

Grief Therapy Worksheet

Name	Date
Which of the following symptoms are you experiencing? Select all that applies, and write down how often.	
☐ Change in appetite	☐ Fear of Death
☐ Tightness in chest	☐ Blaming self
☐ Anxiety or fear	☐ Poor concentration
☐ Difficulty sleeping	☐ Anger/Irritability
☐ Unmotivated	☐ Racing thoughts
☐ Crying	☐ Loneliness
☐ Mood swings	☐ Relief or happiness
☐ Shock	☐ Sadness/Depression
☐ Dreams about deceased	☐ Numbness
☐ Confusion	☐ Questioning beliefs
☐ Low energy/fatigue	☐ Reckless or dangerous behavior
☐ 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"	