

Prolonged Grief Disorder (PG-13-Revised)

Holly G. Prigerson, Ph.D., Jiehui Xu, M.S., Paul K. Maciejewski, Ph.D.

Q1. have you lost someone significant to you? Yes / No

Q2. how many months has it been since your significant other died? 12 Months.

For each item below, please indicate how you currently feel?

Since the death, or as a result of the death...	Not at all	Slightly	Somewhat	Quite a bit	Overwhelmingly
Q3. do you feel yourself longing or yearning for the person who died?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
Q4. do you have trouble doing the things you normally do because you are thinking so much about the person who died?	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
Q5. do you feel confused about your role in life or feel like you don't know who you are any more (i.e., feeling like that a part of you has died) ?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
Q6. do you have trouble believing that the person who died is really gone?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
Q7. do you avoid reminders that the person who died is really gone?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
Q8. do you feel emotional pain (e.g., anger, bitterness, sorrow) related to the death??	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
Q9. do you feel that you have trouble re-engaging in life (e.g., problems engaging with friends, pursuing interests, planning for the future)?	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
Q10. do you feel emotionally numb or detached from others?	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
Q11. do you feel that life is meaningless without the person who died?	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Q12. do you feel alone or lonely without the deceased?	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Q13. have the symptoms above caused significant impairment in social, occupational, or other important areas of functioning?

Yes / No

Your summed score is 36 .

Interpret