' Tell me about the changes</i></p> <p>Has/have.....[<i>name the loss(es)</i>] changed your beliefs?</p> <p><i>If 'yes' Tell me about the changes</i></p>	<p>0 1 2 3</p>

This is a scale where 0 represents no distress and 10 represents the maximum distress you can possibly experience. Considering .....[name the loss(es)] you have been telling me about, where would you put yourself on this scale at the present?



***Debrief:***

What you have told me has been very helpful for the study. How do you feel now?

*If distressed:*

I am concerned that you are so distressed about these losses.

It is certainly very difficult for you and I notice how upset you are.

You have been very courageous to talk to me today.

If you would like any further help, here are the numbers of your doctor and counsellor who can help you (hand the patient the post-interview information sheet)

*NOW: complete the clinical impression on page 1.*

***Appendix 5.5: Final Grief Diagnostic Interview schedule***

## Interview schedule for Grief Diagnostic Interview

Date

Practice number

Patient's ID number

Audiotape code

Thank you for agreeing to participate in the interview. I would like to ask you some questions about your visit to the doctor and then some about any losses you might be experiencing at present.

What you tell me will be completely confidential.

### CLINICAL IMPRESSION

No grief	Minimal grief	Mild grief	Moderate grief	Severe grief
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Opening	? Loss
<p>What was the reason you came to the doctor?</p> <p>What has the doctor told you about the illness? (if relevant)</p> <p>What other medical problems do you have at present?</p> <p>What past illnesses or operations have you had?</p> <p>What medications are you on? (<i>record all medications</i>)</p> <p>(<i>If the medication list reveals other medical conditions</i>)            What are you on these medications for?</p> <p>Have you been under any stress lately?  <i>If 'yes': Please tell me about it</i></p>	

**Loss review**

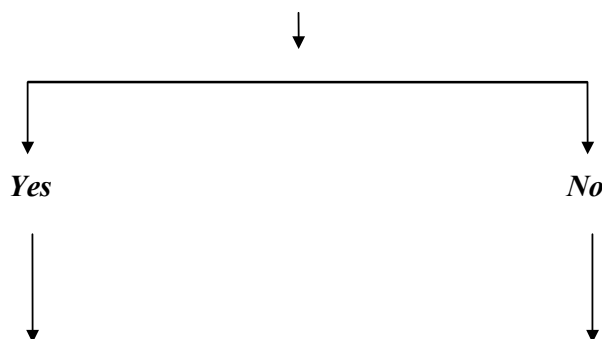
I would now like to ask you a few questions about various losses:

<p>Are you experiencing distress about loss of quality of your life due to illness, disability, aging or injury?</p>	
<p>Are you experiencing distress about loss of quality of the life of someone close to you due to illness, disability, aging or injury?</p>	
<p>Are you experiencing distress about a loss of your employment which occurred in the past or which will happen in the future? This loss of employment may have occurred through any means, such as through retirement, redundancy, unemployment, illness, birth of a baby etc?</p>	
<p>Are you experiencing distress about a loss of employment to someone close to you which occurred in the past or which will happen in the future? This loss of employment may have occurred through any means, such as through retirement, redundancy, unemployment, illness, birth of a baby etc?</p>	
<p>Are you experiencing distress about a past or future death of a loved one?</p>	
<p>Are you experiencing distress about fear of your own death?</p>	

Are you experiencing distress about a loss of opportunity to you or someone close to you, such as career choice, promotion or unfulfilled dream etc?	
Are you experiencing distress about a financial loss or loss of personal property significant to you such as through disaster, collapse of a financial organisation or burglary etc?	
Are you experiencing distress as a result of you or someone close to you migrating or moving house?	
Are you experiencing distress about the loss of someone close to you through separation, divorce, child leaving home etc (ie other than through death or migration)?	
Are you experiencing distress about a loss or lack of pregnancy to you or someone close to you through infertility, miscarriage, abortion, sterilisation, stillbirth etc?	
Are you experiencing distress about serious illness or death of a pet?	
Are you experiencing distress about loss of personal integrity to you or someone close to you through violence, such as rape, incest, domestic violence, war etc?	
Are you experiencing losses through fostering or adoption eg giving up a child, or being or caring for a fostered or adopted child?	
Are you experiencing loss of freedom eg being a carer, from retirement of a spouse, a relative in goal etc?	
Are you experiencing distress about any other loss?	



**Losses detected**



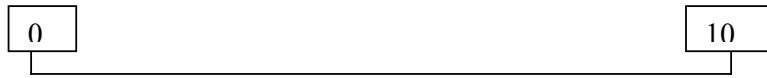
You have mentioned you are experiencing distress about.....[name the loss(es)]. I would like to ask you some further questions about your feelings. *Go to morbidity review below.*

No further questions. Thank you for taking part.

<b>Morbidity review</b>	<b>Scale</b>
<p><b>Emotions</b> Tell me about .....[name the loss(es)]</p> <p>How do you feel about.....[name the loss(es)] at present?</p> <p>How is/are.....[name the loss(es)] affecting your life?</p> <p>How is/are..... [name the loss(es)] affecting you emotionally?</p>	<p>0 1 2 3</p>
<p><b>Physical symptoms</b> Are ..... [name the loss(es)] causing you any physical symptoms?</p> <p><i>If 'yes':</i> Tell me about them.</p> <p><i>If 'no':</i> 'What about aches and pains, loss of energy, indigestion etc?'</p> <p>Is/are.....[name the loss(es)] keeping you awake at night?</p> <p>Is/are.....[name the loss(es)] causing you to drink more?</p> <p><b>Is/are.....[name the loss(es)] causing you to smoke more heavily?</b></p> <p>Is are.....[name the loss(es)] causing you to take more medication or drugs of any sort?</p>	<p>0 1 2 3</p>

<p><b>Cognitive functioning</b>  Are you experiencing difficulty with memory as a result of.....[<i>name the loss(es)</i>]?</p> <p><i>If 'yes' Tell me about it.</i></p> <p>Are you experiencing difficulty with concentration as a result of.....[<i>name the loss(es)</i>]?</p> <p><i>If 'yes' Tell me about it.</i></p> <p>Are you finding thoughts about <i>the loss</i> keep intruding into your mind?</p> <p><i>If 'yes' Tell me about them.</i></p>	<p>0 1 2 3</p>
<p><b>Social</b>  Has/have.....[<i>name the loss(es)</i>] caused you to wish to withdraw from the company of others?</p> <p><i>If 'yes' Tell me about it.</i></p> <p>Do you feel .....[<i>name the loss(es)</i>] has/have caused you to feel a need for other people around you to give you comfort or support?- whether you have got that support or not?</p> <p><i>If 'yes' Tell me about it.</i></p>	<p>0 1 2 3</p>
<p><b>Spiritual</b>  Has/have.....[<i>name the loss(es)</i>] changed your values?</p> <p><i>If 'yes' Tell me about the changes</i></p> <p>Has/have.....[<i>name the loss(es)</i>] changed your beliefs?</p> <p><i>If 'yes' Tell me about the changes</i></p>	<p>0 1 2 3</p>

This is a scale where 0 represents no distress and 10 represents the maximum distress you can possibly experience. Considering .....[name the loss(es)] you have been telling me about, where would you put yourself on this scale at the present?



***Debrief:***

What you have told me has been very helpful for the study. How do you feel now?

*If distressed:*

I am concerned that you are so distressed about these losses.

It is certainly very difficult for you and I notice how upset you are.

You have been very courageous to talk to me today.

If you would like any further help, here are the numbers of your doctor and counsellor who can help you (hand the patient the post-interview information sheet)

*NOW: complete the clinical impression on page 1.*

***Appendix 7.1: Pilot questionnaire***

GDI/2/13/3/97

Date

Practice number

Patient number

Thank you for agreeing to complete this questionnaire. The information you provide will help us to form a tool which will assist doctors to recognise and help patients suffering loss and grief.

We would like to ask you a few general questions about yourself first of all. Please go to section A and complete each question.

1. Your age *please write age in numbers, eg*

Please answer the following questions by ticking the relevant box, eg

2. Your gender M  F

3. In which country were you born?

- Australia
- New Zealand
- UK and Ireland
- European country
- Asian country
- African country
- North or South America

4. What is your marital status?

- Married/Defacto
- Never married
- Separated/Divorced
- Widowed

5. What is your highest level of educational attainment?

- Still at school
- Left school at 15 or less
- Left school after age 15 but still studying
- Trade qualification/apprenticeship
- Certificate/diploma
- Bachelor degree or higher

6. What is your present MAIN occupation?

- Home duties
- Education or training
- Unemployed
- Full or part time employment

7. What is your yearly household income?

- Up to \$12,000
- \$12,000 - \$20,000
- \$20,000 - \$30,000
- \$30,000 - \$40,000
- \$40,000 - \$50,000
- \$50,000 - \$60,000
- \$60,000 - \$80,000
- Over \$80,000
- Don't know

We are interested to know whether you are experiencing grief due to any significant loss. On the next page we would like you to answer a set of questions which are set out as below. Please place one tick for each loss in either the 'Yes' or 'No' box and indicate the time frame in years, months or weeks. If you are experiencing more than one loss in a single category, please indicate each on a different line, for example:

EXAMPLE

	Yes	No	loss	Time since event occurred or until it will occur		
				Years	Months	Weeks

2. In the past two weeks have you been distressed about loss of employment of someone close to you or possible loss in the future such as through retirement, redundancy, unemployment etc,

<input checked="" type="checkbox"/>	<input type="checkbox"/>	1	.....	6	.....
		2	2	.....	.....

Section B

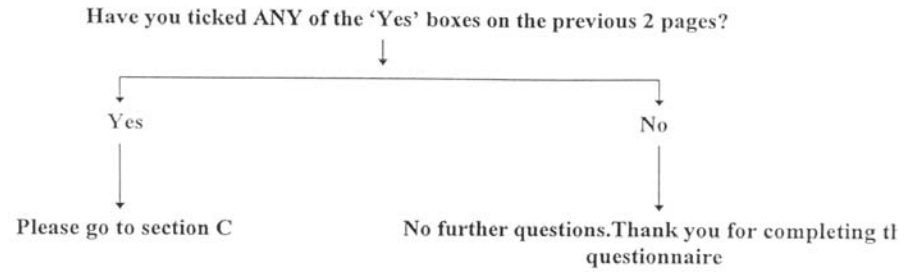
Please complete all the questions.

	Yes	No	loss	Time since event occurred or until it will occur		
				Years	Months	Weeks
1. In the past two weeks have you been distressed about loss of your job or possible loss in the future such as through retirement, redundancy, unemployment etc,	<input type="checkbox"/>	<input type="checkbox"/>	1 .....	.....	.....	.....
2. In the past two weeks have you been distressed about loss of employment of someone close to you or possible loss in the future such as through retirement, redundancy, unemployment etc,	<input type="checkbox"/>	<input type="checkbox"/>	1 .....	.....	.....	.....
			2 .....	.....	.....	.....
3. In the past two weeks have you been distressed about the loss of someone close to you by separation such as divorce, child leaving home etc	<input type="checkbox"/>	<input type="checkbox"/>	1 .....	.....	.....	.....
			2 .....	.....	.....	.....
4. In the past two weeks have you been distressed about a loss of opportunity for yourself or someone close to you such as career choice etc	<input type="checkbox"/>	<input type="checkbox"/>	1 .....	.....	.....	.....
			2 .....	.....	.....	.....
5. In the past two weeks have you been distressed about a financial loss or loss of personal property significant to you or someone close to you such as through disaster, collapse of a financial company, burglary etc	<input type="checkbox"/>	<input type="checkbox"/>	1 .....	.....	.....	.....
			2 .....	.....	.....	.....
6. In the past two weeks have you been distressed as a result of you or someone close to you migrating or moving house	<input type="checkbox"/>	<input type="checkbox"/>	1 .....	.....	.....	.....
			2 .....	.....	.....	.....
7. In the past two weeks have you been distressed about a past or future death of a loved one	<input type="checkbox"/>	<input type="checkbox"/>	1 .....	.....	.....	.....
			2 .....	.....	.....	.....
			3 .....	.....	.....	.....

GDI/2/13/3/97

8. In the past two weeks have you been distressed about fear of your own death	<input type="checkbox"/>	<input type="checkbox"/>	1	.....	.....	.....
9. In the past two weeks have you been distressed about loss of quality of life of your life due to illness, disability, aging or injury	<input type="checkbox"/>	<input type="checkbox"/>	1	.....	.....	.....
			2	.....	.....	.....
10. In the past two weeks have you been distressed about loss of quality of the life of someone close to you due to illness, disability, aging or injury	<input type="checkbox"/>	<input type="checkbox"/>	1	.....	.....	.....
			2	.....	.....	.....
			3	.....	.....	.....
11. In the past two weeks have you been distressed about a loss or lack of pregnancy through infertility, miscarriage, abortion, sterilisation, stillbirth etc	<input type="checkbox"/>	<input type="checkbox"/>	1	.....	.....	.....
			2	.....	.....	.....
12. In the past two weeks have you been distressed about serious illness or death of a pet	<input type="checkbox"/>	<input type="checkbox"/>	1	.....	.....	.....
13. In the past two weeks have you been distressed about loss of your own personal integrity or of someone close to you through violence, such as rape, incest, domestic violence, war etc	<input type="checkbox"/>	<input type="checkbox"/>	1	.....	.....	.....
			2	.....	.....	.....
14. In the past two weeks have you been distressed about any other loss (please specify)						
.....	<input type="checkbox"/>		1	.....	.....	.....
.....	<input type="checkbox"/>		2	.....	.....	.....
.....	<input type="checkbox"/>		3	.....	.....	.....





**Section C**

**Please complete every question and tick one box for *each* question.**

**1. How would you rate your overall feelings about your loss or losses over the past two weeks?:**

- Exceedingly distressful       Quite distressful       Slightly distressful       No distress

**2. In the past two weeks have you experienced images of the events surrounding the loss or the loss situation?**

- Continuously       Quite a bit of the time       A little bit of the time       Never

**3. In the past two weeks have thoughts of the loss or the loss situation come into your mind whether you wish it or not?**

- Continuously       Quite a bit of the time       A little bit of the time       Never

**4. In the past two weeks have thoughts or reminders of the loss or loss situation caused you to feel guilt?**

- A lot of the time       Quite a bit of the time       A little bit of the time       Never

**5. In the past two weeks have thoughts of the loss or the loss situation made you feel distressed?**

- Always       Quite a bit of the time       A little bit of the time       Never

**6. In the past two weeks have thoughts of your loss made it difficult for you to remember things?**

- A lot of the time       Quite a bit of the time       A little bit of the time       Never

**7. Overall how much have thoughts and feelings about your loss or losses distressed you over the past two weeks?:**

- A lot of the time                       Quite a bit of the time                       A little bit of the time                       Never

**8. In the past two weeks have thoughts of your loss caused you to doubt your own values**

- A lot of the time                       Quite a bit of the time                       A little bit of the time                       Never

**9. In the past two weeks have you thought about the loss or the loss situation?**

- Continuously                       Quite a bit of the time                       A little bit of the time                       Never

**10. In the past two weeks have thoughts or reminders of the loss caused you to wish you were dead and away from it all?**

- A lot of the time                       Quite a bit of the time                       A little bit of the time                       Never

**11. In the past two weeks have you found yourself yearning for the loss or that the loss will not occur?**

- A lot of the time                       Quite a bit of the time                       A little bit of the time                       Never

**12. In the past two weeks have thoughts of your loss caused you to feel life has lost its meaning for you**

- A lot of the time                       Quite a bit of the time                       A little bit of the time                       Never

**13. In the past two weeks have you felt distress/pain if for any reason you are confronted with the reality that the loss has occurred/will occur?**

- A lot of the time                       Quite a bit of the time                       A little bit of the time                       Never

**14. In the past two weeks have thoughts of your loss made it difficult for you to concentrate?**

- A lot of the time                       Quite a bit of the time                       A little bit of the time                       Never

15. In the past two weeks have reminders of the loss or the loss situation such as people, photos, situations, music, places etc caused you to feel longing for the loss or that the loss will not occur?

- A lot of the time       Quite a bit of the time       A little bit of the time       Never

16. In the past two weeks have thoughts of your loss caused you to feel loss of confidence

- A lot of the time       Quite a bit of the time       A little bit of the time       Never

17. In the past two weeks have thoughts or reminders of the loss caused you to feel anxious, nervous or strung up?

- A lot of the time       Quite a bit of the time       A little bit of the time       Never

18. In the past two weeks have reminders of the loss or the loss situation such as people, photos, situations, music, places etc caused you to feel loss of enjoyment?

- A lot of the time       Quite a bit of the time       A little bit of the time       Never

19. In the past two weeks have thoughts or reminders of the loss or the loss situation caused you to feel dread?

- A lot of the time       Quite a bit of the time       A little bit of the time       Never

20. In the past two weeks have thoughts or reminders of the loss or loss situation caused you to feel disbelief about the loss?

- A lot of the time       Quite a bit of the time       A little bit of the time       Never

21. In the past two weeks have thoughts or reminders of the loss or loss situation caused you to feel numb?

- A lot of the time       Quite a bit of the time       A little bit of the time       Never

22. In the past two weeks have thoughts or reminders of the loss or loss situation caused you to feel anger?

- A lot of the time       Quite a bit of the time       A little bit of the time       Never

23. In the past two weeks have reminders of the loss or the loss situation such as people, photos, situations, music, places etc caused you to feel sadness?

A lot of the time       Quite a bit of the time       A little bit of the time       Never

24. In the past two weeks have thoughts or reminders of the loss caused you to feel scared or panicky?

A lot of the time       Quite a bit of the time       A little bit of the time       Never

25. In the past two weeks have thoughts or reminders of the loss caused you to feel sick or ill in any way (eg headaches, dizziness, nausea, hot or cold spells)?

A lot of the time       Quite a bit of the time       A little bit of the time       Never

26. In the past two weeks have reminders of the loss or the loss situation such as people, photos, situations, music, places etc caused you to cry?

A lot of the time       Quite a bit of the time       A little bit of the time       Never

27. In the past two weeks have thoughts or reminders of the loss caused you to lose sleep?

A lot of the time       Quite a bit of the time       A little bit of the time       Never

28. In the past two weeks have thoughts or reminders of the loss caused you to take longer over the things you do?

A lot of the time       Quite a bit of the time       A little bit of the time       Never

29. In the past two weeks have thoughts of the loss or the loss situation come into your mind whether you wish it or not?

A lot of the time       Quite a bit of the time       A little bit of the time       Never

30. In the past two weeks have thoughts or reminders of the loss caused you difficulty in making decisions about things?

A lot of the time       Quite a bit of the time       A little bit of the time       Never

31. In the past two weeks have you been reminded by people or familiar objects (photos, possessions, rooms etc) of the loss or loss situation?

A lot of the time       Quite a bit of the time       A little bit of the time       Never

32. In the past 2 weeks have thoughts or reminders of the loss prevented you from visiting friends or relatives?

A lot of the time                      Quite a bit of the time                      A little bit of the time                      Never

33. In the past 2 weeks have thoughts or reminders of the loss caused you to withdraw from contact with others?

A lot of the time                      Quite a bit of the time                      A little bit of the time                      Never

34. In the past two weeks have thoughts of your loss caused you to be more irritable with others?

A lot of the time                      Quite a bit of the time                      A little bit of the time                      Never

35. In the past two weeks have thoughts or reminders of the loss caused you to think yourself a worthless person?

A lot of the time                      Quite a bit of the time                      A little bit of the time                      Never

36. In the past two weeks have reminders of the loss or the loss situation such as people, photos, situations, music, places etc caused you to feel loneliness?

A lot of the time                      Quite a bit of the time                      A little bit of the time                      Never

37. In the past two weeks have thoughts or reminders of the loss caused you to feel life isn't worth living?

A lot of the time                      Quite a bit of the time                      A little bit of the time                      Never

38. In the past two weeks have you found yourself imagining the loss has not/will not occur?

A lot of the time                      Quite a bit of the time                      A little bit of the time                      Never

39. In the past two weeks have thoughts of your loss caused you to feel lost and helpless

A lot of the time                      Quite a bit of the time                      A little bit of the time                      Never

40. In the past two weeks have images of the loss or the loss situation made you feel distressed?

A lot of the time                      Quite a bit of the time                      A little bit of the time                      Never

41. In the past two weeks have thoughts of your loss caused you to feel life is empty and barren

- A lot of the time       Quite a bit of the time       A little bit of the time       Never

42. In the past two weeks have thoughts or reminders about the loss caused you to feel loss of energy?

- A lot of the time       Quite a bit of the time       A little bit of the time       Never

43. In the past two weeks have thoughts or reminders about the loss caused you to feel generally unwell?

- A lot of the time       Quite a bit of the time       A little bit of the time       Never

44. In the past two weeks have thoughts of your loss caused you to have feelings of horror?

- A lot of the time       Quite a bit of the time       A little bit of the time       Never

45. In the past two weeks have thoughts of your loss caused you to strive for a new identity for yourself

- A lot of the time       Quite a bit of the time       A little bit of the time       Never

46. In the past two weeks have thoughts of your loss caused you to search for why this happened to you

- A lot of the time       Quite a bit of the time       A little bit of the time       Never

47. In the past two weeks have thoughts of your loss caused you to have feelings of rejection?

- A lot of the time       Quite a bit of the time       A little bit of the time       Never

48. In the past two weeks have thoughts of your loss caused you to search out a new life for yourself

- A lot of the time       Quite a bit of the time       A little bit of the time       Never

49. In the past two weeks have thoughts of your loss caused you to feel loss of trust in people?

- A lot of the time       Quite a bit of the time       A little bit of the time       Never

50. In the past two weeks have thoughts of your loss caused you to have feelings of shame?

- A lot of the time       Quite a bit of the time       A little bit of the time       Never

**51. In the past two weeks have thoughts of your loss caused you to search for positives in the situation**

A lot of the time                       Quite a bit of the time                       A little bit of the time                       Never

**52. In the past two weeks have thoughts of your loss caused you to feel others are blaming you**

A lot of the time                       Quite a bit of the time                       A little bit of the time                       Never

**53. In the past two weeks have thoughts of your loss caused you to feel your life or experience has been wasted**

A lot of the time                       Quite a bit of the time                       A little bit of the time                       Never

**54. In the past two weeks have thoughts of your loss caused you to work on a new purpose in life for yourself**

A lot of the time                       Quite a bit of the time                       A little bit of the time                       Never

***Appendix 7.2: Pilot questionnaire – Section B version 2***



**Section B Pilot version 2**

*In this section we want to know whether you are at present experiencing grief due to any significant loss. You may be experiencing grief now because of a loss which happened to you recently or which occurred long ago. We are interested in whether you are grieving NOW (feelings of distress over the past two weeks) about any loss which occurred AT ANY TIME IN YOUR LIFE.*

*First of all a general question (please tick the relevant boxes):*

*In the past two weeks have you been distressed about any significant event in your life or the life of someone close to you?*      YES    NO  
                     

*If 'Yes' was your loss about any significant losses to you or someone close to you?*         

<i>Loss</i>	<i>Time since you knew about the loss</i>		
	<i>Years</i>	<i>Months</i>	<i>Weeks</i>
<i>1.....</i>	<i>.....</i>	<i>.....</i>	<i>.....</i>
<i>2.....</i>	<i>.....</i>	<i>.....</i>	<i>.....</i>
<i>3.....</i>	<i>.....</i>	<i>.....</i>	<i>.....</i>

*If 'Yes' please describe the loss or losses (one loss on each line) and indicate the time since you first knew about each loss*

You may not recognise that an event which occurred to you was a loss. To help you we would like you to answer some questions about a number of life events in which you may have experienced a sense of loss.

An example is set out below. Please place one tick for each loss in either the 'Yes' or 'No' box and indicate the time in years, months or weeks since you first knew about it. If you are experiencing distress from more than one loss in a single category, please indicate the time since you knew about each loss on a different line, for example:

EXAMPLE

In the past two weeks have you been distressed about

	Yes	No	Loss	Time since event occurred or until it will occur		
				Years	Months	Weeks
<i>loss of employment of someone close to you or possible loss in the future, such as through retirement, redundancy, unemployment etc,</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	1	.....	6	.....
			2	2	.....	.....

Please place one tick for each loss in either the 'Yes' or 'No' box and indicate the time in years, months and weeks since you first knew about it. If you are experiencing distress from more than one loss in a single category, please indicate the time since you knew about each loss on a different line.

Please complete all the questions.

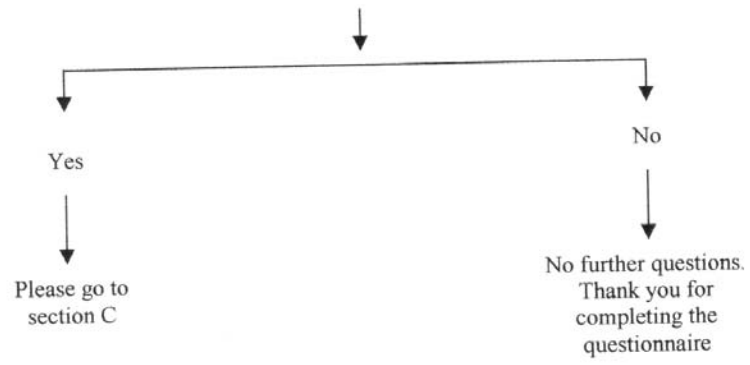
In the past TWO WEEKS have you been experiencing distress about

	Yes	No	Loss	Time since event occurred or until it will occur		
				Years	Months	Weeks
1. loss of your job or possible job loss in the future such as through retirement, redundancy, unemployment etc.	<input type="checkbox"/>	<input type="checkbox"/>	1	.....	.....	.....
	<input type="checkbox"/>	<input type="checkbox"/>	2	.....	.....	.....
2. loss of employment of someone close to you or possible loss in the future such as through retirement, redundancy, unemployment etc.	<input type="checkbox"/>	<input type="checkbox"/>	1	.....	.....	.....
	<input type="checkbox"/>	<input type="checkbox"/>	2	.....	.....	.....
3. the loss of someone close to you by separation such as by divorce, child leaving home etc	<input type="checkbox"/>	<input type="checkbox"/>	1	.....	.....	.....
	<input type="checkbox"/>	<input type="checkbox"/>	2	.....	.....	.....
4. a loss of opportunity for yourself or someone close to you such as career choice	<input type="checkbox"/>	<input type="checkbox"/>	1	.....	.....	.....
	<input type="checkbox"/>	<input type="checkbox"/>	2	.....	.....	.....
5. a financial loss or loss of personal property significant to you or someone close to you such as through disaster, collapse of a financial company, burglary etc	<input type="checkbox"/>	<input type="checkbox"/>	1	.....	.....	.....
	<input type="checkbox"/>	<input type="checkbox"/>	2	.....	.....	.....
6. you or someone close to you migrating or moving house	<input type="checkbox"/>	<input type="checkbox"/>	1	.....	.....	.....
	<input type="checkbox"/>	<input type="checkbox"/>	2	.....	.....	.....

**In the past TWO WEEKS have you been experiencing distress about**

7. a past or future death of a loved one	<input type="checkbox"/>	<input type="checkbox"/>	1	.....	.....	.....
	<input type="checkbox"/>	<input type="checkbox"/>	2	.....	.....	.....
	<input type="checkbox"/>	<input type="checkbox"/>	3	.....	.....	.....
8. fear of own death	<input type="checkbox"/>	<input type="checkbox"/>	1	.....	.....	.....
	<input type="checkbox"/>	<input type="checkbox"/>	2	.....	.....	.....
9. loss of quality of your life due to illness, disability, aging or injury	<input type="checkbox"/>	<input type="checkbox"/>	1	.....	.....	.....
	<input type="checkbox"/>	<input type="checkbox"/>	2	.....	.....	.....
10. loss of quality of the life of someone close to you due to illness, disability, aging or injury	<input type="checkbox"/>	<input type="checkbox"/>	1	.....	.....	.....
	<input type="checkbox"/>	<input type="checkbox"/>	2	.....	.....	.....
	<input type="checkbox"/>	<input type="checkbox"/>	3	.....	.....	.....
11. loss or lack of pregnancy through infertility, miscarriage, abortion, sterilisation, stillbirth etc	<input type="checkbox"/>	<input type="checkbox"/>	1	.....	.....	.....
	<input type="checkbox"/>	<input type="checkbox"/>	2	.....	.....	.....
12. serious illness or death of a pet	<input type="checkbox"/>	<input type="checkbox"/>	1	.....	.....	.....
	<input type="checkbox"/>	<input type="checkbox"/>	2	.....	.....	.....
13. loss of your own personal integrity or of someone close to you through violence, such as rape, incest, domestic violence, war etc	<input type="checkbox"/>	<input type="checkbox"/>	1	.....	.....	.....
	<input type="checkbox"/>	<input type="checkbox"/>	2	.....	.....	.....
14. any other loss (please specify)						
.....	<input type="checkbox"/>		1	.....	.....	.....
.....	<input type="checkbox"/>		2	.....	.....	.....
.....	<input type="checkbox"/>		3	.....	.....	.....

Have you ticked ANY of the 'YES' boxes on the previous two pages?



***Appendix 7.3: Trial questionnaire***

## Loss and grief questionnaire for general practice

Date

Practice number

Patient number

---

1. Your age   eg

2. Post code of where you live

3. Your gender (please tick relevant box) M  F

4. In which country were you born?

Australia

New Zealand

UK and Ireland

Asian country

European country

African country

North or South America

5. What is your marital status?

Married/De facto

Never married

Separated/divorced

Widowed

6. What is your highest level of educational attainment?

Still at school

Left school at 15 years or less

Left school after age 15 but no further study

Left school after aged 15 but still studying

Trade qualification/apprenticeship

Certificate/diploma

Bachelor degree or higher

7. What is your MAIN occupation?

- Home duties
- Retired
- Student
- Unemployed
- Full or part-time employment

**SECTION B**

**This section determines whether you are experiencing grief at the moment. This grief may be caused by a loss at any time in your life – past and future.**

**In the past TWO WEEKS have you been experiencing distress about:**

	Yes	No	Loss	Time since you knew about the loss		
				Years	Months	Weeks
1. loss of your job or possible job loss in the future such as through retirement, redundancy, unemployment etc.			1	.....	.....	.....
			2	.....	.....	.....
2. loss of employment of someone close to you or possible loss in the future such as through retirement, redundancy, unemployment etc.			1	.....	.....	.....
			2	.....	.....	.....
3. the loss of someone close to you by separation such as by divorce, child leaving home etc			1	.....	.....	.....
			2	.....	.....	.....
4. a loss of opportunity for yourself or someone close to you such as career choice			1	.....	.....	.....
			2	.....	.....	.....
5. a financial loss or loss of personal property significant to you or someone close to you such as through disaster, collapse of a financial company, burglary etc			1	.....	.....	.....
			2	.....	.....	.....
6. you or someone close to you migrating or moving house			1	.....	.....	.....
			2	.....	.....	.....



**In the past TWO WEEKS have you been experiencing distress about:**

- |   |   |       |       |       |
|---|---|-------|-------|-------|
| 7. a past or future death of a loved one  | 1 | ..... | ..... | ..... |
|   | 2 | ..... | ..... | ..... |
|   | 3 | ..... | ..... | ..... |
| 8. fear of own death  | 1 | ..... | ..... | ..... |
|   | 2 | ..... | ..... | ..... |
| 9. loss of quality of your life due to illness, disability, aging or injury   | 1 | ..... | ..... | ..... |
|   | 2 | ..... | ..... | ..... |
| 10. loss of quality of the life of someone close to you due to illness, disability, aging or injury                                   | 1 | ..... | ..... | ..... |
|   | 2 | ..... | ..... | ..... |
|   | 3 | ..... | ..... | ..... |
| 11. loss or lack of pregnancy through infertility, miscarriage, abortion, sterilisation, stillbirth etc                               | 1 | ..... | ..... | ..... |
|   | 2 | ..... | ..... | ..... |
| 12. serious illness or death of a pet   | 1 | ..... | ..... | ..... |
|   | 2 | ..... | ..... | ..... |
| 13. loss of your own personal integrity or of someone close to you through violence, such as rape, incest, domestic violence, war etc | 1 | ..... | ..... | ..... |
|   | 2 | ..... | ..... | ..... |
| 14. any other loss (please specify)   |   |       |       |       |
| .....   | 1 | ..... | ..... | ..... |
| .....   | 2 | ..... | ..... | ..... |
| .....   | 3 | ..... | ..... | ..... |

**If you have ticked Yes for any of the questions in SECTION B then please continue, otherwise you have successfully completed the questionnaire.**

Thank you

**SECTION C**

Over the past TWO WEEKS:

1. how would you rate your overall feelings about your loss or losses

- Exceedingly distressful       Quite distressful       Slightly distressful       No distress

2. have you experienced images of the events surrounding the loss

- Continuously       Quite a bit of the time       A little bit of the time       Never

3. have thoughts of the loss come into your mind whether you wish it or not

- Continuously       Quite a bit of the time       A little bit of the time       Never

4. have thoughts or reminders of the loss caused you to feel guilt

- A lot of the time       Quite a bit of the time       A little bit of the time       Never

5. have thoughts of the loss made you feel distressed

- Always       Quite a bit of the time       A little bit of the time       Never

6. overall how much have thoughts and feelings about your loss or losses distressed you

- A lot of the time       Quite a bit of the time       A little bit of the time       Never

7. have you thought about the loss

- Continuously       Quite a bit of the time       A little bit of the time       Never

8. have you found yourself longing for what is or will be lost

- A lot of the time       Quite a bit of the time       A little bit of the time       Never

9. have you felt distress by the reality of the loss

- A lot of the time       Quite a bit of the time       A little bit of the time       Never

10. have thoughts of your loss made it difficult for you to concentrate, remember things or make decisions

A lot of the time       Quite a bit of the time       A little bit of the time       Never

11. have reminders of the loss such as people, photos, situations, music, places etc caused you to feel longing for what is or will be lost

A lot of the time       Quite a bit of the time       A little bit of the time       Never

12. have thoughts or reminders of the loss caused you to feel anxious, nervous or strung up

A lot of the time       Quite a bit of the time       A little bit of the time       Never

13. have reminders of the loss such as people, photos, situations, music, places etc caused you to feel loss of enjoyment

A lot of the time       Quite a bit of the time       A little bit of the time       Never

14. have thoughts or reminders of the loss caused you to feel dread

A lot of the time       Quite a bit of the time       A little bit of the time       Never

15. have thoughts or reminders of the loss caused you to feel disbelief about the loss

A lot of the time       Quite a bit of the time       A little bit of the time       Never

16. have thoughts or reminders of the loss caused you to feel numb

A lot of the time       Quite a bit of the time       A little bit of the time       Never

17. have thoughts or reminders of the loss caused you to feel anger

A lot of the time       Quite a bit of the time       A little bit of the time       Never

18. have reminders of the loss such as people, photos, situations, music, places etc caused you to feel sadness

A lot of the time       Quite a bit of the time       A little bit of the time       Never

19. have thoughts or reminders of the loss caused you to feel scared or panicky

A lot of the time       Quite a bit of the time       A little bit of the time       Never

20. have thoughts or reminders of what is or will be lost caused you to feel sick or ill in any way (eg. generally unwell, loss of energy, headaches, dizziness, etc.)

A lot of the time       Quite a bit of the time       A little bit of the time       Never

21. have reminders of the loss such as people, photos, situations, music, places etc caused you to cry

A lot of the time       Quite a bit of the time       A little bit of the time       Never

22. have people or familiar objects (eg. photos, possessions, rooms etc) reminded you of the loss

A lot of the time       Quite a bit of the time       A little bit of the time       Never

23. have thoughts of your loss caused you to be more irritable with others

A lot of the time       Quite a bit of the time       A little bit of the time       Never

24. have reminders of the loss such as people, photos, situations, music, places etc caused you to feel loneliness?

A lot of the time       Quite a bit of the time       A little bit of the time       Never

25. have you found yourself imagining that the loss has not/will not occur

A lot of the time       Quite a bit of the time       A little bit of the time       Never

26. have images of the loss made you feel distressed

A lot of the time       Quite a bit of the time       A little bit of the time       Never

Thank you for completing this questionnaire.

***Appendix 7.4: Letters of permission to adapt instruments***



THE UNIVERSITY OF ADELAIDE

Department of General Practice

10 December 1996

Dr E Lev  
Rutgers, The State University  
College of Nursing  
180 University avenue  
Newark, NJ 07102, USA

Dear Dr Lev,

I have been very interested in the Revised Grief Experience Inventory and have read the paper which you published. I would like more information about the RGEI and I was wondering if you would kindly send me a copy of it and any manual which goes with it.

I am working on an MD thesis to devise a Grief Diagnostic Instrument to detect grief following any type of loss, for epidemiological studies in general practice patient populations. My intention is to trial items from various instruments against the clinical interview and look at the correlations. Although the RGEI measures grief following a bereavement I am wondering whether you would give me permission to adapt some of the relevant items should I feel they are appropriate for use in this new instrument. I will of course credit you and the RGEI where appropriate.

I thank you for your help and look forward to hearing further from you.

Yours sincerely,

**Sheila Clark**  
**Senior Lecturer**

SC:aj  
shared/mail/hazardlt.doc



College of Nursing  
University Heights · Newark · New Jersey 07102 · 201/648-5293

Letter sent by fax to 61 8 303 3511

December 10, 1996

Sheila Clark  
Senior Lecturer  
University of Adelaide  
Department of General Practice  
North Terrace, SA 5005

Dear Ms. Clark:

Following is a copy of the Revised Grief Experience Questionnaire (RGEI) and the scoring procedure. You have my permission to use the RGEI and modify it if necessary to meet the needs of your research study.

I will also mail a copy of a paper published in the Journal of Smoking Related Disorders which contributes to the validity to the RGEI.

I request that people who use the RGEI keep me advised regarding the proposal and outcome of any study in which the RGEI is used. I will appreciate receiving same at my home address: 78 Fox Hill Rd., Stamford, CT 06903.

If you have any questions you can contact me by fax at 203 461-8641. I wish you success with your study and look forward to hearing about the results.

Sincerely,

Elise L. Lev, Ed.D., RN, CS  
Associate Professor

Page 1 of 4

*Clinical Associate Professor Warwick Middleton*

M.B., B.S., F.R.A.N.Z.C.P., M.D.  
PSYCHIATRIST

Suite 4D  
87 Wickham Terrace  
Brisbane Q. 4000  
P.N. 333025J

Telephone: 3831-4466  
Fax: 3831-4477  
Mobile: 015-728282

19/6/97

Dear Sheila,

Thank you for your recent letter. I'd be v. interested in what you develop. Have included a few papers, some of which I might have already sent you.

Best regards

✓



Re: Letter of permission

**Subject: Re: Letter of permission**

**Date:** Wed, 02 Oct 2002 11:41:19 +1000

**From:** Warwick Middleton <warmid@tpg.com.au>

**To:** Sheila Clark <sheila.clark@adelaide.edu.au>

Dear Sheila

Thank you for your letter and email. I have just returned from leave. I am delighted that your research has progressed to the point of completing your MD thesis. I have no hesitation in formally restating permission for you to adapt items from the Core Bereavement Items and the Non Resolution set of the BPQ in your development of the Grief Diagnostic Instrument (GDI).

I look forward to hearing more about the use of the GDI.

Yours sincerely

Warwick Middleton

-----  
Associate Professor Warwick Middleton  
MBBS FRANZCP MD  
Suite 4D, 87 Wickham Terrace  
BRISBANE 4000  
Ph: 07 3831 4466  
Fax: 07 3831 4477  
Email: warmid@tpg.com.au

✓

*Sheila - For yr file*



THE UNIVERSITY OF ADELAIDE  
Department of General Practice

COPY

18 March 1997

Professor David Goldberg  
Department of Psychiatry  
University Hospital of South Manchester  
West Didsbury  
MANCHESTER M20 8LR  
UNITED KINGDOM

Dear Professor Goldberg,

I am writing to ask whether you will grant me permission to use some of the questions from the 28 item General Health Questionnaire for an instrument that I am developing to detect grief in general practice patients.

I am looking at various parameters of grief and the depression questions of this 28 item General Health Questionnaire seem very appropriate for examining feelings of depression following a major loss.

I will of course acknowledge the origin of these questions in any publications which result from the development of my Grief Diagnostic Instrument.

I well remember your visit to Adelaide some years ago as I attended one of your lectures although I did not have the privilege of meeting you personally. I have of course been very interested in your work of detecting mental disorders in general practice populations. I have been particularly interested in recognising grief reactions from various types of loss, not just bereavement, in patients attending general practitioners. My intention is to form an instrument (The Grief Diagnostic Instrument) in order to carry out some epidemiological studies and to alert general practitioners to the under-diagnosis and under-treatment of grief.

I would like to thank you in anticipation and look forward to your reply.

Yours sincerely,

**Dr Sheila Clark**  
Senior Lecturer

Permission to use the 28-item GHQ

**Subject: Permission to use the 28-item GHQ**

**Date:** Tue, 20 Aug 2002 14:37:26 +0100

**From:** Anne Walls <Anne.Walls@NFER-NELSON.co.uk>

**To:** "sheila.clark@adelaide.edu.au" <sheila.clark@adelaide.edu.au>

Dear Dr Clark

Thank you for your email requesting retrospective permission to adapt one item from the General Health Questionnaire (GHQ28) and to include that adapted item in your own instrument for measuring grief.

We are content to give you the permission on condition that you state in your MD thesis that the item is adapted by permission of the nferNelson Publishing Company. The adapted item may not be further reproduced without our permission.

I would be grateful if you could let me know which item you have adapted and what it now reads in its adapted form.

Yours sincerely

Tim Cornford  
Development Director

nferNelson  
Darville House  
2 Oxford Road East  
Windsor, Berkshire SL41DF  
Telephone: 01753 827234  
Web: <http://www.nfer-nelson.co.uk>  
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***Appendix 7.5: Evolution of Section C***

### Evolution of Section C

1	2	3	4	5	
Item code no.	<b>Item from questionnaire of origin</b>	<b>Pilot</b> <i>(Numbers refer to items numbers in pilot questionnaire)</i>	<b>Trial</b> <i>(Numbers refer to items numbers in trial questionnaire)</i>	<b>Evaluation</b> <i>(Numbers refer to items numbers in evaluation questionnaire)</i>	<b>Final Grief Diagnostic Instrument</b> <i>(Numbers refer to items in evaluation questionnaire)</i>

#### General questions

1	<i>How would you rate your overall feelings about your loss or losses</i>	1. How would you rate your overall feelings about your loss or losses	C1. How would you rate your overall feelings about your loss or losses	<i>deleted (Chapter 10.5.3)</i>	
2	<i>Overall how much have thoughts and feelings about your loss or losses distressed you</i>	7. Overall how much have thoughts and feelings about your loss or losses distressed you	C6. Overall how much have thoughts and feelings about your loss or losses distressed you	C12. Overall how much have thoughts and feelings about your loss or losses distressed you	C11. Overall how much have thoughts and feelings about your loss or losses distressed you

### Evolution of Section C (cont)

#### CBI images and thoughts

3	<i>1. Do you experience images of the events surrounding X's death?</i>	2. Have you experienced images of the events surrounding the loss	C2. Have you experienced images of the events surrounding the loss	C2. Have you experienced images of the events surrounding the loss	C2. Have you experienced images of the events surrounding the loss
4	<i>2. Do thoughts of X come into your mind whether you wish it or not?</i>	3. Have thoughts of the loss or the loss situation come into your mind whether you wish it or not	<b>C3. Have thoughts of the loss come into your mind whether you wish it or not?</b>	C7. Have thoughts of the loss come into your mind whether you wish it or not?	C7. Have thoughts of the loss come into your mind whether you wish it or not?
5	<i>3. Do thoughts of X make you feel distressed?</i>	5. Have thoughts of the loss made you feel distressed	C5. Have thoughts of the loss made you feel distressed	<i>deleted (Chapter 10.5.3)</i>	
6	<i>4. Do you think about X?</i>	9. Have you thought about the loss or the loss situation	C7. Have you thought about the loss	<i>deleted (Chapter 10.5.3)</i>	
7	<i>5. Do images of X make you feel distressed?</i>	40. Have images of the loss or the loss situation made you feel distressed	C26. Have images of the loss made you feel distressed	<i>deleted (Chapter 10.5.3)</i>	
8	<i>6. Do you find yourself preoccupied with images or memories of X?</i>	<i>deleted because repeat of items coded 3 and 4</i>			
9	<i>7. Do you find yourself thinking of reunion with X?</i>	<i>deleted because the original meaning is not applicable to all losses</i>			

### Evolution of Section C (cont)

**CBI acute separation**

10	<i>8. Do you find yourself missing X?</i>	<i>deleted because respondents had difficulty in understanding this in relation to future losses</i>			
11	<i>9. Are you reminded by familiar objects (photos, possessions, rooms etc) of X?</i>	31. Have you been reminded by people or familiar objects (photos, possessions, rooms etc) of the loss or loss situation	C22. Have people or familiar objects (photos, possessions, rooms etc) reminded you of the loss	C13. Have people or familiar objects (photos, possessions, rooms etc) reminded you of the loss	C12. Have people or familiar objects (photos, possessions, rooms etc) reminded you of the loss
12	<i>10. Do you find yourself pining for/yearning for X?</i>	11. Have you found yourself yearning for the loss or that the loss will not occur	C8. Have you found yourself longing for what is or will be lost	C3. Have you found yourself longing for what is or will be lost	C3. Have you found yourself longing for what is or will be lost
13	<i>11. Do you find yourself looking for X in particular places?</i>	38. Have you found yourself imagining that the loss has/will not occur <i>* Not the exact meaning of the original</i>	C25. Have you found yourself imagining that the loss has not/will not occur	C15. Have you found yourself imagining that the loss has not/will not occur	C14. Have you found yourself imagining that the loss has not/will not occur
14	<i>12. Do you feel distress/pain if for any reason you are confronted with the reality that X is not present/ not coming back?</i>	13. Have you felt distress if for any reason you are confronted with the reality that the loss has occurred/will occur	C9. Have you felt distress by the reality of the loss	C8. Have you felt distress by the reality of the loss	C8. Have you felt distress by the reality of the loss

### Evolution of Section C (cont)

**CBI grief**

15	<i>13. Do reminders of X such as photos, situations, music, places etc cause you to feel longing for X?</i>	15. Have reminders of the loss or the loss situation such as people, photos, situations, music, places etc caused you to feel longing for the loss or that the loss will not occur	C11. Have reminders of the loss such as people, photos, situations, music, places etc caused you to feel longing for what is or will be lost	C4 & C9. Have reminders of the loss such as people, photos, situations, music, places etc caused you to feel longing for what is or will be lost	C4. Have reminders of the loss such as people, photos, situations, music, places etc caused you to feel longing for what is or will be lost
16	<i>14. Do reminders of X such as photos, situations, music, places etc cause you to feel loneliness?</i>	36. Have reminders of the loss or the loss situation such as people, photos, situations, music, places etc caused you to feel loneliness	C24. Have reminders of the loss such as people, photos, situations, music, places etc caused you to feel loneliness	<i>deleted (Chapter 10.5.3)</i>	
17	<i>15. Do reminders of X such as photos, situations, music, places etc cause you to cry about the loss?</i>	26. Have reminders of the loss or the loss situation such as people, photos, situations, music, places etc caused you to cry	C21. Have reminders of the loss such as people, photos, situations, music, places etc caused you to cry	<i>deleted (Chapter 10.5.3)</i>	
18	<i>16. Do reminders of X such as photos, situations, music, places etc cause you to feel sadness?</i>	23. Have reminders of the loss or the loss situation such as people, photos, situations, music, places etc caused you to feel sadness	C18. Have reminders of the loss such as people, photos, situations, music, places etc caused you to feel sadness	C16. Have reminders of the loss such as people, photos, situations, music, places etc caused you to feel sadness	C15. Have reminders of the loss such as people, photos, situations, music, places etc caused you to feel sadness
19	<i>17. Do reminders of X such as photos, situations, music, places etc cause you to feel loss of enjoyment?</i>	18. Have reminders of the loss or the loss situation such as people, photos, situations, music, places etc caused you to feel loss of enjoyment	C13. Have reminders of the loss such as people, photos, situations, music, places etc caused you to feel loss of enjoyment	<i>deleted (Chapter 10.5.3)</i>	



### Evolution of Section C (cont)

**Non-resolution**

20	<i>Do thoughts or reminders of X cause you to feel dread?</i>	19. Have thoughts or reminders of the loss or the loss situation caused you to feel dread	C14. Have thoughts or reminders of the loss caused you to feel dread	C10. Have thoughts or reminders of the loss caused you to feel dread	C9. Have thoughts or reminders of the loss caused you to feel dread
21	<i>Do thoughts or reminders of X cause you to feel unreality?</i>	20. Have thoughts or reminders of the loss or the loss situation caused you to feel disbelief about the loss	C15. Have thoughts or reminders of the loss caused you to feel disbelief about the loss	<i>deleted (Chapter 10.5.3)</i>	
22	<i>Do thoughts or reminders of X cause you to feel anxiety?</i>	17. Have thoughts or reminders of the loss caused you to feel anxious, nervous or strung up <i>combined with item B7 of 28-item GHQ</i>	C12. Have thoughts or reminders of the loss caused you to feel anxious, nervous or strung up	<i>deleted (Chapter 10.5.3)</i>	
23	<i>Do thoughts or reminders of X cause you to feel numbness?</i>	21. Have thoughts or reminders of the loss or the loss situation caused you to feel numb	C16. Have thoughts or reminders of the loss caused you to feel numb	C14. Have thoughts or reminders of the loss caused you to feel numb	C13. Have thoughts or reminders of the loss caused you to feel numb
24	<i>Do thoughts or reminders of X cause you to feel guilt?</i>	4. Have thoughts or reminders of the loss caused you to feel guilt	C4. Have thoughts or reminders of the loss caused you to feel guilt	C5. Have thoughts or reminders of the loss caused you to feel guilt	C5. Have thoughts or reminders of the loss caused you to feel guilt
25	<i>Do thoughts or reminders of X cause you to feel anger?</i>	22. Have thoughts or reminders of the loss or loss situation caused you to feel anger	C17. Have thoughts or reminders of the loss caused you to feel anger	C17. Have thoughts or reminders of the loss caused you to feel anger	C17. Have thoughts or reminders of the loss caused you to feel anger

### Evolution of Section C (cont)

#### 28-item GHQ

26	<i>A4. Felt that you are ill?</i>	25. Have thoughts or reminders of the loss caused you to feel sick or ill in any way (eg headaches, dizziness, nausea, hot or cold spells)	C20. Have thoughts or reminders of what is or will be lost caused you to feel sick or ill in any way (eg generally unwell, loss of energy, headaches, dizziness etc)	C6. Have thoughts or reminders of what is or will be lost caused you to feel sick or ill in any way (eg generally unwell, loss of energy, headaches, dizziness etc) <u>other than from existing illness or disability</u>	C6. Have thoughts or reminders of what is or will be lost caused you to feel sick or ill in any way (eg generally unwell, loss of energy, headaches, dizziness etc) other than from existing illness or disability
27	<i>B1. Lost much sleep over worry?</i>	27. Have thoughts or reminders of the loss caused you to lose sleep	<i>Deleted - trait</i>		
28	<i>B5. Been getting scared or panicky for no good reason?</i>	24. Have thoughts or reminders of the loss or the loss situation caused you to feel scared or panicky	C19. Have thoughts or reminders of the loss caused you to feel scared or panicky	<i>deleted (Chapter 10.5.3)</i>	
29	<i>C2. Been taking longer over the things you do?</i>	28. Have thoughts or reminders of the loss caused you to take longer over the things you do	<i>Deleted - supernumerary</i>		
30	<i>C6. Felt capable about making decisions about things?</i>	30. Have thoughts or reminders of the loss caused you difficulty in making decisions about things	<i>Combined with items coded 36 and 48</i>		
31	<i>D1. Been thinking of yourself as a worthless person?</i>	35. Have thoughts or reminders of the loss caused you to think yourself a worthless person	<i>Deleted - confounder</i>		
32	<i>D3. Felt that life isn't worth living?</i>	37. Have thoughts or reminders of the loss caused you to feel life isn't worth living	<i>Deleted - confounder</i>		
33	<i>D6. Found yourself wishing you were dead and away from it all?</i>	10. Have thoughts or reminders of the loss caused you to wish you were dead and away from it all	<i>Deleted - confounder</i>		

### Evolution of Section C (cont)

**RGEI**

34	<i>1. I tend to be more irritable with others since the death of my loved one</i>	34. Have thoughts about your loss make you more irritable with others	C23. Have thoughts of your loss caused you to be more irritable with others	C11. Have thoughts of your loss caused you to be more irritable with others	C10. Have thoughts of your loss caused you to be more irritable with others
35	<i>5. I feel lost and helpless</i>	39. Have thoughts about your loss make you feel lost and helpless	<i>Deleted - confounder</i>		
36	<i>8. Concentrating on things is difficult</i>	14. Have thoughts about your loss make it difficult for you to concentrate	C10. Have thoughts of your loss made it difficult for you to concentrate, remember things or make decisions	C1. Have thoughts of your loss made it difficult for you to concentrate, remember things or make decisions	C1. Have thoughts of your loss made it difficult for you to concentrate, remember things or make decisions
37	<i>20. I seem to have lost my self-confidence</i>	16. Have thoughts about your loss make you feel loss of confidence	<i>Deleted - confounder</i>		
38	<i>11. Life has lost its meaning for me</i>	12. Have thoughts about your loss make you feel life has lost its meaning for you	<i>Deleted - confounder</i>		
39	<i>15. Life seems empty and barren</i>	41. Have thoughts about your loss make you feel life is empty and barren	<i>Deleted - confounder</i>		

### Evolution of Section C (cont)

#### Grief Map survival

40	Why	46. Have thoughts of your loss caused you to search for why this happened to you	<i>Deleted - unvalidated</i>		
41	Horror & fantasies	44. Have thoughts of your loss caused you to have feelings of horror	<i>Deleted - unvalidated</i>		
42	Rejection	47. Have thoughts of your loss caused you to have feelings of rejection	<i>Deleted - unvalidated</i>		
43	Loss of trust	49. Have thoughts of your loss caused you to feel loss of trust in people	<i>Deleted - unvalidated</i>		
44	Shame	50. Have thoughts of your loss caused you to have feelings of shame	<i>Deleted - unvalidated</i>		
45	Blame from others	52. Have thoughts of your loss caused you to feel others are blaming you	<i>Deleted - unvalidated</i>		
46	Crisis of values	8. Have thoughts of your loss caused you to doubt your own values	<i>Deleted - unvalidated</i>		
47	A wasted life	53. Have thoughts of your loss caused you to feel your life or experience has been wasted	<i>Deleted - unvalidated</i>		
48	Cognitive difficulty	6. Have thoughts of your loss made it difficult for you to remember things	<i>combined with item coded 37 to form item C10 of trial questionnaire</i>		
49	Social	32. Have thoughts or reminders of the loss prevented you from visiting friends and relatives	<i>Deleted - unvalidated</i>		
50	Social	33. Have thoughts or reminders of the loss caused you to withdraw from contact with others	<i>Deleted - unvalidated</i>		
51	Physical	42. Have thoughts or reminders of the loss caused you to feel loss of energy	<i>Combined with items coded 26 and 52 to form C6 of trial questionnaire</i>		
52	Physical	43. Have thoughts or reminders of the loss caused you to feel generally unwell	<i>Combined with items coded 26 and 51 to form C6 of trial questionnaire</i>		

### Evolution of Section C (cont)

#### Grief Map reorganisation

53	Quest for the positives	51. Have thoughts of your loss caused you to search for positives in the situation	<i>Deleted - unvalidated</i>		
54	New life	48. Have thoughts of your loss caused you to search out a new life for yourself	<i>Deleted - unvalidated</i>		
55	Rebuilding self	45. Have thoughts of your loss caused you to strive for a new identity	<i>Deleted - unvalidated</i>		
56	Creating purpose	54. Have thoughts of your loss caused you to work on a new purpose in life for yourself	<i>Deleted - unvalidated</i>		

***Appendix 7.6: Section C items by domain, origin and section C version***

**Section C items by domain, origin and section C version**

<b>Origin</b>	<b>Physical</b>	<b>Emotional</b>	<b>Cognitive</b>	<b>Social</b>	<b>Spiritual</b>	<b>Behavioural</b>
<b>CBI</b>		5*, 7*, 10, <u>11*</u> , <u>12*</u> , <u>13*</u> , <u>14*</u> , <u>15*</u> , 16*, <u>18*</u> , 19*, <u>20*</u> , 21*, 22*, <u>23*</u> , <u>24*</u> , <u>25*</u>	<u>3*</u> , <u>4*</u> , 6*, 8, 9,			17*
<b>RGEI</b>			<u>36*</u> , 37	<u>34*</u>	38, 39	
<b>28-GHQ</b>	<u>26*</u> , 27	28*	29, 30			
<b>GHQ- Depression</b>		31, 32, 33				
<b>Grief Map</b>	51, 52	41, 42,	48	43, 44, 45, 49, 50	40, 46, 47, 53, 55, 56	54
<b>General</b>		1*, <u>2*</u>				

*Numbers refer to item code numbers.*

*All items shown above were included in the pilot version*

*\* trial version*

*\_ evaluation and final version*

***Appendix 8.1: Communications with practices***





THE UNIVERSITY OF ADELAIDE

Department of General Practice

10/12/96

Dear Rob,

Thank you for the interest you showed in the research project which I am planning to undertake next year in creating a diagnostic grief instrument for use with general practice patients.

I would be grateful if you will kindly bring this to the attention to your practice committee for consideration as to whether I might include your practice among the five selected.

I enclose an outline of the research together with ethics approval by the University of Adelaide Committee of Ethics into Human Experimentation.

The Practice would be one of five practices involved in the project. In each of these practices twenty patients would be asked to complete questionnaires and clinical interview by a trained research assistant. This would take place on two occasions during the year. On the second occasion a different set of patients would be interviewed. No participation will be required by the doctors themselves.

Thank you for putting this before the Committee

Sincerely

Sheila Clark

Dr R Menz  
Payneham family Practice  
296 Payneham Rd  
Payneham  
SA 5070

INGLE FARM FAMILY PRACTICE

PARTNERS

D.T. ENGLISH MBBS FRACGP D.Obst.RCOG  
T. OLLINO MBBS D.Obst.RCOG  
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FAX COVER SHEET

TO: DEPARTMENT GENERAL PRACTICE FAX NO 83033511  
ATTENTION DR SHEILA CLARK  
FROM DR CHRIS BOLLEN  
DATE: 28/1/97 PAGES 1  
(Including Cover Sheet)

PLEASE CONTACT (08) 8263 1133 if you do not receive all pages.

Dear Sheila,  
Further to our phone conversation in December 1996 and your letter 10/2/96 regarding the grief research, I am now able to inform you that this practice supports your research into grief and is happy to be included in the research.  
I look forward to further news on the research.  
Regards



COPY

THE UNIVERSITY OF ADELAIDE  
Department of General Practice

19 August 1997

Mr Masoud Haghghi  
The Family Practice Unit  
(The University of Adelaide)  
1009 Lower North East Road  
HIGHBURY 5089

Dear Masoud,

I really appreciated the assistance of your practice given to my research assistants in creating a Diagnostic Grief Instrument to use with general practice patients. Both Catherine and Adeline found both your practice and the patients to be extremely helpful and we have now completed the first pilot.

They will be contacting you again in the near future when they run the second pilot. This will be a similar process to the previous one.

Thank you again for your assistance.

With every best wish.

Yours sincerely,

**Dr Sheila Clark**  
**Senior Lecturer**

sclark/letters/1pilthnk.doc

***Appendix 8.2: Backgrounds of interviewers and research assistants for Trial***

### Backgrounds of interviewers and research assistants for Trial

Background	Interviewer 1	Interviewer 2/ Research assistant 1	Research assistant 2
	General practitioner-advanced trainee	Honours psychology graduate	Science graduate
Age	28	30	27
Gender	F	F	F
Culture	Migrant Asian	Caucasian Australian	Caucasian Australian
Professional qualifications/ background	MB BS	B A Hons (Psych) IT Certificate	B Sc Completed years 1-3 undergraduate medical training
Time since graduation	3 years	1 year	1 year
Experience in mental health related discipline	Undergraduate training and 3 years of general practice training	Undergraduate and Honours psychology training	Medical undergraduate training
Experience in interviewing	Undergraduate training and 3 years of general practice training	Undergraduate and Honours psychology training including conducting interview surveys. See also below	Undergraduate medical training
Experience in conducting subject-based research		Postgraduate experience conducting clinical survey interviews and observing GPs	Research assistant for study (Bull, Clark, Duszinski, 2001)
Demonstrated interest in area of loss and grief			As above
Communication skills	Good	Good	Good

***Appendix 8.3: Training of interviewers and research assistants***

## **Appendix 8.3i: Training of interviewers**

### **Loss and grief**

'Good Grief' seminar – a two day seminar conducted by Professor Marley and the chief investigator (Clark & Marley, 1993) including:

- information about the various types of loss that can cause grief;
- experiential activities and skills building in relation to bereavement; and
- interviews with simulated grieving patients.

### **Inter-personal communication**

Inter-personal skills for medical practice (Novak, Goldstein, & Dube, 1994) included:

Beginning the interview;

Attending;

Questioning;

Empathy;

Listening;

Exploring the problem;

Managing emotion;

Ending the interview;

Confidentiality; and

Terminating the interview early in the event of a subject becoming severely distressed and of referring them to their doctor for further assistance.

### **Conducting survey-style interviews**

Skills (Fowler & Mangione, 1990; Cannell, Miller & Oksenberg, 1982) included:

- probing questions to gain more information;

- reading the questions as worded;

- telling subjects about the nature of the interview before the start;

- asking subjects to respond as honestly as possible;

- providing positive reinforcement to subjects when they disclosed information useful to the study.

### **Appendix 8.3ii: Training for research assistants**

Training of the research assistants included:

- attendance at the Good Grief seminar (above);
- dealing with distressed subjects;
- gaining informed consent of patients;
- conducting the questionnaire, in particular: recording difficulties and queries encountered by subjects about the questionnaire;
- explaining the questions to subjects where necessary;
- asking subjects' opinions about improving the format and the wording;
- confidentiality.



***Appendix 8.4: Information and procedures packs & grief score descriptors***

## Appendix 8.4i: Information and procedures packs

### For research assistants:

Outline of Research from grant proposal to General Practice Evaluation Program  
**Book: Doka K. (1989). Disenfranchised Grief. Recognizing Hidden Sorrow. New York, Lexington Books.**  
List of practices and contact doctors  
Non-responders register  
Poster  
Patient Information Sheet  
Patient Consent Form  
Questionnaire  
Interview schedule

### For interviewers:

Outline of Research from grant proposal to General Practice Evaluation Program  
**Book: Doka K. (1989). Disenfranchised Grief. Recognizing Hidden Sorrow. New York, Lexington Books.**  
List of practices and contact doctors  
Patient Information Sheet  
Patient Consent Form  
Post-Interview Information sheet  
Questionnaire  
Interview schedule  
Audiotape register  
List of prompt questions  
Clinical score definitions

## **Appendix 8.4ii: Grief score descriptors**

### **Severe grief**

Severe emotional response to perceived loss by an individual, or in sympathy to a loss sustained by a significant other, with disturbances within many domains or several particularly severe symptoms within one or more domains.

### **Moderate grief**

Response to perceived loss by an individual, or in sympathy to a loss sustained by a significant other, between mild and severe.

### **Mild grief**

Mild emotional response to perceived loss by an individual, or in sympathy to a loss sustained by a significant other, with few if any, disturbances within the other domains.

### **Minimal grief**

‘Minimal emotional response to perceived loss by an individual, or in sympathy to a loss sustained by a significant other, with no disturbances within the other domains.’

***Appendix 9.1: Qualitative data relating to questionnaire***

## Qualitative data relating to questionnaire

### Comments about the questionnaire (63 subjects)

No problem with questionnaire
No problem with questionnaire
Asked what 'disbelief' meant in relation to her loss through accident
Happy to take part
No problem with questionnaire
Subject very teary
Subject enjoyed chat about loss
No problem with questionnaire
Thought topic was important
No problem with questionnaire
No problem with questionnaire
Glad to take part
Questionnaire was OK
Felt admitting loss of his job was not socially acceptable
Felt ashamed that his business had failed
Too many questions in section C
Glad that doctors were interested in grief
Felt embarrassed by admitting to incest
Questions too repetitive
Many questions mean the same thing
Questionnaire too long
Subdued
Embarrassed by rape
Difficult to remember all parts of the questions in section B
Thought separation loss included death loss
No problem with questionnaire
No problem with questionnaire
Glad to take part
Difficulty remembering losses to others in family
Questionnaire was OK
Thought separation loss included death loss
No problem with questionnaire
Questionnaire OK
Helpful to fill in questionnaire
Questionnaire was OK
Questionnaire too long
No problem with questionnaire
Questions repetitive
Questionnaire too long
No problem with questionnaire
No problem with questionnaire
Embarrassed by financial loss
Found it difficult to remember loss to significant others
Found it challenging to admit to domestic violence
No problem with questionnaire
Questionnaire too long
Difficulty remembering all the instructions
Too many questions in section C
No problem with questionnaire
Muddled between death loss and separation loss
No problem with questionnaire
Questionnaire was OK
Questionnaire OK
Questionnaire OK
Surprised doctors were interested in grief
Questions in section B complicated – remembering past & future losses
Glad to help

Questionnaire too long
Section C repetitive
Questionnaire helped her understand how she was feeling
Questionnaire was OK
Questionnaire was OK
Found section B questions long

**Times taken to complete trial questionnaire in minutes (94 subjects)**

5	3
6	3
3	5
7	6
5	10
3	5
5	8
3	10
5	5
3	5
10	4
3	7
5	5
15	3
3	6
10	2
10	3
5	8
5	6
10	4
5	4
5	5
3	6
5	4
8	4
5	5
5	4
5	8
5	6
5	4
3	5
10	3
10	3
5	6
3	5
3	4
3	5
3	4
5	5
3	6
10	4
5	4
5	5
5	10
5	8
9	6
10	4

***Appendix 9.2: Qualitative data relating to interview***

### Qualitative data relating to interview

No problems with interview
Wanted to discuss her loss
Subject was very engaged in interview
Subject enjoyed chat about loss
Happy to take part in interview
No problems with interview
Interview was OK
Surprised doctors were interested in grief
No problems in taking part in interview
Thought interview appropriate
Subject upset and crying but wanted to continue – said he had never had the opportunity to discuss her grief before
No problems with interview
No problems with interview
No suggestions for improving interview
Interview was OK
Topic of interview not too intrusive
Didn't think that grief was related to general practice
Happy to take part in interview
No problems with interview
No problems with interview
Happy to take part in interview
Saw no problems with interview – format or that it was about grief
Wanted partner to join her for interview
Interview helped him to understand his grief
Happy to take part in interview
Too upset to continue –interview terminated – given information about accessing future help
Distressed and crying but said it was good to be able to talk with someone who understood
Distressed but glad to talk over her grief
Interview helped her to understand her grief
No problems with interview
Thought interview was OK
No problems with interview
Happy to take part in interview
No problems with interview
Thought grief was an important topic
Distressed about his losses but said interview had been good for him
No problems with interview
Interview OK
Didn't realise she had so many losses
No problems with interview
No problems with interview
Glad for the chat about grief
Happy to take part –no difficulties with interview



***Appendix 9.3: Team debriefings from trial and evaluation***

## **Team debriefings from trial and evaluation**

The team reported the following comments from subjects:

- had never had the opportunity to discuss loss and grief issues with anyone else before;
- had never thought of talking about their loss and grief to the doctor;
- thought the doctor was too busy to listen;
- did not see the relevance of telling the doctor;
- did not see a connection between the physical condition and their loss and grief;
- never had had an opportunity to work through their grief as it was not socially acceptable / taboo (3 respondents);
- had recovered well from her husband's suicide two years ago because of the excellent counselling she had received at the time;
- pleased to have taken part;
- pleased to have been able to contribute to the greater good of others in the future;

### **Reasons for withdrawal from the project**

- many completed the questionnaire but declined to proceed to clinical interview because of being called in to see the doctor and the interviewer being busy with another patient when they emerged from the doctor's surgery;
- some patients did not have enough time to stay for the interview;
- felt too sick to stay for interview.

### **Team observations of respondents:**

- Some people cried but did not seem to mind talking about their grief / did not wish to stop talking;
- One interviewer felt astounded at how well the respondents appeared to cope with everyday life despite their multiple and serious losses.

### **Team members experiences of participating in the study:**

- Interviewers were surprised by the high prevalence of grief they found among the patients. In addition, the experience opened their eyes to the number of severe losses and the intensities of the feelings of some of the subjects;
- Debriefing with their co-worker was important to prevent them taking negative feelings home with them;
- One research assistant reported feeling 'weighted down' at the end of a session by the emotional issues of subjects;
- Support and debriefing from the chief investigator was valuable in helping them maintain empathy towards the subjects and in remaining objective about the study;
- Interviewers had difficulty in scoring subjects who may have been depressed. They found it difficult to determine the coexistence of depression within the limitations of the standardised interview. Generally no allowances in scoring were made for depression.

***Appendix 9.4: Non-responders – Trial***

### Non-responders – Trial

Practice Number	Sex	Age group (approx.)	Comments
1	F	?	too ill to concentrate
1	?	?	
1	M	?	
1	M	?	felt wife was better at questionnaires
1	F	?	felt she couldn't contribute, also couldn't see v. well
1	F	?	didn't have the time
1	F	?	no time
1	F	?	not comfortable with idea of survey/interview
1	F	?	with husband and didn't have much time
1	F	?	no time
1	F	?	no time
1	F	?	no time
1	M	?	no time
1	M	?	not good at filling in questionnaires
2	?	?	didn't want to do anything on grief and loss
2	?	?	
2	F	15-20	too ill
2	F	60s	husband came to take her home
3	F	40s	not enough time
3	F	30s	didn't want to
3	M	?	was asked in to see the doctor
3	F	?	had a child and didn't want to
3	M	30s	waiting to see solicitor and not the doctor and didn't want to keep him waiting
3	F	20s	'no good at that sort of thing'
3	F	60s	waiting to see solicitor and receptionist didn't want him to do study in case kept solicitor waiting
3	M	60s	said there wasn't enough time
3	M	?	didn't want to keep the physio waiting
3	F	20s	couldn't do interview so declined to participate
4	F	40s	didn't want to
4	F	60s	turned out to be deaf!
4	F	50s	doctor called her
4	F	60s	didn't want to
5	F	?	no time, had to go to work
5	F	?	no time, had to go to work
5	F	?	no reason given
5	F	?	not comfortable with the idea
5	M	?	not comfortable, also appeared to be mentally handicapped
5	F	?	not enough time
5	F	?	not enough time
Total			
=39			

***Appendix 10.1: Evaluation questionnaire***

## Grief and Loss Questionnaire for General Practice

Practice number  Patient number  Date //

### SECTION A

1. Your age  eg. 46
2. Postcode of where you live
3. Your gender (please tick relevant box)  
M  F
4. In which country were you born?
- Australia
  - New Zealand
  - UK and Ireland
  - European country
  - Asian country
  - African country
  - North or South America
5. What is your marital status
- Never married
  - Separated/Divorced
  - Widowed
  - Married/Defacto
6. What is your highest level of educational attainment?
- Still at school
  - Left school at 15 or less
  - Left school after age 15 but no further study
  - Left school after age 15 but still studying
  - Trade qualification/apprenticeship
  - Certificate/diploma
  - Bachelor degree or higher
7. What is your present MAIN occupation?
- Home duties
  - Retired
  - Student
  - Unemployed
  - Full or part time employment

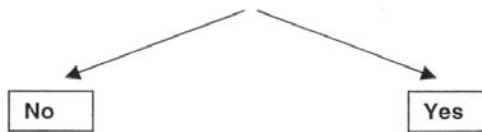
**SECTION B**

This section determines whether you are experiencing grief at the moment. This grief may be caused by a loss at any time in your life- in the past or something that you know will be occurring in the future.

In the past 2 weeks have you been distressed about any of these losses occurring to <b>YOU</b> or <b>SOMEONE CLOSE TO YOU</b> in the <b>PAST</b> or <b>FUTURE</b> .	Yes	No	If yes, how long have you known about this loss (eg. 4 years).  Use a separate line for each loss
1. death, or impending death, of a loved one	<input type="checkbox"/>	<input type="checkbox"/>	----- ----- -----
2. fear of your own death	<input type="checkbox"/>	<input type="checkbox"/>	-----
3. losses through migrating or moving house	<input type="checkbox"/>	<input type="checkbox"/>	----- -----
4. loss of someone through separation, divorce, child leaving home etc.	<input type="checkbox"/>	<input type="checkbox"/>	----- -----
5. serious illness or death of a pet	<input type="checkbox"/>	<input type="checkbox"/>	-----
6. loss of freedom eg. being a carer, retirement of a spouse, gaol etc.	<input type="checkbox"/>	<input type="checkbox"/>	-----
7. job loss eg. retirement, redundancy, unemployment, illness, birth of a baby	<input type="checkbox"/>	<input type="checkbox"/>	----- -----

- |   | Yes                      | No                       |                         |
|---|--------------------------|--------------------------|-------------------------|
| 8. loss of opportunity<br>eg. missed career choice  | <input type="checkbox"/> | <input type="checkbox"/> | -----<br>-----          |
| 9. financial or property loss<br>eg. Disaster, collapse of financial<br>company, burglary etc             | <input type="checkbox"/> | <input type="checkbox"/> | -----<br>-----          |
| 10. loss of quality of life<br>eg. illness, disability, aging, injury etc                                 | <input type="checkbox"/> | <input type="checkbox"/> | -----                   |
| 11. loss or lack of pregnancy<br>eg. infertility, miscarriage, abortion,<br>sterilisation, stillbirth etc | <input type="checkbox"/> | <input type="checkbox"/> | -----<br>-----          |
| 12. loss of personal integrity<br>eg. domestic violence, rape, incest, war<br>etc                         | <input type="checkbox"/> | <input type="checkbox"/> | -----<br>-----          |
| 13. losses through fostering or adoption<br>eg. being or caring for a<br>fostered/adopted child           | <input type="checkbox"/> | <input type="checkbox"/> | -----                   |
| 14. any other loss<br>-----<br>-----<br>-----   | <input type="checkbox"/> | <input type="checkbox"/> | -----<br>-----<br>----- |

Have you ticked any of the 'yes' boxes?



Thank you  
You have completed  
the questionnaire

Please continue  
to the next section



**SECTION C**

1. Have thoughts of your loss made it difficult for you to concentrate, remember things or make decisions?

- A lot of the time       Quite a bit of the time       A little bit of the time       Never

2. Have you experienced images of the events surrounding the loss?

- Continuously       Quite a bit of the time       A little bit of the time       Never

3. Have you found yourself longing for what is or will be lost?

- A lot of the time       Quite a bit of the time       A little bit of the time       Never

4. Have reminders of the loss such as people, photos, situations, music, places etc caused you to feel longing for what is or will be lost?

- A lot of the time       Quite a bit of the time       A little bit of the time       Never

5. Have thoughts or reminders of the loss caused you to feel guilt?

- A lot of the time       Quite a bit of the time       A little bit of the time       Never

6. Have thoughts or reminders of what is or will be lost caused you to feel sick or ill in any way (eg generally unwell, loss of energy, headaches, dizziness etc) *other than from existing illness or disability*?

- A lot of the time       Quite a bit of the time       A little bit of the time       Never

7. Have thoughts of the loss come into your mind whether you wish it or not?

- Continuously       Quite a bit of the time       A little bit of the time       Never

8. Have you felt distressed by the reality of the loss?

- A lot of the time       Quite a bit of the time       A little bit of the time       Never

9. Have reminders of the loss such as people, photos, situations, music, places etc caused you to feel longing for what is or will be lost?
- A lot of the time       Quite a bit of the time       A little bit of the time       Never
10. Have thoughts or reminders of the loss caused you to feel dread?
- A lot of the time       Quite a bit of the time       A little bit of the time       Never
11. Have thoughts of your loss caused you to be more irritable with others?
- A lot of the time       Quite a bit of the time       A little bit of the time       Never
12. Overall how much have thoughts and feelings about your loss distressed you?
- A lot of the time       Quite a bit of the time       A little bit of the time       Never
13. Have people or familiar objects (photos, possessions, rooms etc) reminded you of the loss?
- A lot of the time       Quite a bit of the time       A little bit of the time       Never
14. Have thoughts or reminders of the loss caused you to feel numb?
- A lot of the time       Quite a bit of the time       A little bit of the time       Never
15. Have you found yourself imagining that the loss has not/will not occur?
- A lot of the time       Quite a bit of the time       A little bit of the time       Never
16. Have reminders of the loss such as people, photos, situations, music, places etc caused you to feel sadness?
- A lot of the time       Quite a bit of the time       A little bit of the time       Never
17. Have thoughts or reminders of the loss caused you to feel anger?
- A lot of the time       Quite a bit of the time       A little bit of the time       Never

*Thank you for completing this questionnaire*

***Appendix 11.1: Backgrounds of interviewer and research assistant for  
Evaluation***

### Backgrounds of interviewer and research assistant for Evaluation

Background	Interviewer 3	Research assistant
	General practice nurse	Arts/psychology graduate
Age	42	23
Gender	F	F
Culture	Caucasian Australian	Caucasian Australian
Professional qualifications/ background	State Registered Nurse; Midwifery Certificate	BA (Hons) majoring in English and Psychology
Time since qualification	20 years	1 year
Experience in mental health related discipline	Psychiatric nursing during training and in general practice nursing	Honours year psychology research
Experience in interviewing	Nursing practice; Interviews for health assessment study of the elderly	
Experience in conducting subject-based research	Interviews for health assessment study of the elderly	Honours year psychology research
Demonstrated interest in area of loss and grief	Health assessment study of the elderly	
Communication skills	Good	Good

***Appendix 12.1: Qualitative data relating to questionnaire: evaluation***

### Qualitative data relating to questionnaire: evaluation

No problems with questionnaire
No problems with questionnaire
Questions on last 2 pages similar
Got lost on the introduction
All questions OK
All questions OK
Forgot that section C applied to all losses
Was not sure what 'dread' meant – C10
No problems with questionnaire
Unsure about her loss causing numbness – C14
No problems with questionnaire
Some questions seem to have the same meaning
Questionnaire OK
Questionnaire OK
Questionnaire OK
Introduction to section B rather long
No problems with questionnaire
Questionnaire OK
Questionnaire OK
Questionnaire OK
Some questions similar
No problems with questionnaire
No problems with questionnaire
No problems with questionnaire
All questions OK
All questions OK
Questions in section C similar
All questions OK
Questionnaire OK
Section B intro rather long
Questionnaire OK
All questions OK
Questionnaire OK
Questionnaire OK
Found section B intro difficult
All questions OK
Questionnaire OK
No problems with questionnaire
No problems with questionnaire
No problems with questionnaire
All questions OK
No problems with questionnaire
All questions OK
All questions OK

Total number of subjects = 45

***Appendix 12.2: Corr's procedure for section C items- Evaluation***

***Appendix 12.3: Non-responders – Evaluation***



### Non-responders – Evaluation

Sex	Age group (approx.)	Comments
F	60-70	Worried about breaking down
F	60-70	Too stressed to talk about it
F	50+	No time
M	70-75	No time
M	70-75	Children waiting in car
F	50+	Defensive, child waiting
M	25-30	Not interested
M	50+	Aggressive & not interested
F	70-75	No time
F	70-75	No grief
F	50+	Feeling too ill to talk about extensive grief
M	50+	Not interested
F	50+	Walked out
F	70+	
F	90+	

Total=15

***Appendix 13.1: The Grief Diagnostic Instrument***

# The Grief Diagnostic Instrument

Patient number     Practice number

Date

---

This questionnaire is about grief. Grief is the distress we feel when we lose anything of value in our lives. It can follow the death of someone we love, the breakdown of a relationship, or the loss of something or some circumstance that is precious to us. We may also experience grief knowing that someone we love or care for is grieving themselves. We may feel grief from losses we are currently experiencing, as well as from past or future losses.

## Section A Please complete all questions

1. Your age   eg  4  3

2. Post code of where you live

3. Your gender (please tick relevant box)

M

F

### 4. In which country were you born?

Australia	<input type="checkbox"/>	If yes, are you of Aboriginal or Torres Strait Islander origin?	Yes <input type="checkbox"/>
New Zealand	<input type="checkbox"/>		No <input type="checkbox"/>
UK and Ireland	<input type="checkbox"/>		
Asian country	<input type="checkbox"/>		
European country	<input type="checkbox"/>		
African country	<input type="checkbox"/>		
North or South America	<input type="checkbox"/>		

Please continue

**5. What is your marital status?**

Married/De facto

Never married

Separated/divorced

Widowed

**6. What is your highest level of educational attainment?**

Still at school

Left school at 15 years or less

Left school after age 15 but no further study

Left school after aged 15 but still studying

Trade qualification/apprenticeship

Certificate/diploma

Bachelor degree or higher

**7. What is your MAIN occupation?**

Home duties

Retired

Student

Unemployed

Full or part-time employment

Please continue

**Section B**

This section determines whether you are experiencing grief at the moment. You may be feeling grief now from losses you are currently experiencing as well as from past losses or losses you know will happen in the future.

In the last TWO WEEKS have you been distressed about any of the following losses to you or someone close to you?

Use a separate line for each loss.

	Yes	No	Loss	Date when you first became aware of the loss	
				Month	Year
1. <i>death or impending death of a loved one</i>	<input type="checkbox"/>	<input type="checkbox"/>	1	.....	.....
	<input type="checkbox"/>	<input type="checkbox"/>	2	.....	.....
	<input type="checkbox"/>	<input type="checkbox"/>	3	.....	.....
2. <i>fear of your own death</i>	<input type="checkbox"/>	<input type="checkbox"/>	1	.....	.....
3. <i>losses through migration or moving house</i>	<input type="checkbox"/>	<input type="checkbox"/>	1	.....	.....
	<input type="checkbox"/>	<input type="checkbox"/>	2	.....	.....
4. <i>loss of someone through separation, divorce, child leaving home, disagreements with family members or friends etc</i>	<input type="checkbox"/>	<input type="checkbox"/>	1	.....	.....
	<input type="checkbox"/>	<input type="checkbox"/>	2	.....	.....
	<input type="checkbox"/>	<input type="checkbox"/>	3	.....	.....
5. <i>serious illness or death of a pet, or separation from a pet</i>	<input type="checkbox"/>	<input type="checkbox"/>	1	.....	.....
	<input type="checkbox"/>	<input type="checkbox"/>	2	.....	.....
6. <i>loss of freedom</i> eg being a carer, retirement of spouse, gaol etc	<input type="checkbox"/>	<input type="checkbox"/>	1	.....	.....
	<input type="checkbox"/>	<input type="checkbox"/>	2	.....	.....

Please continue

	Yes	No	Loss	Month	Year
<b>7. job loss</b>	<input type="checkbox"/>	<input type="checkbox"/>	1	.....	.....
eg retirement, redundancy, unemployment, illness, birth of a baby etc	<input type="checkbox"/>	<input type="checkbox"/>	2	.....	.....
	<input type="checkbox"/>	<input type="checkbox"/>	3	.....	.....
<b>8. loss of opportunity</b>	<input type="checkbox"/>	<input type="checkbox"/>	1	.....	.....
eg missed career choice, promotion, an unfulfilled dream or life choices being different from those you expected etc	<input type="checkbox"/>	<input type="checkbox"/>	2	.....	.....
<b>9. financial or property loss</b>	<input type="checkbox"/>	<input type="checkbox"/>	1	.....	.....
eg disaster, collapse of financial company, burglary etc	<input type="checkbox"/>	<input type="checkbox"/>	2	.....	.....
<b>10. loss of quality of life</b>	<input type="checkbox"/>	<input type="checkbox"/>	1	.....	.....
eg illness, disability, aging, injury etc	<input type="checkbox"/>	<input type="checkbox"/>	2	.....	.....
	<input type="checkbox"/>	<input type="checkbox"/>	3	.....	.....
<b>11. loss or lack of pregnancy</b>	<input type="checkbox"/>	<input type="checkbox"/>	1	.....	.....
eg infertility, miscarriage, abortion, sterilisation, stillbirth etc	<input type="checkbox"/>	<input type="checkbox"/>	2	.....	.....
<b>12. loss of personal integrity</b>	<input type="checkbox"/>	<input type="checkbox"/>	1	.....	.....
eg domestic violence, rape, incest, war etc	<input type="checkbox"/>	<input type="checkbox"/>	2	.....	.....
<b>13. losses through adoption/fostering</b>	<input type="checkbox"/>	<input type="checkbox"/>	1	.....	.....
eg giving up, being or caring for an adopted or fostered child	<input type="checkbox"/>	<input type="checkbox"/>	2	.....	.....
<b>14. any other loss (please specify)</b>	<input type="checkbox"/>		1	.....	.....
.....					
.....	<input type="checkbox"/>		2	.....	.....

Now!  
Have you ticked any 'yes' boxes?

**If 'yes'**  
*Please continue to the next section below*

**If 'no'**  
Thank you.  
*You have completed the questionnaire*

### Section C

Now consider ALL the losses you ticked

In the past 2 weeks:

1. Have thoughts of your loss made it difficult for you to concentrate, remember things or make decisions?

A lot of the time       Quite a bit of the time       A little bit of the time       Never

2. Have you experienced images of the events surrounding the loss?

Continuously       Quite a bit of the time       A little bit of the time       Never

3. Have you found yourself longing for what is or will be lost?

A lot of the time       Quite a bit of the time       A little bit of the time       Never

4. Have reminders of the loss such as people, photos, situations, music, places etc caused you to feel longing for what is or will be lost?

A lot of the time       Quite a bit of the time       A little bit of the time       Never

5. Have thoughts or reminders of the loss caused you to feel guilt?

A lot of the time       Quite a bit of the time       A little bit of the time       Never

6. Have thoughts or reminders of what is or will be lost caused you to feel sick or ill in any way (eg generally unwell, loss of energy, headaches, dizziness etc)?

A lot of the time       Quite a bit of the time       A little bit of the time       Never

**Please continue**

7. Have thoughts of the loss come into your mind whether you wish it or not?

- Continuously    Quite a bit of the time    A little bit of the time    Never

8. Have you felt distress by the reality of the loss?

- A lot of the time    Quite a bit of the time    A little bit of the time    Never

9. Have thoughts or reminders of the loss caused you to feel dread of the future?

- A lot of the time    Quite a bit of the time    A little bit of the time    Never

10. Have thoughts of your loss caused you to be more irritable with others?

- A lot of the time    Quite a bit of the time    A little bit of the time    Never

11. Overall how much have thoughts and feelings about your loss or losses distressed you?

- A lot of the time    Quite a bit of the time    A little bit of the time    Never

12. Have people or familiar objects (photos, possessions, rooms etc) reminded you of the loss?

- A lot of the time    Quite a bit of the time    A little bit of the time    Never

13. Have thoughts or reminders of the loss caused your emotions to feel numb?

- A lot of the time    Quite a bit of the time    A little bit of the time    Never

14. Have you found yourself imagining that the loss has/will not occur?

- A lot of the time    Quite a bit of the time    A little bit of the time    Never

15. Have reminders of the loss such as people, photos, situations, music, places etc cause you to feel sadness?

- A lot of the time    Quite a bit of the time    A little bit of the time    Never

16. Have thoughts or reminders of the loss caused you to feel anger?

- A lot of the time    Quite a bit of the time    A little bit of the time    Never

**Thank you for completing this questionnaire**