Hospice of Douglas County
Bereavement Follow-up Documentation

Bereaved:_____ **CLIENT:**_____

TIME SINCE DEATH: ☐ 1 mo. ☐ 2 mo. ☐ 3 mo. ☐ 6mo. ☐ 9 mo. ☐ 1 year

TYPE OF CONTACT: ☐ Wake/Funeral ☐ Visit ☐ Phone ☐ Card

☐ Other:_____

REPORT TIME:

Direct Time (visit/phone contact): _____ (record in quarter hour increments .25, .50, .75, 1.0)

Travel Time: _____ (record in quarter hour increments)

Miles Traveled: _____ (report miles here if requesting reimbursement)

HOW IS THE BEREAVED'S GRIEF BEING EXPERIENCED/EXPRESSED?

(Check where appropriate)

- ☐ Weight (loss or gain)
- ☐ Disbelief
- ☐ Lack of energy
- ☐ Feelings of emptiness
- ☐ Digestive disturbances
- ☐ Difficulty concentrating
- ☐ Sensing presence of deceased
- ☐ Crying
- ☐ Inability to cry
- ☐ Withdrawal
- ☐ Keeping busy
- ☐ Eating patterns disturbed
- ☐ Sleeping patterns disturbed
- ☐ Disturbing dreams
- ☐ Feeling abandoned by God
- ☐ Inability to concentrate
- ☐ Feeling overwhelmed
- ☐ Finding comfort in religious beliefs/ spiritual support
- ☐ Feelings of going crazy
- ☐ Anger/bitterness
- ☐ Suicidal thoughts (requires immediate hospice staff contact)
- ☐ Jealousy
- ☐ Irritability/Impatience
- ☐ Guilt / Regret
- ☐ Relief / Release
- ☐ Fear
- ☐ Frustration
- ☐ Anxiety / Nervousness
- ☐ Longing / Pining
- ☐ Sadness
- ☐ Frequent illness

COMMENTS:

FACTORS INFLUENCING THE GRIEF EXPERIENCE

(Check where appropriate and explain)

- ☐ Financial
- ☐ Health
- ☐ Family
- ☐ Change in living situation
- ☐ Spiritual support
- ☐ Availability of support
- ☐ Previous loss experience
- ☐ Concurrent life / crisis
- ☐ Change in work situation
- ☐ Use of time: caregiving vs. no caregiving

COMMENTS:

Bereaves Self-Assessment:

Does Bereaved indicate plans for future?

HOW IS BEREAVED DOING GRIEF WORK WITH YOU?

(Check where appropriate)

- ☐ Crying
- ☐ Talking about illness and/or death
- ☐ Talking about deceased
- ☐ Memories and reminiscing
- ☐ Spiritual support
- ☐ Adjusting life routine
- ☐ Talking about relationship with deceased
- ☐ Talking about the way death is affecting them now
- ☐ Talking about ways of coping

WHAT DID YOU DO DURING THE CONTACT?

(Check where appropriate)

- ☐ Facilitating telling of story
- ☐ Listened/reassurance given
- ☐ Encouraged the expression of grief
- ☐ Validated normalcy of thoughts, feelings, behaviors of grief
- ☐ Affirmed good work in expressing grief
- ☐ Helped to identify other supportive service
- ☐ Other_____

FOLLOW-UP PLANS

(Check where appropriate)

COMMENTS

- ☐ Scheduled next contact
- ☐ Prepare bereaved for closure
- ☐ Referral to Community Services
- ☐ Confer with Volunteer Coordinator
- ☐ Case closed with this documentation

Date of Contact:_____ **Signature:**_____