

## Bereavement Support Group Assessment

Name:

Hospice Patient:

Relationship to Hospice Patient:

Phone Number:

Address:

What types of programs are you interested in:

- Mental Health Services
- Spiritual Wellbeing
- Group Greif Support
- Music therapy
- Art Therapy

What day of the week works well for you?

- Monday
- Tuesday
- Wednesday
- Thursday
- Friday

What time of day works best for you?

- Morning
- Afternoon
- Evening

What has prevented you from choosing Greif Support programs in the past?

- Time it was offered.
- Day it was offered.
- Location
- Duration of sessions
- Lengths of program
- Not applicable
- Other \_\_\_\_\_

How frequently would you like to attend a grief program?

- Weekly
- Bi-weekly
- Monthly
- Quarterly
- Other

Source

Stillwater Hospice

[https://www.researchgate.net/publication/242562694\\_Guidance\\_for\\_Bereavement\\_Needs\\_Assessment\\_in\\_Palliative\\_Care](https://www.researchgate.net/publication/242562694_Guidance_for_Bereavement_Needs_Assessment_in_Palliative_Care)