**Behavior Observed:**
- Depressed
- Guilty
- Angry
- Withdrawn
- Denial
- Tearful
- Restless
- Talkative

**Suicide Considered:**
- No
- Yes

**Alcohol Intake:**
- None
- Occasional
- 2 or more times a week
- Daily

**Drug Intake:**
- None
- Occasional
- 2 or more times a week
- Daily
BEREAVEMENT ASSESSMENT

**History of Ability to Cope:**
- [ ] Poor
- [ ] Fair
- [ ] Good
- [ ] Excellent

**Assessment of Coping Ability:**

**Bereavement Risk Score at admission:**
- [ ] Mild
- [ ] Moderate
- [ ] High

**Bereavement Risk Score reviewed after death?**
- [ ] Yes
- [ ] No

**Update Score:**
- [ ] Mild
- [ ] Moderate
- [ ] High

**Comments about changed risk:**

**Additional Recent Losses:**

**Finances:**
- [ ] Unchanged
- [ ] Changed
- [ ] Sufficient
- [ ] Insufficient

**Living Situation:**
- [ ] Unchanged
- [ ] Changed
- [ ] Stable
- [ ] Uncertain

**Health:**
- [ ] Unchanged
- [ ] Changed
- [ ] Improved
- [ ] Deteriorated

**Major Problems:**

**Is Bereaved Interested in Follow-Up?**
- [ ] Yes
- [ ] No

**Does Bereaved Feel a Need For Immediate Support?**
- [ ] Yes
- [ ] No

**Others Needing/Desiring Follow-Up (Indicate name and relationship):**

**Phone:**

**Plan/Intervention:**

**Signature and Title of Assessor:**

**Date:**

**Comments:**

**Psychosocial and Other Stress Sources and Problems:**

**Bereavement Follow-Up:**

**Plan/Intervention:**

**Comments:**