

English Back-Translation of Items used on Japanese T1 Questionnaire

I About you

Your age (by decade)

Your gender

Your marital status

Number of people living with you in your household

Have you moved recently? (No/moved with family/moved into a facility/other)

II About the deceased

Age of the deceased at death (10-year intervals)

Your relation to the deceased

How close did you feel to the deceased

Cause of their death

Place of their death

How psychologically prepared were you for their death

(Well prepared/somewhat/unready/totally shocked)

III About work and income

Your work situation: (Full time/self-employed/part-time/on leave/home & family)

Annual income: (less than 2 million/2-4 million/4-8 million/over 8 million yen)

Change in income since bereavement (rose/unchanged/declined/drastically down)

Who primarily paid for the funeral?

Did funeral expenses burden you? (no/somewhat/significantly/debilitatingly)

How seriously has your physical health influenced your work (0=none to 10=extreme)

How seriously has your physical health influenced life outside of work (as above 1-10)

IV In the past month, how many times did you use: (Used _____ times a month:)

1 Medical/hospital appointments

2 Pain medicines (headaches, stomach aches, backaches, cramps, etc.)

3 Daily function medicines (tranquillizers, antidepressants, sleep medicines, etc.)

4 Psychiatric/Psychological counseling (face to face)

5 Home helpers, care managers, social work services

- 6 Financial, legal, or welfare advisors
- 7 Grief support groups
- 8 Consulting family, friends, neighbors, colleagues

(Heavy-Grief Inclusion/Exclusion Criteria):

In the past month, how often (never/rarely/sometimes/frequently/constantly) have you:

1. felt yourself longing or yearning for the person you lost
2. felt intense emotional pain, sorrow, or pangs of grief
3. sensed the voice or presence of the departed
4. tried to avoid reminders that the person you lost is gone
5. felt stunned, shocked, or dazed by your loss
6. felt confused about your role in life, or that a part of yourself has died
7. had trouble accepting the loss
8. found it hard for you to trust others
9. felt bitter about the loss
10. felt it hard to move on (e.g., make new friends, pursue new interests)
11. felt emotionally numb
12. felt life unfulfilling, empty, or meaningless
13. cut down on time spent on socializing, work, or other important functions

How often (never/occasionally/more than half the time/almost daily) have you:

1. felt you had lost interest or pleasure in doing things any more
2. felt down, depressed, or hopeless
3. had trouble sleeping, or felt like sleeping too much
4. felt exhausted, lacking energy to do things
5. lost your appetite, or conversely eating excessively
6. felt that you were worthless, a failure, or to blame for something
7. had trouble concentrating on things, such as reading or watching TV
8. moved/spoken unusually slowly, or being unusually fidgety/restless
9. thought you should have died, or should attack or harm yourself