**FAMILY MEMBER BEREAVEMENT SERVICES-RELATED DATA FROM ELECTRONIC RECORDS ANALYZED**

|  |  |
| --- | --- |
| **Variable** | **Response Choices in Record (checked if present)** |
| Services primary caregiver is interested in receiving | * Mailings * Support groups * Workshops * Family counseling * One to one counseling * Volunteer support * Telephone calls * Reference material * Outside referral * Memorial services * Not yet decided * Declines all follow-up services * Other * Not evaluated |
| Services bereavement staff is offering | * Mailings * Support groups * Workshops * Family counseling * One to one counseling * Volunteer support * Telephone calls * Reference material * Outside referral * Memorial services * Other * Not evaluated |

**FAMILY MEMBER RISK-RELATED DATA FROM ELECTRONIC RECORDS TO BE ANALYZED**

|  |  |
| --- | --- |
| **Variable** | **Response Choices in Record (checked if present)** |
| Mental/Emotional Status | * Appropriate/effective grief response * Anxious * Confused * Delusional * Disoriented * Emotional Problems, History of * Fearful * Guarded * Labile * Long term memory loss * Overt anger * Overwhelmed * Short term memory loss * Suicidal * Alcohol/Drug Abuse, History of * Clinging * Denial * Depersonalization * Elated * Extreme depression/sadness * Flat affect * Isolation * Mental Illness, History of * Overt guilt * Relief * Substance abuse * Very fatigued * Not evaluated |
| **Variable** | **Response Choices in Record (checked if present)** |
| Complicated Bereavement Risk Factors | *Select all risk factors that apply to this person*   * Expression of suicidal ideation * Death will result in loss of companionship, emotional support * Inadequate coping skills * Death results in loss of financial support * Minor children reside in the home * Other dependents (elderly, disabled) reside in the home * Family communication patterns are not supportive * Relationship with patient is/was conflicted * Concurrent life crisis * Limited cognitive ability * Death may result in loss of home * Difficulty coping with past losses * History of multiple losses * History of unresolved grief * History of family violence * Impacted by another person with psychosocial illness * Impacted by another person with chemical dependency * Bereaved assessed with mental illness * Bereaved assessed with chemical dependency |
| Individuals’ likelihood of Complicated Bereavement | * Total * High * Moderate * Low * Not evaluated |
| Assessment of suicide potential- symptoms | * Sleep disturbances * Weight changes * Hopelessness * Depressed mood * Concentration * Agitation * Hallucinations * Impulsivity * Anhedonia * Psychomotor retardation * Guilt |
| **Variable** | **Response Choices in Record** |
| Assessment of suicide potential- symptoms *(continued)* | * Low energy * Suicidal ideation * Delusions * Disorientation * Disturbance in judgement * Not evaluated |
| Summary of Findings/Impressions | *Score is based on agency standards*   * Low Risk * Medium Risk * High Risk * Effective grieving process * Complicated grieving process * Unable to determine |

**FAMILY MEMBER SOCIO-DEMOGRAPHICS FROM SELF-REPORT SURVEY- Only available as summary reports from hospice, not as data**

|  |  |
| --- | --- |
| **Variable** | **Response Choices in Record** |
| Are you male or female? | * Male * Female |
| What is the highest grade or level of school that you have completed? | * 8th grade of less * High school graduate or GED * 4-year college graduate * Some high school, but did not graduate * 1-3 years of college * 4-year college graduate * More than 4-year college degree |
| Are you of Hispanic or Spanish family background? | * Yes * No |
| Which of the following best describes your race? | * American Indian or Alaskan Native * Asian or Pacific Islander * Black or African-American * White * Another race or multicultural (Please write in): \_\_\_\_\_\_ |
| What is your relationship to the patient? Are you the patient’s… | * Spouse * Partner * Child * Parent * Sibling * Other relative * Friend * Other (Please write in): \_\_\_\_\_\_ |

**FAMILY MEMBER SATISFACTION DATA FROM SELF-REPORT SURVEY- Only available as summary reports from hospice, not as data**

|  |  |
| --- | --- |
| **Variable** | **Response Choices in Record** |
| How much emotional support did the hospice team provide to you after the patient’s death? | * Less than was wanted * Right amount * More attention than was wanted |