

## Grief Assessment Worksheet

*Understanding Your Grief Journey*

### ***Basic Information:***

Name: \_\_\_\_\_

Date: \_\_\_\_\_

Relationship to the Deceased/Loss: \_\_\_\_\_

Date of Loss: \_\_\_\_\_

### ***TYPES OF LOSS (Check all that apply)***

- Death of a loved one
- Loss of a relationship (divorce/breakup)
- Miscarriage or infertility
- Loss of job/career
- Loss of health/diagnosis
- Loss of home/financial stability
- Other: \_\_\_\_\_

### ***REFLECTION***

1. What does your grief feel like right now?

\_\_\_\_\_

2. How have you been coping with the loss?

\_\_\_\_\_

3. What kind of support do you need most right now?

\_\_\_\_\_

4. Are you open to counseling, support groups, or faith-based support?

☐ Yes ☐ No ☐ Maybe

## ***GRIEF SYMPTOM CHECKLIST***

*Check any symptoms you've experienced in the past 2 weeks:*

### ***Emotional Symptoms:***

- Sadness
- Anger
- Guilt
- Anxiety
- Numbness
- Hopelessness
- Relief
- Loneliness
- Bitterness

### ***Physical Symptoms:***

- Fatigue
- Headaches
- Appetite changes
- Sleep disturbances
- Body aches
- Digestive issues

### ***Behavioral Symptoms:***

- Social withdrawal
- Avoidance of reminders
- Crying spells
- Restlessness
- Overworking or busyness
- Increased substance use

### ***Cognitive Symptoms:***

- Difficulty concentrating
- Confusion
- Intrusive thoughts
- Preoccupation with the loss
- Forgetfulness

## ***GRIEF SCALE***

*Rate the following on a scale from 0 (Not at all) to 5 (Always)*

<b><i>Statement</i></b>	<b>0</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>
I feel overwhelmed by my emotions.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I have trouble sleeping due to thoughts of the loss.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I feel like I can't move forward.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I feel supported by others.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I often replay about events related to the loss.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I find moments of peace or acceptance.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## ***ACTION PLAN***

**Things I can do this week to support my grief healing:**

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***“The Lord is close to the brokenhearted and saves those who are crushed in spirit.” – Psalm 34:18***