



FULL-COLOR  
LOGO HERE

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# GRIEF ASSESSMENT

NAME: \_\_\_\_\_

DATE: \_\_\_\_\_

Use this assessment to reflect on how you are doing and where you may need support. Answer without fear of judgment—from yourself or others. Complete it privately or share with a counselor, care team member, or trusted support person. Save your responses to track your progress over time.

Contact us anytime you have questions or need support.

**1. EMOTIONAL SYMPTOMS—**  
Check any you struggle with/feel regularly:

<input type="checkbox"/> Persistent tears	<input type="checkbox"/> Loneliness
<input type="checkbox"/> Anger/irritability	<input type="checkbox"/> Hopelessness
<input type="checkbox"/> Anxiety/worry	<input type="checkbox"/> Mood swings
<input type="checkbox"/> Guilt/regret	<input type="checkbox"/> Unfocused/forgetful
<input type="checkbox"/> Numb/detached	<input type="checkbox"/> Constant overwhelm

List any other emotional symptoms below:

**If you are struggling with intense emotional symptoms, contact your counselor or therapist.** Contact us if you need a referral.

If you're struggling with questions about purpose, meaning, or why this happened, spiritual care can help. Spiritual care is emotional support focused on spiritual well-being based on your background and beliefs, whether or not you follow a faith tradition.

Would you like to meet with our spiritual care team?  YES  NO

**2. PHYSICAL SYMPTOMS—**Check any you struggle with/feel regularly:

<input type="checkbox"/> Low energy/fatigue	<input type="checkbox"/> Stomach issues
<input type="checkbox"/> Sleep issues	<input type="checkbox"/> Heart palpitations
<input type="checkbox"/> Appetite changes	<input type="checkbox"/> Tightness in chest
<input type="checkbox"/> Headaches	<input type="checkbox"/> Shortness of breath
<input type="checkbox"/> Muscle pain/tension	<input type="checkbox"/> Increased illnesses

List any other physical symptoms below:

**If you are struggling with intense physical symptoms, contact your doctor/primary care team.** Let them know you're grieving a loss.

**3. WHERE YOU ARE NOW—**Rate how true each statement feels right now:  
0 = Not at all true | 1 = A little true | 2 = Somewhat true | 3 = Very true

I feel overwhelmed by my grief.	0	1	2	3
I avoid thinking and talking about my grief or the person.	0	1	2	3
I'm engaging in unusually risky or impulsive behavior.	0	1	2	3
I feel disconnected and am withdrawing socially.	0	1	2	3
I have trouble finding motivation to do everyday tasks.	0	1	2	3
I often feel like I'm stuck or not moving forward.	0	1	2	3
I feel like I've lost a part of my identity since the loss.	0	1	2	3
I feel good about where I am with my grief.	0	1	2	3
I'm able to talk about and process my feelings.	0	1	2	3
I talk about and feel connected to the person who died.	0	1	2	3
I have support from people I can talk to.	0	1	2	3
I feel secure in my daily routine.	0	1	2	3
I feel like I've begun to rebuild life after my loss.	0	1	2	3
I feel a sense of purpose or direction.	0	1	2	3

**4. RISK & SUPPORT NEEDS—**Check all that apply.

<input type="checkbox"/> I live alone or feel like I have little emotional support.	<input type="checkbox"/> I've had trouble taking care of basic needs (sleep, eating, hygiene, etc.).
<input type="checkbox"/> I'm struggling to take care of my children/other dependents.	<input type="checkbox"/> I feel overwhelmed with responsibilities I didn't have before.
<input type="checkbox"/> I'm struggling with other losses or traumas I've experienced.	<input type="checkbox"/> I feel disconnected from my sense of purpose or spiritual beliefs.
<input type="checkbox"/> I'm dealing with major life changes (e.g., moving, health issues, caregiving).	<input type="checkbox"/> I am relying on alcohol or other substances to cope with my grief.
<input type="checkbox"/> I feel stuck or unable to move forward in my grief.	<input type="checkbox"/> I've had thoughts of hopelessness, self-harm, or suicide.

**5. COPING STRATEGIES & NOTES—**What has helped you cope so far? Also use this space (and the space on the back of this page) to share other thoughts.

