

QUESTIONNAIRE

We are currently piloting a bereavement support group for young adults and would like to know if this Service would benefit you.

I would appreciate if you could answer the following questions:

1. How recently were you bereaved?

1-3 months 4-9 months 10-12 months

Other (please specify) _____

2. How old are you?

3. Who is the person that has died?

4. Since the death of your loved one, have you experienced any of these physical, emotional or behavioural symptoms (**Please circle**)

Feeling frustrated

Can't stop crying

Being bullied

Bullying others

Aggressive/fighting

Don't want to eat

Can't stop eating

Can't sleep

Can't/don't want to get out of bed

Don't want to do anything

Can't concentrate

Don't want to go to school/college/uni

Taking drugs

Getting drunk

Don't want to talk to anyone

Don't want to hang out with friends

Suicidal
Feeling frightened of the future
Loneliness
Anxiety
Guilty
Depression
Feeling ill/sick – stomach upset/headaches
Empty

5. Who do you talk to about your feelings? (e.g. friends, school teacher, parent/s)

6. How do you support yourself? (e.g. sport, social activities, talk to friends)

7. Do you think Bereavement Group could help you? If so, how?

8. If you answered 'yes' to question 7, please answer the following:

How often would you like to meet?

Once a fortnight Once a month

Once every 3 months

What day would best suit you? (please tick more than one)

Monday Tuesday Wednesday

Thursday Friday Saturday

Sunday

How long would you like the group session to last?

1 hour

1 ½ hours

2 hours

9. Any other comments/suggestions you would like to make:

If you feel that you would be interested in attending our bereavement group please contact me on:

Ursula Seiler
Woking & Sam Beare Hospices
Tel: 01932 826092
Email: ursula.seiler@surreypct.nhs.uk

If you would like me to contact you, please state your name and contact details below:

Name: _____

Tel/Mobile: _____

Email: _____