Prolonged Grief Disorder (PG – 13) ©

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PGD is a newly defined mental illness that is a specific reaction to the loss of someone loved very much. There are a particular set of PGD symptoms – feelings, thoughts, actions – that must be elevated at least 6 months and that must be associated with significant functional impairment in order for a person to meet criteria for PGD.
PART I INSTRUCTIONS: FOR EACH ITEM, PLACE A CHECK MARK TO INDICATE YOUR ANSWER.

1. In the past month, how often have you noticed that you really want ________ back?

   _____ 1 = Not at all
   _____ 2 = At least once
   _____ 3 = At least once a week
   _____ 4 = At least once a day
   _____ 5 = Several times a day

2. In the past month, how often have you noticed feeling very upset or hurt about ______ dying?

   _____ 1 = Not at all
   _____ 2 = At least once
   _____ 3 = At least once a week
   _____ 4 = At least once a day
   _____ 5 = Several times a day

3. Have you noticed being very upset, hurt, or really wanting ______ back, every day?

   _____ No
   _____ Yes

4. In the past month, how often have you tried to avoid reminders things that make you think about ______ or his/her death?

   _____ 1 = Not at all
   _____ 2 = At least once
   _____ 3 = At least once a week
   _____ 4 = At least once a day
   _____ 5 = Several times a day

5. In the past month, how often have you noticed feeling stunned, shocked, or dazed by your loss?

   _____ 1 = Not at all
   _____ 2 = At least once
   _____ 3 = At least once a week
   _____ 4 = At least once a day
   _____ 5 = Several times a day
**PART II INSTRUCTIONS:** FOR EACH ITEM, PLEASE INDICATE HOW YOU CURRENTLY FEEL. CIRCLE THE NUMBER TO THE RIGHT TO INDICATE YOUR ANSWER.

<table>
<thead>
<tr>
<th></th>
<th>Not at all</th>
<th>Slightly</th>
<th>Somewhat</th>
<th>Quite a bit</th>
<th>Overwhelmingly</th>
</tr>
</thead>
<tbody>
<tr>
<td>6. Do you feel that you will not be able to live out your hopes and dreams since _____ died?</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>7. Do you sometimes have trouble believing that ____ died?</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>8. Has it been hard for you to trust people since _____ died?</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>9. Do you feel more angry and grumpy because _____ died?</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>10. Do you feel that making new friends or starting to do new hobbies or sports would be too hard?</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>11. Do you feel empty and without any feelings since _____ died?</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>12. Do you feel that life has no point or isn’t worth anything since _____ died?</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
</tbody>
</table>

**PART III INSTRUCTIONS:** FOR EACH ITEM, PLACE A CHECK MARK TO INDICATE YOUR ANSWER.

13. Have you had a lot more trouble at school, sports, activities, or at home since _____ died?
   _____ No
   _____ Yes

**DURATION CRITERION:** FOR EACH ITEM, PLACE A CHECK MARK TO INDICATE YOUR ANSWER.

**ONSET**

14a. When did the above symptoms begin? (e.g., immediately after the death; # months since the death)? ________________

**DURATION**

14b. How long have you experienced the above symptoms? (# months duration) _____