

Prolonged Grief Disorder (PG – 12) Caregiver Version ©

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PGD is a newly defined mental illness that is a specific reaction to the serious illness of a significant other. There are a particular set of PGD symptoms – feelings, thoughts, actions – that must be associated with significant functional impairment in order for a person to meet criteria for PGD.

INSTRUCTIONS

Below lie instructions for how to score (diagnose) Prolonged Grief Disorder (PGD). Each of the requirements for Criteria A-G must be met for an individual to be diagnosed with PGD.

A. Event Criterion: In order to complete the PG-12, we assume the respondent is caring for a significant other with serious illness.

B. Separation Distress: The respondent must experience PG-12 questions #1 or 2 at least daily.

C. Cognitive, Emotional, and Behavioral Symptoms: The respondent must experience 5 of the PG-12 questions #3-11 at least “once a day” or “quite a bit”.

D. Impairment Criterion: The respondent must have significant impairment in social, occupational, or other important areas of functioning (e.g., domestic responsibilities). That is, PG-12 question #12 must be answered as “Yes”.

PART I: INSTRUCTIONS. FOR EACH ITEM, PLACE A CHECK MARK TO INDICATE YOUR ANSWER.

1. In the past month, how often have you felt yourself longing or yearning for _____(patient) to be healthy again?

Not at all - 1
At least once - 2
At least once a week - 3
At least once a day - 4
Several times a day - 5
REF - 7
DK - 8

2. In the past month, how often have you had intense feelings of emotional pain, sorrow, or pangs of grief related to _____(patient's) illness?

Not at all - 1
At least once - 2
At least once a week - 3
At least once a day - 4
Several times a day - 5

REF - 7

DK - 8

3. In the past month, how often have you tried to avoid reminders that _____(patient) is ill?

Not at all - 1

At least once - 2

At least once a week - 3

At least once a day - 4

Several times a day - 5

REF - 7

DK - 8

4. In the past month, how often have you felt stunned, shocked, or dazed by _____(patient's) illness?

Not at all - 1

At least once - 2

At least once a week - 3

At least once a day - 4

Several times a day - 5

REF - 7

DK - 8

PART II: FOR EACH ITEM, PLEASE INDICATE HOW YOU CURRENTLY FEEL. CIRCLE THE NUMBER TO THE RIGHT TO INDICATE YOUR ANSWER.	Not at all	Slightly	Somewhat	Quite a bit	Overwhelmingly
5. Confusion about your role in life or a diminished sense of self (i.e., feeling that a part of yourself has died)?	1	2	3	4	5
6. Have you had trouble accepting _____(patient's) illness?	1	2	3	4	5
7. Has it been hard for you to trust others since _____(patient's) illness?	1	2	3	4	5
8. Do you feel bitter over _____(patient's) illness?	1	2	3	4	5
9. Do you feel that moving on (e.g., making new friends, pursuing new interests) would be difficult for you now?	1	2	3	4	5
10. Do you feel emotionally numb since _____(patient's) illness?	1	2	3	4	5
11. Do you feel that life is unfulfilling, empty, or meaningless since _____(patient's) illness?	1	2	3	4	5
PART III: FOR EACH ITEM, PLACE A CHECK MARK TO INDICATE YOUR ANSWER.					
12. Have you experienced a significant reduction in social, occupational, or other important areas of functioning (e.g., domestic responsibilities)?					

No
 Yes