

GRIEF ASSESSMENT

Please mark the box next to the answer that best describes how you have been feeling over the last week. The blanks refer to the person over whom you are grieving.

A1. In the past week, how often have you felt yourself longing and yearning for _____?

- | | |
|-----------------------------|---|
| Almost never (once a month) | 1 |
| Rarely (once a week) | 2 |
| Sometimes (twice a week) | 3 |
| Daily | 4 |
| Several times a day | 5 |

B1. In the past week, to what extent have you had difficulty accepting the loss?

- | | |
|----------------------------|---|
| No difficulty | 1 |
| Slight sense of difficulty | 2 |
| Some difficulty | 3 |
| Marked sense of difficulty | 4 |
| Extreme difficulty | 5 |

B2. In the past week, to what extent have you had difficulty trusting people?

- | | |
|----------------------------|---|
| No difficulty | 1 |
| Slight sense of difficulty | 2 |
| Some difficulty | 3 |
| Marked sense of difficulty | 4 |
| Extreme difficulty | 5 |

B3. In the past week, to what extent have you felt bitter over your loss?

- | | |
|--------------------------------|---|
| No sense of bitterness | 1 |
| A slight sense of bitterness | 2 |
| Some sense of bitterness | 3 |
| A marked sense of bitterness | 4 |
| An extreme sense of bitterness | 5 |

B4. In the past week, to what extent do you feel that moving on (making new friends, pursuing new interests) would be difficult for you?

- | | |
|--|---|
| Moving on would not be difficult | 1 |
| Moving on would be a little difficult | 2 |
| Moving on would be somewhat difficult | 3 |
| Moving on would be very difficult | 4 |
| Moving on would be extremely difficult | 5 |

B5. In the past week, to what extent have you felt emotionally numb or had difficulty connecting with others?

- | | |
|------------------------------|---|
| No sense of numbness | 1 |
| A slight sense of numbness | 2 |
| Some sense of numbness | 3 |
| A marked sense of numbness | 4 |
| An extreme sense of numbness | 5 |

B6. In the past week, to what extent do you feel that life is empty or meaningless without _____?

- | | |
|-------------------------------|---|
| No sense of emptiness | 1 |
| A slight sense of emptiness | 2 |
| Some sense of emptiness | 3 |
| A marked sense of emptiness | 4 |
| An extreme sense of emptiness | 5 |

B7. In the past week, to what extent do you feel that the future holds no meaning or purpose without _____?

- | | |
|---|---|
| No sense that the future holds no purpose | 1 |
| Slight sense that the future holds no purpose | 2 |
| Some sense that the future holds no purpose | 3 |
| A marked sense that the future holds no purpose | 4 |
| An extreme sense that the future holds no purpose | 5 |

B8. In the past week, to what extent have you felt on edge, jumpy, or easily startled?

- | | |
|-------------------------------------|---|
| No feelings of being on edge | 1 |
| A slight sense of feeling on edge | 2 |
| Some sense of feeling on edge | 3 |
| A marked sense of feeling on edge | 4 |
| An extreme sense of feeling on edge | 5 |