

Grief Checklist

If someone you cared about has died, please take a moment to see if grief counseling might help you.

Check One

Yes	No	
<input type="checkbox"/>	<input type="checkbox"/>	Since my loss my thoughts and emotions interfere with my work or other important areas of my life.
<input type="checkbox"/>	<input type="checkbox"/>	Since my loss I have an overwhelming sense of guilt.
<input type="checkbox"/>	<input type="checkbox"/>	Since my loss my appetite and/or weight have changed.
<input type="checkbox"/>	<input type="checkbox"/>	Since my loss my sleep patterns have changed.
<input type="checkbox"/>	<input type="checkbox"/>	Since my loss I have been having disturbing dreams.
<input type="checkbox"/>	<input type="checkbox"/>	Since my loss an upsetting image(s) keeps coming to mind.
<input type="checkbox"/>	<input type="checkbox"/>	Since my loss I am unusually irritable or angry.
<input type="checkbox"/>	<input type="checkbox"/>	Since my loss I feel strangely detached from others and/or my surroundings.
<input type="checkbox"/>	<input type="checkbox"/>	Since my loss I am using alcohol to cope with things.
<input type="checkbox"/>	<input type="checkbox"/>	Since my loss I am using drugs (including prescription) to cope with things.
<input type="checkbox"/>	<input type="checkbox"/>	Since my loss I have developed a pessimistic, fatalistic attitude regarding the future.
<input type="checkbox"/>	<input type="checkbox"/>	Since my loss I have had problems with or I am concerned about my physical health.
<input type="checkbox"/>	<input type="checkbox"/>	Someone I cared about died suddenly or unexpectedly.

If you answered Yes to any of the items above you may benefit from grief counseling. Please call Hospice Georgina at 905-722-9333