Prolonged Grief Disorder (PG – 13) ©

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PGD is a newly defined syndrome 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 6 months post-loss and that must be associated with significant functional impairment in order for a person to meet criteria for PGD.

INSTRUCTIONS

Below lie instructions for how to score (diagnose) Prolonged Grief Disorder (PGD). Each of the requirements for Criteria A-E must be met for an individual to be diagnosed with PGD.

A. **Event Criterion:** In order to complete the PG-13, we assume the respondent has experienced bereavement (i.e., the loss of a loved person).

B. **Separation Distress:** The respondent must experience PG-13 questions #1 or 2 at least daily.

C. **Duration Criterion:** The symptoms of separation distress must be elevated at least 6 months after the loss. That is, PG-13 question #3 must be answered as “Yes”.

D. **Cognitive, Emotional, and Behavioral Symptoms:** The respondent must experience 5 of the PG-13 questions #4-12 at least “once a day” or “quite a bit”.

E. **Impairment Criterion:** The respondent must have significant impairment in social, occupational, or other important areas of functioning (e.g., domestic responsibilities). That is, PG-13 question #13 must be answered as “Yes”.

PG-13 is a diagnostic tool. If a respondent meets criteria for PGD, this would suggest that he or she should seek a more thorough evaluation from a mental health professional. Only an in-person assessment by a mental health professional can determine for certain, the clinical significance of the reported symptoms, and provide recommendations or referrals for treatment.

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

1. In the past month, how often have you felt yourself longing or yearning for the person you lost?
   - _____ 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 had intense feelings of emotional pain, sorrow, or pangs of grief related to the lost relationship?
   - _____ 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. For questions 1 or 2 above, have you experienced either of these symptoms at least daily and after 6 months have elapsed since the loss?
   - _____ No
   - _____ Yes

4. In the past month, how often have you tried to avoid reminders that the person you lost is gone?
   - _____ 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 felt 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>Item</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 confused about your role in life or feel like you don’t know who you are (i.e., feeling that a part of yourself has died)?</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>7. Have you had trouble accepting the loss?</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 others since your loss?</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>9. Do you feel bitter over your loss?</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>10. Do you feel that moving on (e.g., making new friends, pursuing new interests) would be difficult for you now?</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>11. Do you feel emotionally numb since your loss?</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 is unfulfilling, empty, or meaningless since your loss?</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 experienced a significant reduction in social, occupational, or other important areas of functioning (e.g., domestic responsibilities)?
   _____ No
   _____ Yes
Citations:


Articles that have applied ICG-R to PGD criteria:


