

Instructions for the Structured Clinical Interview: The Aarhus Prolonged Grief Disorder-Interview for ICD-11 and DSM-5-TR (A-PGDi)

General instruction

The Aarhus Prolonged Grief Disorder Interview (A-PGDi) is a structured clinical interview designed to enable the diagnosis of prolonged grief disorder (PGD). The interview can be used to diagnose PGD according to both ICD-11 and DSM-5-TR (APA, 2022; WHO, 2023). PGD is a recently recognized diagnostic category, which was first introduced in the ICD-11 in 2018 (WHO, 2023). However, the allocation of resources for PGD within healthcare systems around the world is currently uncertain, and the PGD diagnosis is young and susceptible to future adaptations. Thus, the present version of the A-PGDi should be regarded as preliminary.

The A-PGDi was developed by experienced grief researchers at the Unit for Bereavement Research, Department of Psychology, Aarhus University, Denmark, in collaboration with clinical practitioners and bereaved individuals. The interview was tested on a sample of 124 adult bereaved individuals (O'Connor et al., submitted). Unit for Bereavement Research is currently preparing a manuscript that describes the development and validation of the interview, which is expected to be published in 2024.

As previously mentioned, the A-PGDi allows for a diagnostic assessment of the presence of prolonged grief disorder using both ICD-11 and DSM-5-TR criteria. Notably, one of the main differences between the two diagnostic systems lies in the time period since the loss required for diagnosis. In accordance with ICD-11 criteria, prolonged grief disorder can be diagnosed no earlier than six months after bereavement as a duration criterion of six months is specified for the grief reaction. DSM-5-TR criteria stipulate that the disorder can be diagnosed no earlier than 12 months after the loss with a duration criterion of one month for the presence of symptoms. A-PGDi typically includes the last month as the time frame for investigating each symptom. Classification-specific symptom criteria below are color-coded (ICD-11, DSM-5-TR), while symptoms that are identical in both diagnostic systems are marked with an "*" and are not color-coded. Please refer to the 'Key to scoring ICD-11 and DSM-5-TR criteria' section at the end of this document for a detailed specification of differences between the two diagnostic systems.

It is important to adhere to the instructions below for the administration and scoring of A-PGDi to enable the diagnosis of prolonged grief disorder. In order to use the A-PGDi, the interviewer must be qualified for performing diagnostic interviews in their respective countries (i.e. in Denmark only a clinical psychologist or physician are qualified for this). In addition, the interviewer must have received clinical training in the use of A-PGDi (see <https://www.pgdiinterview.com/how-to-videos-2/> for training pathways and materials). The client's complete symptomatology must be assessed for the purpose of differential diagnosis. Common differential diagnoses for PGD include depression, anxiety, and PTSD.

Administration of the A-PGDi

1. Read the questions in the order in which they are written.

EXCEPTIONS:

- a. Text written in bold and/or italics should NOT be read out loud but is intended as a support for the interviewer.
 - b. "(Interviewer's assessment)" indicates when the interviewer assesses the presence of the symptom based on the interview - such items should NOT be read out loud.
2. Insert the name of the deceased on the blank lines: for example, "Have you longed for _____ every day or almost every day?"
 3. If the client has difficulty understanding the questions, you have the option of reading the associated examples marked in the parentheses in italics: for example "(i.e. felt a great sense of loss after _____)".
 4. For each question, ask if the client has experienced the symptom "every day or almost every day". This refers to > 4 days a week. If the client is unsure about how much "every day or almost every day" counts, clarify this. It is always an estimate, so the above is only indicative.
 5. Ask enough questions to feel sufficiently informed to evaluate each item. The clinical assessment carries the greatest weight, so it is up to the interviewer to determine whether the symptom is present. The client's dichotomous yes/no response may not be sufficient for this evaluation. Ask for examples or how a given symptom manifests for the individual. For example, you could say, "Regarding yearning, how have you experienced yearning?" In cases where the symptom cannot be clearly endorsed or described by the client then the item should be scored, the item should be scored conservatively - meaning that the symptom cannot be assessed and should be marked with a "9".
 6. If a symptom is deemed present, its intensity must also be evaluated. Intensity refers to the extent to which the symptom is present and distresses the client. To support this evaluation, it is recommended to use the "GRADUATION SCALE FOR PROLONGED GRIEF DISORDER-INTERVIEW (A-PGDi)". Show the client the visual aid for the scale (see appendix) before starting the interview. If the client responds affirmatively to a given symptom, ask, "How much does this distress you?" If the client does not understand "distress", ask alternatively, "How painful is it?" or "How much does it bother you?" If the interview is conducted online, explain to the client that they can respond from not at all (0) to "To a very high extent" (4) and show the scale on paper via the video camera if necessary. If the client clearly says "no" to a question/presence of a symptom and you assess the answer to be reliable, and therefore the symptom is not present, do NOT ask about the severity of the symptom.
Information about the intensity of the symptom is intended as a help to the interviewer in assessing the extent to which the client is overall affected by each symptom.
 7. If a question with an arrow after "NO →" is answered "no", the interview ends, as the client then does not meet the core criteria for prolonged grief disorder. (In research projects, ALL A-PGDi questions are ALWAYS asked).

8. After completing the A-PGDi, there is an opportunity to ask the four additional open-ended questions that can provide a better understanding of the client and their motivation for seeking help. (This MUST be done in research projects after the A-PGDi, and possibly structured interviews for other mental disorders, have been completed).

Scoring and diagnostic status assessment for prolonged grief disorder:

Each question is scored categorically (yes/no) to determine whether the symptom is present and to what extent (i.e., every day or almost every day).

If the symptom is present (answer = yes), the intensity of the symptom is scored continuously (not at all, to a lesser extent, to some extent, to a high extent, to a very high extent). This grading is used to support an assessment of the intensity. Intensity refers to the extent to which the client experiences a given symptom as distressing and feels bothered or disturbed by it. This is intended to help the interviewer assess whether the client is overall characterized by intense emotional pain. A-PGDi, including intensity, can be repeated at the end of treatment to determine whether the disorder has been treated (no longer diagnosable), while intensity measurement can be used to assess whether the overall psychological pain associated with the loss has been reduced.

To assess the diagnostic status of prolonged grief disorder, use the "Key to Scoring with ICD-11 and DSM-5-TR Criteria," which can be found after the interview.

Diagnostic criteria for Prolonged Grief Disorder in ICD-11 and DSM-5-TR (English version)

ICD-11 diagnostic criteria (WHO, 2023)

Prolonged grief disorder is a disturbance in which, following the death of a partner, parent, child, or other person close to the bereaved, there is a persistent and pervasive grief response characterized by yearning for the deceased or persistent preoccupation with the deceased accompanied by intense emotional pain (e.g. sadness, guilt, anger, denial, blame, difficulty accepting the death, feeling one has lost a part of one's self, an inability to experience positive mood, emotional numbness, difficulty in engaging with social or other activities).

The grief response has persisted for an atypically long period of time following the loss (more than 6 months at a minimum) and clearly exceeds expected social, cultural or religious norms for the individual's culture and context. Grief reactions that have persisted for longer periods that are within a normative period of grieving given the person's cultural and religious context are viewed as normal bereavement responses and are not assigned a diagnosis.

The disturbance causes significant impairment in personal, family, social, educational, occupational, or other important areas of functioning.

DSM-5-TR diagnostic criteria (APA, 2022)

A. The death, at least 12 months ago, of a person who was close to the bereaved (for children and adolescents, at least 6 months ago).

B. Since the death, there has been a grief response characterized by one or both of the following, to a clinically significant extent, nearly every day or more often for at least the last month:

1. Intense yearning/longing for the deceased person
2. Preoccupation with thoughts or memories of the deceased person (in children and adolescents, preoccupation may focus on the circumstances of the death)

C. As a result of the death, at least 3 of the following 8 symptoms have been experienced to a clinically significant extent since the death, including nearly every day or more often for at least the last month:

1. Identity disruption (e.g., feeling as though part of oneself has died)
2. Marked sense of disbelief about the death
3. Avoidance of reminders that the person is dead (in children and adolescents, may be characterized by efforts to avoid reminders)
4. Intense emotional pain (e.g., anger, bitterness, sorrow) related to the death
5. Difficulty with reintegration into life after the death (e.g., problems engaging with friends, pursuing interests, planning the future)
6. Emotional numbness (i.e., absence or marked reduction in the intensity of emotion, feeling stunned) as a result of the death
7. Feeling that life is meaningless as a result of the death
8. Intense loneliness (i.e., feeling alone or detached from others) as a result of the death

D. The disturbance causes clinically significant distress or impairment in social, occupational, or other important areas of functioning.

E. The duration and severity of the bereavement reaction clearly exceeds expected social, cultural, or religious norms for the individual's culture and context.

F. The symptoms are not better explained by major depressive disorder, posttraumatic stress disorder, or another mental disorder, or attributable to the physiological effects of a substance (e.g., medication, alcohol) or another medical condition.

Symptom differentiation in Prolonged Grief Disorder:

In psychiatric diagnoses, some symptoms will correlate relatively highly. This is expected since the symptoms together constitute a syndrome and therefore are internally related to each other. However, it is important conceptually to be able to differentiate the symptoms from each other. For diagnoses such as PTSD and depression, which have been recognized diagnoses for decades, this conceptual differentiation is less ambiguous. For Prolonged Grief Disorder, which is a new diagnosis, there are still challenges in clearly distinguishing between some of the symptoms. This is particularly true for ICD-11 PGD, where the symptoms of emotional pain/distress are listed as a series of words without further explanation. Therefore, we are continuously working to differentiate the symptoms where there are particularly conceptual challenges in separating them. The considerations made so far are shown below.

<p><i>Anger versus Bitterness</i></p>	<p style="text-align: center;">Anger (item D4)</p> <p>This refers to a general state of irritability and frustration that can be directed towards minor and major source of irritations that may arise in daily life.</p> <p>The anger is often related to something happening in the present.</p> <p>The anger does not necessarily have to be related to the loss, but it can be.</p> <p>It is possible that a prolonged state of anger can lead to bitterness over time, but this has not been documented.</p> <p><i>(e.g., being angry for a long time, having a short fuse or being extremely irritated.)</i></p>	<p style="text-align: center;">Bitterness (item D14)</p> <p>This refers to an experience of life and its circumstances as being wrong or unfair. One may feel disappointed with how life has turned out or perceive others who have not experienced loss as ungrateful for their "easy" lives.</p> <p>Bitterness is often related to the past, particularly to the loss for example, by experiencing that the loss and its consequences are unfair.</p> <p>Bitterness is often less specific than anger and is often directed towards other people. Bitterness can result from long-term unresolved anger.</p> <p><i>(e.g., feeling wronged, resentful, or disappointed with life as it currently is for you.)</i></p>
<p>(Brodbeck et al., 2019; O'Connor et al., 2023; Znoj, 2011)</p>		
<p><i>Guilt versus Self-blame</i></p>	<p style="text-align: center;">Guilt (item D2)</p> <p>Guilt can be understood as an umbrella term that encompasses several cognitive and emotional components. Guilt can be described as a remorseful emotional reaction, where one feels, for example, that they have not lived up to their own standards or expectations in relation to the death, to the deceased, or to other people.</p> <p>Guilt involves both feelings of regret for things one did not experience with the deceased or others, guilt over still being alive and able to enjoy life without the deceased, etc. (survivors' guilt).</p> <p><i>(e.g., felt guilty about living on or enjoying life without _____, felt guilty about not being able to give _____ everything they gave me, or I feel like I should have been the one who died instead.)</i></p>	<p style="text-align: center;">Self-blame (item D3)</p> <p>Self-blame can be said to be part of guilt but specifically involves critically attributing oneself with blame for things one could have done differently and blaming oneself for it. It is a kind of an inner critic.</p> <p><i>(e.g., blamed yourself for the loss, felt you didn't do enough, thought you should have acted or said something differently, or are very critical of yourself.)</i></p>
<p>(Li et al., 2019)</p>		<p>(Stroebe et al., 2014)</p>

<p><i>Lack of acceptance of the loss versus denial/disbelief</i></p>	<p>Lack of acceptance of the loss (item D6)</p> <p>This is about the failure to accept the loss. This refers to that the fact that the loss has occurred is unacceptable to the person. They know that it has happened, but they cannot accept that this is how it is.</p> <p><i>(e.g., having trouble coming to terms with the fact that _____ is actually dead or knowing that _____ is dead, but refusing to accept it.)</i></p>	<p>Denial/Disbelief (item D5)</p> <p>This is about the feeling of disbelief that arises when one cannot accept the reality of a loss. One knows it to be true, but it feels as if the person should still be there or ought to be there, making it seem entirely unreal that they are dead.</p> <p><i>(e.g., even though you know rationally that _____ is dead, it is difficult to fully believe it; it feels unreal that _____ is gone forever.)</i></p>
<p>It has not been possible to find sources for the difference between lack of acceptance and denial in grief literature. Therefore, the above description is tentative</p>		

Short introduction to the client before the A-PGDi interview begins

“You are now going to be interviewed about a range of ways people can feel after they have lost a loved one. It is natural to be affected by this and to grieve when a close family member or a friend dies. For some people, the grief lasts a long time and is so painful and disabling that it may require psychological or professional help. This is called 'prolonged grief disorder.' The purpose of this interview is to investigate whether you have symptoms of prolonged grief disorder.

For most of the following questions, I will ask you to answer based on how you have felt in the past month.

For each question I ask, I will also be interested in how OFTEN you have experienced the symptom and how MUCH it bothers you. Regarding how much it bothers you, I will ask you to indicate on a scale of 0 to 4, depending on how strongly or intensely you have experienced it as painful [Show the client: GRADUATION SCALE FOR USE IN THE PROLONGED GRIEF DISORDER INTERVIEW (A-PGDi)].

I may stop you a few times during the interview. This is not because I am not interested in what you are saying, but because I need to focus on the questions, I need to ask you in the short time we have together. I hope that's okay with you.

If there are any questions you do not understand, or if you become upset by the questions, please let me know so we can slow down and talk about it or take a break if needed.

Do you have any questions before we begin?"

Structured Clinical Interview for Prolonged Grief Disorder (A-PGDi)

ICD-11
DSM-5-TR

*= both

Criterion A: Left as a bereaved relative after the death of a loved one.

<p>A. Has one of your loved ones died? *</p> <p>What was your relationship to the person who passed away? (e.g., partner, parent, sibling, child, or another close person) Write your answer here:</p> <p>_____</p> <p>What was his/her name? Write your answer here: _____ (Say the name at the lines below)</p>	<p>Yes NO →</p>
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Criterion B: Time criteria.

<p>B. How many months have passed since the loss? Write your answer here: _____</p> <p>B1. ≥ 6 months? B2. ≥ 12 months?</p>	<p>Yes NO → Yes NO →</p>
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Criterion C: Assessment of the presence of one or more of the following intrusive symptoms that have emerged following the death.

Inquiring about experiences in the past month

<p>C1. Have you felt yearning for _____ every day or almost every day? * (i.e., felt a great sense of pining or longing for _____?)</p> <p><i>If Yes:</i> How much does this distress you?</p> <table style="width: 100%; text-align: center;"> <tr> <td>0</td> <td>1</td> <td>2</td> <td>3</td> <td>4</td> </tr> <tr> <td>Not at all</td> <td>To a lesser extent</td> <td>To some extent</td> <td>To a high extent</td> <td>To at very high extent</td> </tr> </table>	0	1	2	3	4	Not at all	To a lesser extent	To some extent	To a high extent	To at very high extent	<p>YES NO</p>	<p>9</p>
0	1	2	3	4								
Not at all	To a lesser extent	To some extent	To a high extent	To at very high extent								
<p>C2. Have your thoughts involuntarily revolved around ____ every day or almost every day? * (For example, that your thoughts about ____ filled everything, making it impossible to think of anything else even when you wanted to; that the thoughts came at inappropriate times (e.g., at work, at a party); that you were "trapped" by the thoughts)</p> <p><i>If YES:</i> How much does this distress you?</p> <table style="width: 100%; text-align: center;"> <tr> <td>0</td> <td>1</td> <td>2</td> <td>3</td> <td>4</td> </tr> <tr> <td>Not at all</td> <td>To a lesser extent</td> <td>To some extent</td> <td>To a high extent</td> <td>To at very high extent</td> </tr> </table>	0	1	2	3	4	Not at all	To a lesser extent	To some extent	To a high extent	To at very high extent	<p>YES NO</p>	<p>9</p>
0	1	2	3	4								
Not at all	To a lesser extent	To some extent	To a high extent	To at very high extent								

HAS A YES BEEN ANSWERED FOR ONE OR BOTH ITEMS IN C? *	YES	NO →	
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Criterion D: Negative changes in cognition, mood and/or behavior that appeared or became worse after the death?			
<u>Inquiring about experiences in the past month</u>			
<p>D1. Have you felt sad or grief-stricken every day or almost every day? * (For example, feeling depressed and sorrowful)</p> <p>If YES: How much does this distress you?</p> <p>0 1 2 3 4 Not at all To a lesser extent To some extent To a high extent To at very high extent</p>	YES	NO	9
<p>D2. Have you felt guilt every day or almost every day? (For example, feeling guilty for continuing to live or be happy without _____, a sense of regret or thinking you should have been the one to die)</p> <p>If YES: How much does this distress you?</p> <p>0 1 2 3 4 Not at all To a lesser extent To some extent To a high extent To at very high extent</p>	YES	NO	9
<p>D3. Have you felt self-blame every day or almost every day? (For example, blaming yourself for the loss, thinking you should have done or said something differently, being highly critical of yourself related to the death or deceased?)</p> <p>If YES: How much does this distress you?</p> <p>0 1 2 3 4 Not at all To a lesser extent To some extent To a high extent To at very high extent</p>	YES	NO	9
<p>D4. Have you felt anger every day or almost every day? * (For example, feeling extremely angry, short-tempered, or highly irritable)</p> <p>If YES: How much does this distress you?</p> <p>0 1 2 3 4 Not at all To a lesser extent To some extent To a high extent To at very high extent</p>	YES	NO	9

<p>D5. Have you had difficulty comprehending that _____ has died every day or almost every day? *</p> <p><i>(For example, even though you know rationally that _____ has died, it is difficult to fully believe it and it feels unreal that _____ is gone forever)</i></p> <p>If YES: How much does this distress you?</p> <p>0 1 2 3 4</p> <p>Not at all To a lesser extent To some extent To a high extent To a very high extent</p>	<p>YES NO</p>	<p>9</p>
<p>D6. Have you had difficulty accepting that _____ has died every day or almost every day?</p> <p><i>(For example, finding it hard to come to terms with the fact that _____ has actually died, or knowing that _____ has died but not wanting to accept it)</i></p> <p>If YES: How much does this distress you?</p> <p>0 1 2 3 4</p> <p>Not at all To a lesser extent To some extent To a high extent To at very high extent</p>	<p>YES NO</p>	<p>9</p>
<p>D7. Have you felt every day or almost every day that you have lost a part of yourself? *</p> <p><i>(For example, feeling as though a part of you has died or feeling like you are no longer the same person, feeling incomplete)</i></p> <p>If YES: How much does this distress you?</p> <p>0 1 2 3 4</p> <p>Not at all To a lesser extent To some extent To a high extent To at very high extent</p>	<p>YES NO</p>	<p>9</p>
<p>D8. Have you been unable to experience positive emotions every day or almost every day? <i>(e.g., unable to feel joy or unable to laugh at something that you used to find funny)</i></p> <p>If YES: How much does this distress you?</p> <p>0 1 2 3 4</p> <p>Not at all To a lesser extent To some extent To a high extent To at very high extent</p>	<p>YES NO</p>	<p>9</p>
<p>D9. Have you been unable to feel anything every day or almost every day? * <i>(e.g., finding it difficult to feel emotions as intensely as you used to, feeling emotionally numb, emotions have faded away)</i></p> <p>If YES: How much does this distress you?</p> <p>0 1 2 3 4</p> <p>Not at all To a lesser extent To some extent To a high extent To at very high extent</p>	<p>YES NO</p>	<p>9</p>

<p>D10. Have you had difficulty engaging in social or other activities every day or almost every day? * (e.g., having difficulty meeting friends, maintaining interests, or making plans for the future)</p> <p>If YES: How much does this distress you?</p> <p style="text-align: center;"> 0 1 2 3 4 </p> <p style="text-align: center;"> Not at all To a lesser extent To some extent To a high extent To at very high extent </p>	<p>YES NO</p>	<p>9</p>
<p>D11. Have you felt loneliness every day or almost every day? (e.g., feeling alone even when you are with others, having a feeling of being lonely)</p> <p>If YES: How much does this distress you?</p> <p style="text-align: center;"> 0 1 2 3 4 </p> <p style="text-align: center;"> Not at all To a lesser extent To some extent To a high extent To at very high extent </p>	<p>YES NO</p>	<p>9</p>
<p>D12. Have you tried to avoid anything that could remind you that _____ is dead every day or almost every day? (e.g. avoiding certain thoughts, feelings, places, music, topics of conversation, etc. or keeping yourself constantly busy)</p> <p>If YES: How much does this distress you?</p> <p style="text-align: center;"> 0 1 2 3 4 </p> <p style="text-align: center;"> Not at all To a lesser extent To some extent To a high extent To at very high extent </p>	<p>YES NO</p>	<p>9</p>
<p>D13. Have you felt that life is meaningless after _____ died every day or almost every day? (e.g., feeling that life is purposeless and empty)</p> <p>If YES: How much does this distress you?</p> <p style="text-align: center;"> 0 1 2 3 4 </p> <p style="text-align: center;"> Not at all To a lesser extent To some extent To a high extent To at very high extent </p>	<p>YES NO</p>	<p>9</p>

<p>D14. Have you felt bitter every day or almost every day? (e.g., feeling resentful, outraged, or disappointed about life as it is for you right now)</p> <p>If YES: How much does this distress you?</p> <p>0 1 2 3 4</p> <p>Not at all To a lesser extent To some extent To a high extent To at very high extent</p>	<p>YES NO</p>	<p>9</p>
<p>The total number of 'YES' in D:</p> <p>YES ≥ 1? YES ≥ 3?</p> <p><i>Based on the mentioned symptoms overall, is the client assessed to be suffering from intense emotional pain? (Interviewer's assessment)</i></p>	<p>YES NO → YES NO →</p> <p>YES NO</p>	<p>9</p>

Criterion E: The loss results in clinically significant impairment or reduction in the ability to function socially, occupational, or in other important areas		
<p>E. In the past month, overall have these difficulties affected your daily functioning? (i.e., have they led to a decline in your ability to do the things you would normally do?)</p> <p>If YES:</p> <p>E1. Does this apply to your work/studies/daily activities outside the home?</p> <p>E2. Does this apply to your social life?</p> <p>E3. Does this apply to your family life/domestic responsibilities?</p> <p>E4. Does this apply to other areas not mentioned?</p> <p>NOTE! Is the functional impairment due to physical/somatic conditions? (Interviewer's assessment)</p> <p>Follow-up question: Is your physical health responsible for the decline in your ability to function?</p>	<p>YES NO →</p> <p>YES NO</p> <p>YES NO</p> <p>YES NO</p> <p>NO YES →</p>	<p>9</p> <p>9</p> <p>9</p> <p>9</p> <p>9</p>

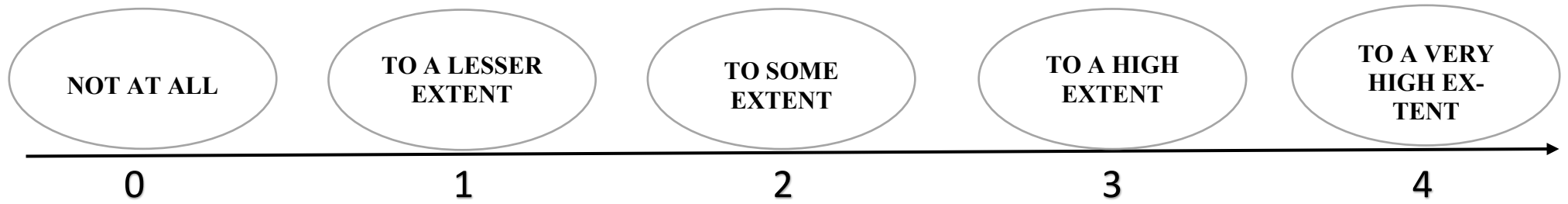
Criterion F: The grief reaction clearly exceeds social, cultural, or religious norms within the individual's culture and context.		
F. Does the grief reaction clearly exceed social, cultural, or religious norms within the individual's culture and context? *		
F1. Has anyone in your social network expressed concern about your grief reaction? <i>(For example, that they experience it as exceeding what they find normal in relation to your social, cultural, or religious norms)</i>	YES	NO 9
F2. Are you concerned about your grief reaction, including that it exceeds what you expected? <i>(For example, in relation to the people you surround yourself with or what you think is normal, for example, more intense, or longer duration than for others of your community or culture?)</i>	YES	NO 9
F3. <i>(Interviewer's assessment)</i>	YES	NO→ 9

Criterion G: Duration		
G1. If you think back over the last 6 months, would you say that you have overall been feeling this way during that period? <i>(i.e., Have you been experiencing these symptoms for the past 6 months or more?)</i>	YES	NO→ 9

Key to scoring ICD-11 and DSM-5-TR criteria for PGD

Diagnostic criteria	Symptoms	Symptom <i>Present = 1</i> <i>Not present = 0</i>	ICD-11 criteria	DSM-5-TR criteria
Criterion A: Experienced the death of a loved one.	A. A close relative died or a person?		Present	Present
Criterion B: Time criterion.	B1. ≥ 6 months B2. ≥ 12 months		≥ 6 months	≥ 12 months
Criterion C: The presence of one or more of the following intrusive symptoms which emerged following the death.	C1. Yearning *		≥ 1 symptom	≥ 1 symptom
	C2. Preoccupation*			
Criterion D: Negative changes in cognition, mood and/or behavior that appeared or got worse after the death	D1. Sadness*		≥ 1 symptom	≥ 3 symptoms
	D2. Sense of guilt			
	D3. Self-blame			
	D4. Anger*			
	D5. Disbelief/denial *			
	D6. Lack of acceptance			
	D7. Loss of identity/part of self died*			
	D8. Absence of positive emotions/mood			
	D9. Emotional numbness			
	D10. Reduced social activity *			
	D11. Loneliness			
	D12. Avoidance			
	D13. Meaninglessness			
	D14. Bitterness			
	Total score in Criterion D (ICD-11)			
Total score in Criterion D (DSM-5-TR)				
Clinical assessment of if the client is overall afflicted by intense emotional pain		Present	Present	
Criterion E: The loss results in clinically significant impairment or reduction in the ability to function socially, occupational, or in other important areas	E. Functional impairment (general)		Present	Present
	E1. Work/studies/Daily activities			
	E2. Social			
	E3. Family/home life			
	E4. other areas			
Criterion F: The grief reaction clearly exceeds social, cultural, or religious norms within the individual's culture and context.	F1. The social network		Present	Present
	F2. One's own perspective			
	F3. Interviewer's assessment			
Criterion G: Symptom duration	Symptom duration		Duration: ≥6 months	Duration: ≥1 months
<i>The symptoms are not better accounted for by another diagnosis, physiological reactions to substances.</i>				
Identified Prolonged Grief Disorder according to ICD-11 and/or DSM-5-TR criteria? <i>If yes, mark a cross in the appropriate column for ICD-11 and/or DSM-5-TR.</i>				

GRADING SCALE FOR USE IN THE AARHUS PROLONGED GRIEF DISORDER INTERVIEW (A-PGDi)



SUMMARY BASED ON THE INTERVIEW: Based on the things you have told me, it seems that....

Summarize the symptoms that may be present, what do the client's difficulties overall appear to be characterized by?

Additional questions:

Now we have talked about all these different experiences that can occur after a loss. Regarding how you experience your situation:

1. What causes you the most distress/emotional pain in your current situation?

2. Regarding your current situation is there anything you in particular would like help with?

3. Has anything in particular helped you after _____'s death?
If yes, what?

4. Is there anything concerning your situation that I have not asked about, but that you feel is important?

END THE INTERVIEW

- Brodbeck, J., Berger, T., Biesold, N., Rockstroh, F., & Znoj, H. J. (2019). Evaluation of a guided internet-based self-help intervention for older adults after spousal bereavement or separation/divorce: A randomised controlled trial. *Journal of Affective Disorders*, 252, 440-449. <https://doi.org/http://dx.doi.org/10.1016/j.jad.2019.04.008>
- Li, J., Tendeiro, J. N., & Stroebe, M. (2019). Guilt in bereavement: Its relationship with complicated grief and depression. *International Journal of Psychology*, 54(4), 454-461. <https://doi.org/http://dx.doi.org/10.1002/ijop.12483>
- O'Connor, M., Vang, M. L., Shevlin, M., Elklit, A., Komishcke-Konnerup, K. B., Lundorff, M., & Bryant, R. (2023). Development and validation of the Aarhus PGD scale for operationalizing ICD-11 and DSM-5-TR TR Prolonged Grief Disorder. *Journal of Affective Disorders*. <https://doi.org/https://doi.org/10.1016/j.jad.2023.09.022>
- Prigerson, H. G., Boelen, P. A., Xu, J., Smith, K. V., & Maciejewski, P. K. (2021). Validation of the new DSM-5-TR criteria for prolonged grief disorder and the PG-13-Revised (PG-13-R) scale [<https://doi.org/10.1002/wps.20823>]. *World Psychiatry*, 20(1), 96-106. <https://doi.org/https://doi.org/10.1002/wps.20823>
- Stroebe, M., Stroebe, W., van de Schoot, R., Schut, H., Abakoumkin, G., & Li, J. (2014). Guilt in bereavement: The role of self-blame and regret in coping with loss. *PLoS ONE*, 9(5), 9. <https://doi.org/https://doi.org/10.1371/journal.pone.0096606>
- WHO. (2022). ICD-11: Prolonged Grief Disorder In. <https://icd.who.int/browse11/l-m/en#/http://id.who.int/icd/entity/1183832314>: World Health Organisation.
- Znoj, H. (2011). Embitterment—A larger perspective on a forgotten emotion. In M. Linden & A. Maercker (Eds.), *Embitterment: Societal, psychological, and clinical perspectives* (pp. 5-16, Chapter xviii, 328 Pages). Springer-Verlag Publishing, New York, NY. https://doi.org/http://dx.doi.org/10.1007/978-3-211-99741-3_2
- APA. (2022) *Diagnostic and statistical manual of mental disorders: DSM-5-TR (Fifth edition, text revision)*. American Psychiatric Association Publishing.