

## INITIAL BEREAVEMENT ASSESSMENT

Name of Deceased	Date of Death	Location
Address		
Comments		

Name of Bereaved	Phone	Relationship to Deceased
Address		Email
Person(s) Providing Support to Bereaved	Meaningful Dates (Birthday, Anniversaries, etc.)	

Staff/Volunteer
<input type="checkbox"/> Attended Wake <input type="checkbox"/> Attended Funeral/Memorial Service <input type="checkbox"/> Made Home Visit <input type="checkbox"/> Phone Contact <input type="checkbox"/> Other Contact: _____
Results

Date of This Assessment	Completed By
<input type="checkbox"/> No Assessment Reason: _____ <input type="checkbox"/> Bereaved Requested No Contact <input type="checkbox"/> Bereaved Requested Only Mail/Email <input type="checkbox"/> Bereaved Requested Only Calls <input type="checkbox"/> Other: _____	

Bereaved Reactions to Death
<input type="checkbox"/> Acceptance <input type="checkbox"/> Anger <input type="checkbox"/> Anxiety <input type="checkbox"/> Depression <input type="checkbox"/> Denial <input type="checkbox"/> Guilt <input type="checkbox"/> Helplessness <input type="checkbox"/> Hopelessness <input type="checkbox"/> Tearful <input type="checkbox"/> Self-Sufficient <input type="checkbox"/> Talkative <input type="checkbox"/> Other: _____
Comments

Related Circumstances That Could Affect the Course of Grief
<input type="checkbox"/> Significant Events <input type="checkbox"/> Mental Health Concerns of Bereaved <input type="checkbox"/> Mental Health Concerns of Others <input type="checkbox"/> Health Concerns of Bereaved <input type="checkbox"/> Health Concerns of Others <input type="checkbox"/> Abuse <input type="checkbox"/> Other: _____
Comments

Family/Community Support for Bereaved
<input type="checkbox"/> Good, Ongoing, Nearby <input type="checkbox"/> Good, Out of Town <input type="checkbox"/> Conflicted <input type="checkbox"/> Limited/None



Preparation for Death

- Prepared
- Partially Prepared
- Unprepared
- In Denial
- Sudden/Unexpected

Previous Losses of Bereaved

# of Significant Losses: \_\_\_\_\_ Comments: \_\_\_\_\_

Emotional Dependence on Deceased

- None
- Slight
- Moderate
- High
- Intense

Comments

Relationship with Deceased

- Warm, Caring
- Respectful, Caring
- Ambivalent, Cool
- Hostile, Angry
- Violent, Abusive

Post-Death Observations

- Neglect of Appearance
- Exhausted/Stressed
- Noticeable Weight Gain/Loss
- Signs of Spiritual Distress
- Reduction in Energy or Activity Level
- Health Insurance Concerns
- Change in Sleep Patterns
- Change in Appetite/Eating Habits
- Inadequate Financial Resources
- Legal Concerns
- Other: \_\_\_\_\_

Coping Resources/Strengths

- Optimistic Attitude
- Involved in Faith Community
- Good Personal Strength
- Funeral/Memorial Service
- Was Helpful/Satisfying
- Supportive Family and Friends
- Meaningful Social/Cultural Interaction
- Personal Interests, Hobbies, Activities
- Other: \_\_\_\_\_

Anticipated Level of Coping

- Normal Grief Process and Recovery
- Fair, With No Special Help
- May Need Special Help
- Poor, Needs Support and Special Help
- Urgent Bereavement Help Needed

My Concern(s) for This Person Are:

Empty text box for concerns.