

# Traumatic Grief Inventory-Self Report plus (TGI-SR+)

## Introduction

The Traumatic Grief Inventory-Self Report plus (TGI-SR+) consists of 22 statements about grief reactions, hereafter referred to as items. These items are similar to symptoms of (i) persistent complex bereavement disorder as described in the DSM-5 (APA, 2013), (ii) prolonged grief disorder as described in the revision of the fifth edition of the DSM (DSM-5-TR; APA, 2020), (iii) prolonged grief disorder as included in the ICD-11 (WHO, 2018), and (iv) prolonged grief disorder as proposed by Prigerson et al. (2009). See Table 1 for an overview of the relation between the TGI-SR+ items and these symptoms.

Table 1. Similarities between TGI-CA items and symptoms of disturbed grief.

TGI-SR+ item	Persistent Complex Bereavement Disorder DSM-5 (APA, 2013)	Prolonged grief disorder DSM-5-TR (APA, 2020)	Prolonged grief disorder ICD-11 (WHO, 2018)	Prolonged grief disorder Prigerson et al. (2009)
1	B3	B2	B2	
2	B2	C4*	C1	
3	B1	B1	B1	B1
4	C11			C1
5	C1		C6	C2
6	C6	C3		C3
7	C8			C4
8	C4	C4*	C3	C5
9	C12	C5	C10	C6
10	C2	C6	C9	C7
11	C10	C7		C8
12				C9
13	D	D	E	E
14	B4			
15	C3			
16	C5		C2	
17	C7			
18	C9	C8		
19		C2	C4	
20			C5	
21		C1	C7	
22			C8	

*Note.* \*These symptoms were assessed with two items. Highest score of one of the two items is used to tap the symptom.

## **TGI-SR vs. TGI-SR+**

This survey was developed in 2019 and based on the 18-item self-report questionnaire the Traumatic Grief Inventory-Self Report (TGI-SR) (Boelen & Smid, 2017; Boelen, Djelantik, de Keijser, Lenferink, & Smid, 2018). The 18 items of the TGI-SR are identical to items 1 through 18 of the TGI-SR+. Four items (item 19 through 22) were added to assess symptoms of prolonged grief disorder according to ICD-11 (WHO, 2018). With the advent of prolonged grief disorder in the DSM-5-TR (2020), TGI-SR items were mapped on these new symptoms.

The participant is asked to rate to what extent each TGI-CA items applies to the participant during the last month on an answer scale with 1 = never, 2 = seldom, 3 = sometime, 4 = often, 5 = always.

## **Scoring**

Summing up the scores on the 22 items results in a total score for disturbed grief. A first validation study indicated that a cut-off score of  $\geq 71$  can be used to distinguish disturbed from non-disturbed grief (Lenferink et al., 2022).

Diagnostic scoring rules are helpful to determine whether a person meets criteria for a persistent complex bereavement disorder or prolonged grief disorder. A score of 4 or 5 on an item is indicative of presence of that particular grief symptom.

To meet DSM-5 criteria of persistent complex bereavement disorder at least 1 symptom of the B criterion, at least 6 symptoms of the C criterion, and the symptom of the D criterion needs to be present.

For DSM-5-TR prolonged grief criteria, the following scoring rule is used: at least one symptom of the B Criterion and at least 3 out of the 8 symptoms of the C Criterion, and the D Criterion symptom should be endorsed.

To fulfill ICD-11 criteria for prolonged grief disorder the following two scoring rules could be applied; the liberal scoring rule, as mentioned by Killikelly and Maercker (2018), that proposes the presence of at least 1 symptom of the B criterion, at least 1 symptom of the C criterion, and the E criterion that suggest presence of prolonged grief disorder or the conservative scoring rule, as stated by Boelen et al. (2019), that advocates that the presence of at least 1 symptom of the B criterion, at least 5 symptoms of the C criterion, and the symptom of the E criterion are indicative of prolonged grief disorder.

To adhere to the criteria for prolonged grief disorder as proposed by Prigerson et al. (2009) the following scoring rule is used: presence of the B criterion, at least 5 symptoms of the C criterion, and the E criterion.

## **Citation TGI-SR+:**

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## References

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### Traumatic Grief Inventory – Self Report Plus (TGI-SR+)

**Instruction:**

This questionnaire contains two parts. In **Part 1**, you are asked about the losses of loved ones you have been confronted with. **Part 2** asks you to what extent you experience grief reactions related to the most distressing loss you have experienced.

**Part 1:**

In this part you are asked to:

- 1) Indicate whether or not you have experienced the death of the person mentioned.
- 2) Write down the date of the day that the deceased persons died.
- 3) Indicate if these persons died to violent causes (by which we mean death due to homicide, suicide, or some unnatural cause).

(1) I have been confronted with the death of:	(2) Date of death:	(3) Death was due to a violent cause:
(Name)		Yes
Partner 1		<input type="checkbox"/>
Partner 2		<input type="checkbox"/>
Child 1		<input type="checkbox"/>
Child 2		<input type="checkbox"/>
Child 3		<input type="checkbox"/>
Father		<input type="checkbox"/>
Mother		<input type="checkbox"/>
Brother 1		<input type="checkbox"/>
Brother 2		<input type="checkbox"/>
Brother 3		<input type="checkbox"/>
Sister 1		<input type="checkbox"/>
Sister 2		<input type="checkbox"/>
Sister 3		<input type="checkbox"/>
Friend/ acquaintance 1, namely...		<input type="checkbox"/>
Friend/ acquaintance 2, namely...		<input type="checkbox"/>
Friend/ acquaintance 3, namely...		<input type="checkbox"/>
Other relative 1, namely ...		<input type="checkbox"/>
Other relative 1, namely ...		<input type="checkbox"/>
Other relative 1, namely ...		<input type="checkbox"/>

**Part 2**

In this part you are asked to do the following two things:

1. From the persons who died, listed in Part 1, please select one person whose death is currently mostly on your mind or is currently most distressing you. Write down the name of this person:

The loss that is currently mostly on my mind/distressing, is the death of:

\_\_\_\_\_

2. Below, several grief-reactions are listed. Please indicate how often you have experienced each reaction **in the past month**, in response to the death of this person.

		Never (1)	Seldomly (2)	Some- times (3)	Frequently (4)	All the time (5)
1	I had intrusive thoughts or images related to the person who died.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2	I experienced intense emotional pain, sadness, or pangs of grief.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3	I found myself longing or yearning for the person who died.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4	I experienced confusion about my role in life or a diminished sense of self.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5	I had trouble accepting the loss.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6	I avoided places, objects, or thoughts that reminded me that the person I lost has died.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7	It was hard for me to trust others.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8	I felt bitterness or anger related to his/her death.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9	I felt that that moving on (e.g., making new friends, pursuing new interests) was difficult for me.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10	I felt emotionally numb.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11	I felt that life is unfulfilling or meaningless without him/her.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12	I felt stunned, shocked, or dazed by his/her death.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13	I noticed significant reduction in social, occupational, or other important areas of functioning (e.g., domestic responsibilities) as a result of his/her death.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14	I had intrusive thoughts and images associated with the circumstances of his/her death.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15	I experienced difficulty with positive reminiscing about the lost person.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16	I had negative thoughts about myself in relation to the loss (e.g., thoughts about self-blame).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

17	I had a desire to die in order to be with the deceased	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18	I felt alone or detached from other individuals.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19	It felt unreal that he/she is dead	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20	I put an intense blame on others because of his/her death	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21	It felt as if a part of me has died along with the deceased	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22	I had difficulties experiencing positive feelings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<b>Never (1)</b>	<b>Seldomly (2)</b>	<b>Some- times (3)</b>	<b>Frequently (4)</b>	<b>All the time (5)</b>

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