

Grief Therapy Worksheet

Name		Date	
Which of the following symptoms are you experiencing? Select all that applies, and write down how often.			
<input type="checkbox"/> Change in appetite		<input type="checkbox"/> Fear of Death	
<input type="checkbox"/> Tightness in chest		<input type="checkbox"/> Blaming self	
<input type="checkbox"/> Anxiety or fear		<input type="checkbox"/> Poor concentration	
<input type="checkbox"/> Difficulty sleeping		<input type="checkbox"/> Anger/Irritability	
<input type="checkbox"/> Unmotivated		<input type="checkbox"/> Racing thoughts	
<input type="checkbox"/> Crying		<input type="checkbox"/> Loneliness	
<input type="checkbox"/> Mood swings		<input type="checkbox"/> Relief or happiness	
<input type="checkbox"/> Shock		<input type="checkbox"/> Sadness/Depression	
<input type="checkbox"/> Dreams about deceased		<input type="checkbox"/> Numbness	
<input type="checkbox"/> Confusion		<input type="checkbox"/> Questioning beliefs	
<input type="checkbox"/> Low energy/fatigue		<input type="checkbox"/> Reckless or dangerous behavior	
<input type="checkbox"/> Social withdrawal or isolation			
How do you feel right now?			
When do you feel the saddest?			
What do you miss right now?			
Since this loss, how has your life been different?			

Grief Therapy Worksheet (Page 2)

Name	Date
Describe your triggers	
Describe your current coping mechanisms	
Stages of grief - Explain how each of the 5 stages of grief is affecting you	
Denial - "This isn't happening to me"	
Anger - "Why is this happening to me?"	
Bargaining - "I will do anything for this to be different"	
Depression - "What's the point of life with this loss?"	
Acceptance - "I know what happened, and I need to learn to cope"	