

# Inventory of Complicated Grief

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Please tick the boxes that best describe how you feel, where **never** is taken to mean less than once monthly, **rarely** means more than once monthly but less than once weekly, **sometimes** more than weekly but less than daily, **often** about daily, & **always** means more than once daily:

	<b>0 Never</b>	<b>1 Rarely</b>	<b>2 Some- times</b>	<b>3 Often</b>	<b>4 Always</b>
1. I think about this person so much that it's hard for me to do the things I normally do	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Memories of the person who died upset me	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. I cannot accept the death of the person who died	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. I feel myself longing for the person who died	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. I feel drawn to places and things associated with the person who died	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. I can't help feeling angry about his/her death	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. I feel disbelief over what happened	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. I feel stunned or dazed over what happened	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

9. Ever since s/he died it is hard for me to trust people	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Ever since s/he died I feel like I have lost the ability to care about other people or I feel distant from people I care about	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. I have pain in the same area of my body or I have some of the same symptoms as the person who died	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. I go out of my way to avoid reminders of the person who died	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. I feel that life is empty without the person who died	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. I hear the voice of the person who died speak to me	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. I see the person who died stand before me	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16. I feel that it is unfair that I should live when this person died	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17. I feel bitter over this person's death	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18. I feel envious of others who have not lost someone close	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

19. I feel lonely a great deal of the time ever since s/he died	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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**Total score:**

<b>Scoring and interpretation</b>
<p>Scoring and interpretation of the survey involve respondents rating the frequency of their experiences on a 5-point scale, ranging from "never" to "always." Individuals with ICG scores above 25 exhibit considerable impairment in social, general, mental, and physical health functioning, as well as in bodily pain compared to those with ICG scores equal to or below 25.</p>
<b>Additional notes</b>
Empty space for additional notes

**Reference**

Prigerson, H. G., Maciejewski, P. K., Reynolds, C. F. III, Bierhals, A. J., Newsom, J. T., Fasiczka, A., Frank, E., Doman, J., & Miller, M. (1995). Inventory of Complicated Grief: A scale to measure maladaptive symptoms of loss. *Psychiatry Research*, 59(1-2), 65–79. [https://doi.org/10.1016/0165-1781\(95\)02757-2](https://doi.org/10.1016/0165-1781(95)02757-2)