Counseling for the Soul

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**IADC**® **Pre-Treatment Grief Questionnaire**

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Deceased \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of death \_\_\_\_\_\_\_\_

Relationship to Deceased \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Cause/Circumstance of Death \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please rank items 1—9 below on a scale of:

0 = not at all

1 = only a little

2 = somewhat

3 = considerably

4 = to a great degree

5 = completely or maximally

1. My loss is having an overall negative impact on my life \_\_\_\_\_
2. I believe in an afterlife \_\_\_\_\_

(For items 3, 4, and 5, please use the scale above to rank the intensity of each feeling you have associated with your loss):

1. Anger \_\_\_\_\_
2. Guilt \_\_\_\_\_
3. Sadness \_\_\_\_\_
4. I have unwanted and distressing thoughts or images associated with my loss \_\_\_\_
5. I believe I can get on with life in spite of my loss \_\_\_\_\_
6. I feel disconnected from the person I lost \_\_\_\_\_
7. I believe the person I lost is still with me in an important way \_\_\_\_