

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)

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

ACTION PLAN

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

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