**THE INTERNATIONAL GRIEF QUESTIONNAIRE WITH CLINICAL CHECKS (IGQ-CC)**

**OVERVIEW**:

The attached instrument is a brief measure of all diagnostic requirements for ICD-11 Prolonged Grief Disorder. This measure includes a clinical check for each symptom indicator for PGD. The IGQ is freely available in the public domain to all interested parties.

**DIAGNOSTIC ALGORITHM** is as follows:

A symptom is deemed to be present based on a score of 2 or higher on the Likert scale and a response of ‘yes’ to the clinical check.

A diagnosis of PGD requires (1) a lifetime bereavement, (2) bereavement occurring more than 6 months ago, (3) the presence of at least one of the two ‘essential’ symptoms (G1 or G2), (3) the presence of at least one ‘associated’ symptom (G3, G4, or G5), (4) a response of ‘yes’ to the question related to exceeding the expected cultural, social, or religious norms, and (5) the presence of functional impairment.

**DIMENSIONAL SCORING** is as follows:

A total score for PGD symptoms can be calculated by summing responses from G1-G5.

**THE REFERENCE** for the measure is:

Shevlin, M., Hyland, P., Cloitre, M., Brewin, C., Martsenkovskyi, D., Ben-Ezra, M., Bondjers, K., Karatzias, T., Duffy, M., & Redican, E. (2025). Assessing self-reported prolonged grief disorder with "clinical checks": A proof of principle study. *Journal of Traumatic Stress*, *38*(1), 174–180. https://doi.org/10.1002/jts.23100

* + - 1. During your life has someone close to you died (e.g., a partner, parent, child, close friend)?
* No
* Yes
  + - 1. People often experience multiple bereavements during their lifetime. Please indicate if you have lost any of the following people:

|  |  |  |  |
| --- | --- | --- | --- |
|  | No | Yes | Yes -  More than One |
| 1. Child |  |  |  |
| 1. Partner or spouse |  |  |  |
| 1. Parent |  |  |  |
| 1. Brother or sister |  |  |  |
| 1. Grandparent |  |  |  |
| 1. Uncle or aunt |  |  |  |
| 1. Cousin |  |  |  |
| 1. Niece or nephew |  |  |  |
| 1. Close friend |  |  |  |
| 1. Colleague |  |  |  |
| 1. Acquaintance |  |  |  |

* + - 1. Which of these affected you the most?
* Child
* Partner or spouse
* Parent
* Brother or sister
* Grandparent
* Uncle or aunt
* Cousin
* Niece or nephew
* Close friend
* Colleague
* Acquaintance
  + - 1. How long ago did this person die?
* Within the last 6 months
* 6 months to a year ago
* 1-2 years ago
* 2-3 years ago
* 3-5 years ago
* 6-10 years ago
* More than 10 years ago

**Instructions**: Below are a number of problems that people sometimes report following the death of a person close to them. Please answer in relation to the bereavement that causes you the most distress.

Using the scale below, please choose the answer that best describes how **bothered** you have been by each of these problems **in the past week**.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Not at all | A little bit | Moderately | Quite a bit | Extremely |
| 0 | 1 | 2 | 3 | 4 |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| G1. Yearning for the deceased almost every day? | 0 | 1 | 2 | 3 | 4 |
| **Please answer if 2 or higher**: This is more than just missing your loved one. It is an intense and painful desire to be with the deceased again. Is this what you felt almost every day over the past week? | | | Yes No | | |
| G2. Thinking too much about the deceased almost every day? | 0 | 1 | 2 | 3 | 4 |
| **Please answer if 2 or higher:** This means thinking so much about your lost loved one that it causes you pain and it interferes with you doing other things. Is this what you experienced almost every day in the past week? | | | Yes No | | |
| G3. Feeling guilty or angry about my loss. | 0 | 1 | 2 | 3 | 4 |
| **Please answer if 2 or higher:** Do you feel like this frequently and does it cause you distress? | | | Yes No | | |
| G4. Having trouble accepting the death of my loved one. | 0 | 1 | 2 | 3 | 4 |
| **Please answer if 2 or higher:** This means that you sometimes find it difficult to come to terms with the fact that your loved one has died, and you wish it were not the case. Is this what you have been experiencing? | | | Yes No | | |
| G5. Feeling sad or emotionally numb. | 0 | 1 | 2 | 3 | 4 |
| **Please answer if 2 or higher:** Are these feelings related to your loss? | | | Yes No | | |

G6. Would you say these problems have been going on for longer than most people in your social, cultural, or religious context would expect? Yes No I don’t know

G7. Have these experiences caused problems in personal, family, social, educational, occupational, or other important areas of your life?  Yes No