

The Two-Track Bereavement Questionnaire - TTBQ3-CG11

Please complete the following questionnaire, which addresses a variety of questions concerning your life after the loss of a person important to you. Thank you.

<i>Information about you</i>	<i>Details about the deceased</i>										
<u>Today's date:</u> ____/____/____	<u>First Name of the deceased:</u> _____										
<u>Your Full Name:</u> _____ <u>Gender:</u> (please circle) Male / Female / _____ <u>Your age:</u> _____	<u>Date of death*:</u> ____/____/____ <u>Age at death:</u> _____										
<u>Your Country of birth:</u> _____ <u>Country you live in now:</u> _____ <u>Years in this country:</u> _____	<u>Circumstances of the death:</u> _____ _____										
<u>Religion:</u> (please specify): _____ <u>Degree of Religious Observance/Belief:</u> Please circle the number that applies best to you. <table border="1" style="width: 100%; text-align: center;"> <tr> <td>1</td> <td>2</td> <td>3</td> <td>4</td> <td>5</td> </tr> <tr> <td>Very little</td> <td>Little</td> <td>So-so</td> <td>Much</td> <td>Very much</td> </tr> </table>	1	2	3	4	5	Very little	Little	So-so	Much	Very much	<u>Your relation to the deceased:</u> (please specify how you were related to or involved with the deceased). _____ _____
1	2	3	4	5							
Very little	Little	So-so	Much	Very much							
<u>Languages spoken at home:</u> _____ _____ _____	*(date of death allows for computation of time since loss.)										

A1. I am very depressed:	Not True at All 1	Mostly Not True 2	So-so 3	Mostly True 4	Very True 5	A2 – I-DF
A4. Problematic thoughts and feelings such as guilt and anger about the death of (name of the deceased) flood and confuse me:	Almost never 1	Almost every month 2	Almost every week 3	Almost daily 4	Several times a day 5	A7-II-ARGT
B2. I behave and respond as if I don't believe that (name) is gone. This happens to me:	Almost never 1	Almost every month 2	Almost every week 3	Almost daily 4	Several times a day 5	B4-II-ARGT
B9. I yearn strongly for (name) and miss him/her deeply:	Almost never 1	Almost every month 2	Almost every week 3	Almost daily 4	Several times a day 5	B15-II-ARGT
B3. I think of (name) all the time:	Not True at All 1	Mostly Not True 2	So-so 3	Mostly True 4	Very True 5	B6-II-ARGT
C2. During the last 2 years before the death, my relationship with (name) had many strong ups and downs	Not True at All 1	Mostly Not True 2	So-so 3	Mostly True 4	Very True 5	C4-II-RC
C4. During the last 2 years before the death, (name) was the person closest to me:	Not True at All 1	Mostly Not True 2	So-so 3	Mostly True 4	Very True 5	C8-II-CPR
D2. I keep on experiencing the death as a shocking and traumatic event in my life:	Not True at All 1	Mostly Not True 2	So-so 3	Mostly True 4	Very True 5	D7-II-ARTG
A5. Since the death, my functioning is very much reduced in 1 or more areas: (please check the relevant areas) a) ___ work or study; b) ___ relationships with family or friends; c) ___ my health;	Not True at All 1	Mostly Not True 2	So-so 3	Mostly True 4	Very True 5	A&9 A12 DF-I

<p>A9. Following the loss, I am much in need of assistance:</p>	<p>Not True at All 1</p>	<p>Mostly Not True 2</p>	<p>So-so 3</p>	<p>Mostly True 4</p>	<p>Very True 5</p>	<p>A20-r II- ARGT</p>
<p>E1. I have been helped by resources within myself and near to me (please check the relevant areas) (a) ___ family and friends, (b) ___ faith and/or my own life experience, (c) ___ professional assistance, etc.) to cope with my situation following the loss:</p>	<p>Not True at All 1</p>	<p>Mostly Not True 2</p>	<p>So-so 3</p>	<p>Mostly True 4</p>	<p>Very True 5</p>	<p>E1- Resource - R - F</p>
<p>Please let us know which resources were helpful to you in the space here:</p>	<hr/> <hr/> <hr/> <hr/>					

If you wish to add something on the impact of the loss in your life, please do so here.

Thank you.

<p>Additional Information about your situation (please check relevant items) :</p> <p>___ a) More than one member of my family has died or been very negatively affected by these events;</p> <p>___ b) Close friends died or were very negatively affected by these events;</p> <p>___ c) My life was in danger at the time of the death;</p> <p>___ d) I lost my home during this time;</p> <p>___ e) I was negatively affected by additional things that affect my response to the death (please let us know what these were) : _____</p> <hr/> <hr/>
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For office use only:

Track I – Dysfunction = I-DF

Track II –Active Relational Traumatic Grief – II ARTG

Track II – Relational Conflict = II-RC

Track II – Close and Positive Relationship = II-CPR

Track I – Resources = I-E (reverse the scoring before proceeding)

Total = All of the items

Scoring and Self-Scoring for the TTBQ3-CG11			
Track I	Dysfunction (DF)	A1 + A5	Clinical score is 7 or higher; Monitor from 5.
Track II	Active Relational Grief and Trauma (ARGT)	A4 + B2 +B3 +B9 + D2 +A9	Clinical score is 23 or higher; Monitor from 18.
Track II	Conflict in the Relationship (RC)	C2	Clinical score is 3 or higher.
Track II	Close and Positive Relationship (CPR)	C4	Monitor from 4 for close kinship relationships.
Track I	Resources	E1	Reverse the score first – Clinical score is 4 or higher
Overall	Need Help	A9	Clinical 3 or higher
Total score of TTBQ3-CG11	14-22 Low / Follow-up at 6 months 23-38 Medium / Monitor at 3 months / Consider Intervention Above 39 – High / Intervention Priority / Monitor at 1 month		

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