Grief and Loss Assessment

This assessment will help your coach or therapist understand the losses you have experienced. Read each statement and check off if you experienced this in the past (*more* than six months ago), or you recently experienced it (*within* the past six months).

Experience or event	**I experienced this in the past**	**I recently experienced this**
Death of a loved one		
Divorce or marital separation		
Infidelity		
End of friendship or romantic relationship		
Unemployment		
Dismissal from school		
Loss of professional license		
Retirement		
Serious illness		
Serious injury or loss of a limb		
Homelessness		
Financial loss/bankruptcy		
Loss of driver's license or vehicle		
Family member's illness or injury		
Loss of a living parent to Alzheimer's or dementia		
Addiction		
Incarceration		
Incarceration of a loved one		
Estrangement from family		
Relocation		
Loved one's addiction or overdose		
Pregnancy loss		
Adult child leaving home		
Infertility		
Death of a pet		
Loss of home to fire or natural disaster		
Loss or destruction of sentimental possessions		
Loss of a personal dream or goal		

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Loss of reputation		
Discovering a devastating secret		
Loss of an important role		
Loss of hope		
Other:		
Other:		
Other:		

Choose three events from your past that you checked off. Briefly describe each event. Write about what happened, when it happened (year, month or season, your age at the time, etc.), and how you reacted to the loss.

#1 What happened? ____

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When did it happen (year, season, your age at the time)? ______________________________

How did you react to the loss? ____

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Who supported you during this time? ____

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#2 What happened? ____

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When did it happen (year, season, your age at the time)? ______________________________

How did you react to the loss? ____

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Who supported you during this time? ____

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#3 What happened? ____

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When did it happen (year, season, your age at the time)? ______________________________

How did you react to the loss? ____

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Who supported you during this time? ____

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Now describe the most recent loss you have experienced.

What happened? When? ____

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How are you coping? ____

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What are your thoughts and feelings surrounding this loss?

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Who is supporting you during this time? ______________________________________

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Everyone reacts to loss in different ways. Some of the most common reactions to grief and loss are listed below. You may notice you had similar reactions in the loss events you described above. Some of these probably won't apply to you. Check off what you are *currently* experiencing (or experienced in the past week). **Circle the items that are especially strong or that you experience the most frequently.**

☐ AGGRESSION
☐ ANGER
☐ ANXIETY
☐ APATHY
☐ BITTERNESS
☐ DESPAIR
☐ EMPTINESS
☐ FATIGUE
☐ FEAR
☐ GUILT
☐ HELPLESSNESS
☐ IRRITABILITY
☐ LONELINESS
☐ NUMBNESS
☐ REGRET
☐ RELIEF
☐ SADNESS
☐ SELF-PITY
☐ SHOCK
☐ YEARNING
☐ SELF-BLAME
☐ SIGHING
☐ HALLUCINATIONS, SEEING, &/OR HEARING THE DECEASED
☐ HAVING OBSESSIVE THOUGHTS ABOUT THE DECEASED
☐ THINKING THE DECEASED IS STILL ALIVE
☐ AVOIDING REMINDERS OF THE DECEASED
☐ CONFUSION
☐ POOR CONCENTRATION
☐ MUSCLE WEAKNESS
☐ DISBELIEF
☐ DISSOCIATION
☐ FORGETFULNESS
☐ TIME DISTORTIONS
☐ ABSENT-MINDEDNESS
☐ ACCIDENT-PRONE
☐ CRYING
☐ SPASMS OF GRIEF
☐ MOOD SWINGS
☐ PASSIVENESS
☐ RESTLESSNESS
☐ SCREAMING

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☐ AVOIDING TALKING ABOUT THE DECEASED
☐ DREAMING ABOUT THE DECEASED
☐ EATING TOO MUCH OR TOO LITTLE
☐ VISITING PLACES ASSOCIATED WITH THE DECEASED
☐ SENSING THE PRESENCE OF THE DECEASED
☐ CONSIDERING OR QUESTIONING THE MEANING OF LIFE
☐ RECKLESS OR SELF-DESTRUCTIVE BEHAVIOR
☐ SEARCHING & CALLING FOR THE DECEASED
☐ BREATHLESSNESS OR SHORTNESS OF BREATH
☐ FEELING THAT NOTHING IS REAL
☐ DIFFICULTY MAKING DECISIONS
☐ HOLLOWNESS IN THE STOMACH
☐ HYPERSENSITIVITY TO NOISE OR LIGHT
☐ LACK OF ENERGY
☐ WITHDRAWAL
☐ BODY ACHES & PAINS
☐ TROUBLE SLEEPING
☐ DRY MOUTH
☐ NAUSEA OR UPSET STOMACH
☐ CHEST TIGHTNESS
☐ THROAT TIGHTNESS
☐ ANGER AIMED AT GOD
☐ LOSS OF APPETITE
☐ EXHAUSTION
☐ SEEKING MEANING IN THE LOSS
☐ DECREASED INTEREST IN ACTIVITIES THAT USED TO BRING YOU PLEASURE

List any additional reactions, feelings, thoughts, or behaviors you are experiencing.

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What reactions are the most uncomfortable for you? Why?

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Are you letting yourself experience your emotions and thoughts freely? Why or why not?

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Are there any complicated or unresolved issues related to your loss? Explain.

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Is there anything else you would like to share about your experiences?

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