

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

| <u>PART II INSTRUCTIONS:</u> FOR EACH ITEM, PLEASE INDICATE HOW YOU CURRENTLY FEEL. CIRCLE THE NUMBER TO THE RIGHT TO INDICATE YOUR ANSWER. | Not at all | Slightly | Somewhat | Quite a bit | Overwhelmingly |
|--|-------------------|-----------------|-----------------|--------------------|-----------------------|
| 6. Do you feel that you will not be able to live out your hopes and dreams since ____ died? | 1 | 2 | 3 | 4 | 5 |
| 7. Do you sometimes have trouble believing that ____ died? | 1 | 2 | 3 | 4 | 5 |
| 8. Has it been hard for you to trust people since _____ died? | 1 | 2 | 3 | 4 | 5 |
| 9. Do you feel more angry and grumpy because _____ died? | 1 | 2 | 3 | 4 | 5 |
| 10. Do you feel that making new friends or starting to do new hobbies or sports would be too hard? | 1 | 2 | 3 | 4 | 5 |
| 11. Do you feel empty and without any feelings since _____ died? | 1 | 2 | 3 | 4 | 5 |
| 12. Do you feel that life has no point or isn't worth anything since _____ died? | 1 | 2 | 3 | 4 | 5 |

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) _____