

---

# Loss Inventory

Briefly define the words "loss" and "grief."

Loss: \_\_\_\_\_

Grief: \_\_\_\_\_

## A. General Losses:

Check any of the following losses that you may have experienced at any time in your life.

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> moving          | <input type="checkbox"/> military deployment        | <input type="checkbox"/> fire or theft |
| <input type="checkbox"/> divorce         | <input type="checkbox"/> end of relationship        | <input type="checkbox"/> abandonment   |
| <input type="checkbox"/> abuse           | <input type="checkbox"/> incarceration of loved one | <input type="checkbox"/> alcohol/drugs |
| <input type="checkbox"/> health/mobility | <input type="checkbox"/> job related                | <input type="checkbox"/> empty nest    |
| <input type="checkbox"/> retirement      | <input type="checkbox"/> homelessness               | <input type="checkbox"/> other         |

## B. History of the Most Important Death in Your Life:

- |                                 |                                 |                                 |                                      |                                      |
|---------------------------------|---------------------------------|---------------------------------|--------------------------------------|--------------------------------------|
| <input type="checkbox"/> Spouse | <input type="checkbox"/> Mother | <input type="checkbox"/> Father | <input type="checkbox"/> Sister      | <input type="checkbox"/> Brother     |
| <input type="checkbox"/> Aunt   | <input type="checkbox"/> Uncle  | <input type="checkbox"/> Cousin | <input type="checkbox"/> Grandfather | <input type="checkbox"/> Grandmother |
| <input type="checkbox"/> Friend | <input type="checkbox"/> Pet    | <input type="checkbox"/> Child  | Other _____                          |                                      |

Do you ever talk about the person who died?

- All the time       Often       Sometimes       Never       I used to

Did a family member or friend help you during/after the death?     Yes     No

If yes, how did they help you? Check all that apply.

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> Talking about the death | <input type="checkbox"/> Praying with me          | <input type="checkbox"/> Looking at pictures               |
| <input type="checkbox"/> Keeping me safe         | <input type="checkbox"/> Spending time with me    | <input type="checkbox"/> Giving me a hug                   |
| <input type="checkbox"/> Answering my questions  | <input type="checkbox"/> Sharing feelings with me | <input type="checkbox"/> Talking about the person who died |

Other \_\_\_\_\_

## C. Family Practices:

*Social background:* \_\_\_\_\_

*Ethnic background:* \_\_\_\_\_

*Religious beliefs:*

Past: \_\_\_\_\_

\_\_\_\_\_

Present: \_\_\_\_\_

\_\_\_\_\_

*Family rituals or customs relating to death, funerals, or burial:*

Rituals: \_\_\_\_\_

Customs: \_\_\_\_\_

\_\_\_\_\_

*Family Superstitions:* \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_