

# **life events questionnaire (adapted)**

Please tick the appropriate box if any of the following 15 events have happened to you in the last year, or earlier in your life. If earlier in your life, please estimate roughly how old you were when the event or situation happened to you. Please also answer questions A, B and C using the boxes provided. If appropriate, do give further details overleaf.

	<b>event or situation</b>	<b>last year</b>	<b>earlier</b>
1	death of a close relative, including partner, parent or child		
2	physical assault, mugging or rape		
3	separation due to marital difficulties		
4	break up of a steady relationship		
5	serious difficulties with spouse or partner		
6	serious problem with a close friend, neighbour or relative		
7	bullied, teased, victimized or socially isolated		
8	loss of job		
9	unemployed/seeking work for more than a month		
10	legal problems or difficulties with the police		
11	loss of regular contact with a close relative or friend		
12	serious illness or injury to a close relative or friend		
13	serious illness or injury to yourself		
14	major financial problems		
15	other seriously upsetting events, accidents or situations		

<b>A</b>	do you find memories or images of upsetting events you have been involved in pop into your mind spontaneously?	
<b>B</b>	if so, what feelings do you have about these memories or images – for example sadness, guilt, anger, helplessness, anxiety, shame or maybe other feelings?	
<b>C</b>	do you deliberately try not to think about some upsetting events you have been involved in and, if so, which events?	

# **life events questionnaire (grief)**

Piper, W. E., J. S. Ogrodniczuk, et al. (2005). "Screening for complicated grief: When less may provide more." *Can J Psychiatry* 50(11): 680-683. OBJECTIVE: This study aimed to discover screening questions for initial assessments of psychiatric outpatients to identify which patients are likely experiencing complicated grief (CG). METHOD: We examined the responses of 235 outpatients to questionnaire items. One set came from the Texas Revised Inventory of Grief (TRIG). This set represented events cited in clinical literature as indicators or risk factors for CG. Another set came from a factor analysis of items that define CG. We determined relations between items and CG, analyzed sensitivity and specificity, and compared the 2 sets of items. RESULTS: The factor analysis items were superior. The 2 best items correctly identified nearly 90% of patients with and without CG. CONCLUSION: The items can be transformed into screening questions to be used in initial interviews.

The authors wrote: "*Studies indicate that CG is highly prevalent in outpatient psychiatry clinics. Because assessment time is limited, many cases probably go undetected. This study attempted to discover a few screening questions that could identify outpatients likely experiencing CG. Items that reflected clinical beliefs about indicators and risk factors associated with CG did not perform well. By contrast, a set of grief factor items performed very well. Two items correctly identified nearly 90% of patients with and without CG. These items can be transformed into questions that can be used in initial assessments. If a patient tests positive, the interviewer can acquire further information about the losses and (or) refer the patient to someone who specializes in the assessment and treatment of patients with CG. Cost-efficient treatments such as short-term group therapy can effectively treat psychiatric outpatients with CG (14,15). Before it can be treated, however, CG needs to be identified. We suspect that, in busy psychiatric outpatient clinics, a few pertinent questions will identify more CG patients than existing requests to conduct more thorough assessments of CG during intake. In other words, less may provide more. Although the current study involved a large sample from 2 outpatient clinics, the findings would benefit from cross-validation. They may not apply to the general population. Different findings might emerge with different criteria for CG. Despite these limitations, we believe that the current study makes a reasonable case for the use of screening questions to identify psychiatric outpatients who are probably experiencing CG.*"

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