



AIDS Bereavement Project of Ontario

Assessing the Impact and Themes of Loss

An important stage in addressing loss is reflection and assessment of the impact of losses and transitions. This information is absolutely confidential - however, you can let us know who you are if you choose.

1. **Some Information about you:**

age _____ gender _____

Anything else you'd like us to know about you?

2. **About Your AIDS Work:**

a) Present job title _____

b) Length of time as a paid worker _____

c) Length of time as a volunteer worker (if applicable) _____

About your Experience with DEATH & GRIEF:

3. **Professional:**

a) How many of your agency's clients that you have known have died?

(estimate if necessary)

_____ 0 _____ 1-3 _____ 4-6 _____ 7-10 _____ 10-20+

_____ 20-50 _____ 50-100 _____ 100+ _____ 300+ _____ 500+

_____ specific number

Personal:

b i) Number of losses due to death, not necessarily AIDS-related.

_____ Colleagues/co-workers

_____ Spouse/Partner

_____ Friends

_____ Aunts/uncles/cousins

_____ Acquaintances
_____ Parents
_____ Child/ren

_____ Grandparents
_____ Siblings
_____ Pets

b ii) Please describe any significant transitions that have occurred in your life over the last two years (moving, new job, illness, partner break-up etc.).

b iii) Did you experience any physical effects which may have been due to your grief and/or transition losses? If so, please describe.

b iv) Did you experience any emotional and/or psychological effects that you think were due to your grief and/or transition losses? If so, please describe.

b v) Please comment on the effect of grief and/or transition losses (if any) on your social and/or sexual life.

b vi) Has your experience of grief and/or transition losses had any effect on your spirituality or belief system? If so, please describe.

b vii) Do you now, or have you in the past, sought support or assistance with your grief and/or transition losses? If so, please describe.

We are interested in some of the Unique Characteristics of you and your agency, which the next few questions address.

4. Core Connection:

a) Please describe your first connection to AIDS.

5. Emotions:

a) Please comment on the specific emotional demands of AIDS work.

b) What emotional reactions have you noticed in the workplace?

6. Common Themes: The following questions will help us to explore common themes among workers which are related to significant loss and/or transition experiences.

1. My grieving feels like its been going on for a very long time and/or is excessively intense.

YES NO if yes, please say more _____

2. There are times when my grief is just not there.

YES NO if yes, please say more _____

3. My grief sometimes shows as getting really mad or edgy, more than I am comfortable with.

YES NO if yes, please say more _____

4. As part of my grieving, I sometimes withdraw completely from my social life.

YES NO if yes, please say more _____

5. Sometimes all my losses just don't seem real.

YES NO if yes, please say more _____

6. Sometimes I think of all my losses and it's not a big deal, I just go on.

YES NO if yes, please say more _____

7. It sometimes seems that all the losses are for nothing – there's no sense.

YES NO if yes, please say more _____

8. I sometimes feel like I am watching my life from a distance.

YES NO if yes, please say more _____

9. I sometimes feel guilty for still being alive.

YES NO if yes, please say more _____

10. I don't make new friends or connections any more.

YES NO if yes, please say more _____

7. Coping

a) The demands of AIDS work lead us to develop and expand self-care strategies. Please describe your ways of taking care of yourself.

b) What have you noticed in your staff, in terms of how they take care of themselves?
