Inventory of Complicated Grief –
Rater-Administered Structured Clinical Interview (ICR)

Instructions: “When answering the following questions, please think about how you have felt over the past month.”

CRITERION A: SEPARATION DISTRESS

A1. Have you recently experienced the loss of a significant other?  
Yes - 1  
No - 2  
REF - 7  
DK - 8

A2.1. Do you ever feel yourself longing and yearning for _______?  
Less than once a month - 1  
Monthly - 2  
Weekly - 3  
Daily - 4  
Several times a day - 5  
REF - 7  
DK - 8

A2.2. Do you ever feel drawn to places and things associated with ________?  
Less than once a month - 1  
Monthly - 2  
Weekly - 3  
Daily - 4  
Several times a day - 5  
REF - 7  
DK - 8

A2.3. In the past month, have you ever felt lonely?  
Less than once a month - 1  
Monthly - 2  
Weekly - 3  
Daily - 4  
Several times a day - 5  
REF - 7  
DK - 8
### CRITERION B: TRAUMATIC DISTRESS

| B1. Was the loss traumatic for you? | Loss, but not traumatic - 1 |
|                                      | Loss moderately traumatizing - 2 |
|                                      | Loss severely traumatizing - 3 |
|                                      | REF - 7 |
|                                      | DK - 8 |

| B2. Do you ever try to avoid reminders that _________ is gone? | Less than once a month - 1 |
|                                                               | Monthly - 2 |
|                                                               | Weekly - 3 |
|                                                               | Daily - 4 |
|                                                               | Several times a day - 5 |
|                                                               | REF - 7 |
|                                                               | DK - 8 |

| B3. Do you ever try to avoid reminders of ________, him/herself? | Less than once a month - 1 |
|                                                               | Monthly - 2 |
|                                                               | Weekly - 3 |
|                                                               | Daily - 4 |
|                                                               | Several times a day - 5 |
|                                                               | REF - 7 |
|                                                               | DK - 8 |

| B4a. Are there any things you used to do before the death of your [loved one] that you no longer do? (or people you used to see that you no longer see?) | Yes - 1 |
|                                                                                      | No - 2 |
|                                                                                      | REF - 7 |
|                                                                                      | DK - 8 |

Circle “1” for B4b and go to Q. B5 ←

<p>| B4b. How disturbing is it for you not to be doing these things or seeing these people? | Not disturbing - 1 |
|                                                                                     | Mildly disturbing - 2 |
|                                                                                     | Moderately disturbing - 3 |</p>
<table>
<thead>
<tr>
<th>Rating</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Severely disturbing</td>
<td>4</td>
</tr>
<tr>
<td>Overwhelmingly disturbing</td>
<td>5</td>
</tr>
<tr>
<td>REF</td>
<td>7</td>
</tr>
<tr>
<td>DK</td>
<td>8</td>
</tr>
</tbody>
</table>
B5. To what extent do you feel like the future holds no meaning or purpose without ______?  

- No sense that the future holds no purpose - 1  
- A slight sense that the future holds no purpose - 2  
- Some sense - 3  
- A marked sense - 4  
- An overwhelming sense - 5  
  REF - 7  
  DK - 8

B6. In the past month, have you ever felt like you didn’t have the ability to care about other people or have you felt distant from people you care about, to any extent?  

- No difficulty feeling close or connected to others - 1  
- Slight difficulty feeling close or connected to others - 2  
- Some difficulty - 3  
- Marked difficulty - 4  
- Overwhelming difficulty - 5  
  REF - 7  
  DK - 8

B7. Have you felt numb at all over the past month?  

- No sense of numbness - 1  
- A slight sense of numbness - 2  
- Some sense - 3  
- A marked sense - 4  
- An overwhelming sense - 5  
  REF - 7  
  DK - 8

B8. Do you ever feel stunned, dazed, or shocked over ______’s death?  

- Less than once a month - 1  
- Monthly - 2  
- Weekly - 3  
- Daily - 4  
- Several times a day - 5  
  REF - 7  
  DK - 8
B9. Do you ever feel disbelief over _______'s death?

- Less than once a month - 1
- Monthly - 2
- Weekly - 3
- Daily - 4
- Several times a day - 5
- REF - 7
- DK - 8

B10. Do you ever have trouble accepting the death?

- Less than once a month - 1
- Monthly - 2
- Weekly - 3
- Daily - 4
- Several times a day - 5
- REF - 7
- DK - 8

B11. To what extent do you feel that life is empty or meaningless without _______?

- No sense of emptiness or meaninglessness - 1
- A slight sense of emptiness or meaninglessness - 2
- Some sense - 3
- A marked sense - 4
- An overwhelming sense - 5
- REF - 7
- DK - 8

B12. Do you ever feel unable to imagine life being fulfilling without _______?

- Less than once a month - 1
- Monthly - 2
- Weekly - 3
- Daily - 4
- Several times a day - 5
- REF - 7
- DK - 8
B13. Do you ever feel that a part of yourself died along with ______?

Less than once a month    - 1
Monthly                     - 2
Weekly                      - 3
Daily                       - 4
Several times a day         - 5
REF                         - 7
DK                          - 8

B14. To what extent do you feel that the death has changed your view of the world?

No sense of a changed world view - 1
A slight sense of a changed world view - 2
Some sense                     - 3
A marked sense                  - 4
An overwhelming sense           - 5
REF                            - 7
DK                             - 8

B15. Over the past month, to what extent has it been hard for you to trust others?

Not difficult to trust others  - 1
Slightly difficult to trust others - 2
Somewhat difficult             - 3
Markedly difficult              - 4
Overwhelmingly difficult        - 5
REF                            - 7
DK                             - 8

B16. To what extent have you felt a lost sense of security or safety over the past month?

No sense of lacking security or safety - 1
A slight sense of lacking security or safety - 2
Some sense                     - 3
A marked sense                  - 4
An overwhelming sense           - 5
REF                            - 7
DK                             - 8
B17. To what extent have you felt that you have not been in control over the past month?

- No sense of being out of control - 1
- A slight sense of being out of control - 2
- Some sense - 3
- A marked sense - 4
- An overwhelming sense - 5

REF - 7  DK - 8

B18. Do you ever have pain in the same area of your body, some of the same symptoms, or assume any of the behaviors or characteristics of your [loved one]?

- Less than once a month - 1
- Monthly - 2
- Weekly - 3
- Daily - 4
- Several times a day - 5

REF - 7  DK - 8

B19. Do you ever feel angry about ________’s death?

- Less than once a month - 1
- Monthly - 2
- Weekly - 3
- Daily - 4
- Several times a day - 5

REF - 7  DK - 8

B20. To what extent are you bitter over ________’s death?

- No sense of bitterness - 1
- A slight sense of bitterness - 2
- Some sense - 3
- A marked sense - 4
- An overwhelming sense - 5

REF - 7  DK - 8
B21. Sometimes people who lose a loved one feel uneasy about moving on with their life. To what extent do you feel that moving on (for example, making new friends, pursuing new interests) would be difficult for you?

- Moving on would not be difficult - 1
- Moving on would be a little difficult - 2
- Somewhat difficult - 3
- Very difficult - 4
- Extremely difficult - 5
- REF - 7
- DK - 8

B22. Do you ever have trouble doing the things you normally do because you are thinking about _________ so much?

- Less than once a month - 1
- Monthly - 2
- Weekly - 3
- Daily - 4
- Several times a day - 5
- REF - 7
- DK - 8

B23. Do memories of _________ ever upset you?

- Less than once a month - 1
- Monthly - 2
- Weekly - 3
- Daily - 4
- Several times a day - 5
- REF - 7
- DK - 8

B24. Do you ever hear the voice of _________ speak to you?

- Less than once a month - 1
- Monthly - 2
- Weekly - 3
- Daily - 4
- Several times a day - 5
- REF - 7
- DK - 8
B25. Do you ever see ________ stand before you?
Less than once a month - 1
    Monthly - 2
    Weekly - 3
    Daily - 4
Several times a day - 5
    REF - 7
    DK - 8

B26. To what extent have you felt on edge, jumpy, or easily startled in the past month?
No change in feelings of being on edge - 1
    A slight sense of feeling on edge - 2
    Some sense - 3
    A marked sense - 4
    An overwhelming sense - 5
    REF - 7
    DK - 8

B27. In the past month, to what extent has your sleep been disturbed?
Not disturbed - 1
    Slightly disturbed - 2
    Moderately disturbed - 3
    Very disturbed - 4
    Extremely disturbed - 5
    REF - 7
    DK - 8

B28. Do you feel at all guilty for surviving, or that it is unfair that you should live when ______ died?
No sense of guilt over surviving the deceased - 1
    A slight sense of guilt - 2
    Some sense - 3
    A marked sense - 4
    An overwhelming sense - 5
    REF - 7
    DK - 8

B29. Do you ever feel envious of others who have not lost someone close?
Less than once a month - 1
    Monthly - 2
    Weekly - 3
Daily - 4
Several times a day - 5
REF - 7
DK - 8
**CRITERION C: COURSE**

C1. How many months has it been since your [loved one] died? 
   Months: ___
   REF - 97
   DK - 98

C2. How many months after your loss did these feelings begin? 
   Months: ___
   (0=immediately)
   REF - 97
   DK - 98

C3. How many months have you been experiencing these feelings? 
   Months: ___
   (0=never)
   REF - 97
   DK - 98

C4. Have there been times when you did not have pangs of grief and then these feelings began to bother you again? 
   Yes - 1
   No - 2
   REF - 7
   DK - 8

C5. Can you describe how your feelings of grief have changed over time? 
   ____________________________________________________________
   ____________________________________________________________
   ____________________________________________________________
   ____________________________________________________________

**CRITERION D: IMPAIRMENT**

**D. Disturbance causes marked and persistent dysfunction in social, occupational, or other important domains.**
   Yes - 1
   No - 2
   REF - 7
RA. **Rater's Assessment:** After administering this interview, in your judgement, do you believe this person to be suffering from a clinically significant and diagnosable level of traumatic grief?  

Yes - 1