



## Reflecting on your Losses

### About your Experience with DEATH & GRIEF

#### Personal

*If this brings up a lot of feelings then go slowly an notice or you may decide not to do it at all.  
Listen inside to what you need.*

• Number of losses due to death

\_\_\_\_\_ Partner/lover

\_\_\_\_\_ Friends

\_\_\_\_\_ Acquaintances

\_\_\_\_\_ Parents

\_\_\_\_\_ Child/ren

\_\_\_\_\_ Aunts/uncles/cousins

\_\_\_\_\_ Grandparents

\_\_\_\_\_ Siblings

\_\_\_\_\_ Pets

#### Personal Losses - continued

a) Did/do you experience any physical effects which may be due to your grief \_\_\_\_\_ Yes \_\_\_\_\_ No

Please note these effects

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b) Did/do you experience any emotional and/or psychological effects you think were due to your grief? \_\_\_\_\_ Yes \_\_\_\_\_ No

Please note these effects

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c) Did/do you seek assistance for any of the above from outside professional supports? \_\_\_\_\_ Yes \_\_\_\_\_ No



Please describe these supports

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d) How else did/do you experience support for your grief?

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