

# Bereavement Self-Assessment Form



CIRCLE  
adult bereavement support

Dear \_\_\_\_\_ Date \_\_\_\_\_

We have sent this form to you as we have received a referral to our service. The form is designed to allow you to tell us how your bereavement is affecting you. The questions help us to understand what is happening for you, and, which of our services are likely to be of most benefit.

If you have previously completed this form, we are sending it to you again to get an up to date picture of how you are now.

The form has 3 pages to complete. Take your time to read the questions and answer as much as you feel able. If a question does not apply or you do not wish to answer, please say this in the comments section. However, the more you answer the more information we have to help you.

When you have completed the form please return it within 28 days, either by email to [circle@farleighhospice.org](mailto:circle@farleighhospice.org) or post to: Circle adult bereavement support, Farleigh Hospice, North Court Road, Chelmsford, CM1 7FH.

If you are unable/do not wish to complete this form please email [circle@farleighhospice.org](mailto:circle@farleighhospice.org) advising us of this or tick the following box  and enter your name on the last page. Then return the form to the address above and we will contact you in due course to conduct a telephone assessment. Please note our number comes up as unlisted when ringing you.

When you are waiting for your support to begin there are other forms of support you can access:

- **Helpline – Bereavement Trust – 0800 435 455, 6pm to 10pm everyday**
- **You can attend one of our support groups – see leaflet or our website for information [www.farleighhospice.org](http://www.farleighhospice.org)**
- **Call the office if you are struggling and need to talk on 01245 457308**
- **Self Help Guide –  please tick this box if you would like one emailed/sent**
- **24 hour Samaritans helpline – 116 123**

If you no longer wish to access the service, please let us know by email [circle@farleighhospice.org](mailto:circle@farleighhospice.org) or telephone 01245 457308.

*Mark Cobbin*

Mark Cobbin  
Manager, Family Support and Bereavement

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Please mark 'X' or click in the circle which you feel most accurately represents how you currently feel.

1. I can face and accept my strong feelings of grief.	<input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/>	I often feel overwhelmed by my feelings of grief.
Additional comments:		
2. My loss is not on my mind all of the time.	<input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/>	I find myself thinking about my loss most of the time.
Additional comments:		
3. I feel very aware of my inner strength when faced with grief.	<input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/>	I often feel overwhelmed with my feelings when faced with grief.
Additional comments:		
4. I believe it is important to be strong and this helps me to cope with my loss.	<input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/>	I don't feel strong or in control at the moment, and find dealing with my grief difficult.
Additional comments:		
5. I do not feel I will always carry the pain of grief with me.	<input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/>	I feel that I will always carry the pain of grief with me.
Additional comments:		
6. I am able to keep my feelings under control effectively.	<input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/>	I feel anxious about losing control of my feelings.
Additional comments:		
7. Despite my loss, I can think clearly about my loss and how I need to adjust it.	<input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/>	Life has less meaning for me after this loss.
Additional comments:		
8. I feel that I am getting on with my life.	<input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/>	I want to get on with life but my feelings about my loss get in the way.
Additional comments:		
9. Although I am upset at the moment, I believe that things will get better.	<input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/>	Life is difficult and there isn't much to look forward to.
Additional comments:		

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Have you previously suffered any other significant losses?

What else helps you to manage at the current time? Do you have support from friends and family?

Are you currently on any medication, or coping with any ongoing mental or physical health issues?

Do you have any previous mental or physical health conditions that you would be happy to share with us and that you think may be important for us to know?

Are there any other issues you that feel it would be helpful for us to know about?

**Support Options** (you may tick one or both boxes)

- I am interested in individual support
- I am interested in group support

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Individual support is provided here at Farleigh Hospice. To access support, please indicate the times you are available below. We operate appointments on the hour, from 9am-8pm Monday to Friday, and 9am-2pm on a Saturday.

Day	Availability (please indicate the hours you can attend an appointment in the below availability boxes e.g. 10am-3pm)
Monday	
Tuesday	
Wednesday	
Thursday	
Friday	
Saturday	

If you are unable to come to Farleigh Hospice for your support, we also offer telephone support. Please tick here if you would like this option

In some circumstances where access presents a significant issue we do also offer home visits. If you require this service, please indicate here when you are available for these appointments:

We may need to contact you regarding this referral. We would prefer to do this via e-mail and phone where possible. If you are agreeable to this, please provide your e-mail address and preferred phone number below.

E-mail Address \_\_\_\_\_

Phone Number \_\_\_\_\_

If however you'd prefer contact by letter, please tick here




Sign/print Name: \_\_\_\_\_ Date \_\_\_\_\_

By ticking this box I confirm my consent to my details being used by the Bereavement Team to contact me.

## PROTECTING YOUR PERSONAL DATA

The data we gather and hold to process your referral is managed in accordance with the General Data Protection Regulation and the Data Protection Act 2018. We will keep your details safe and only use them in accordance with our Privacy Policy which can be found on our website [www.farleighhospice.org](http://www.farleighhospice.org), or by application to us: Farleigh Hospice, North Court Road, Chelmsford, Essex CM1 7FH.



It is because you care that we can  
[www.farleighhospice.org](http://www.farleighhospice.org)     
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Office Use Only  
Scoring:  
Outcome: TS—1:1—Couns.—Groups  
Date: