## Inventory of Complicated Grief (ICG)

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:

		0: never	1: rarely	2: some times	3: often	4: always
1	I think about this person so much that it's hard for me to do the things I normally do					
2	memories of the person who died upset me					
3	I cannot accept the death of the person who died					
4	I feel myself longing for the person who died					
5	I feel drawn to places and things associated with the person who died					
6	I can't help feeling angry about his/her death					
7	I feel disbelief over what happened					
8	I feel stunned or dazed over what happened					
9	ever since s/he died it is hard for me to trust people					
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					
11	I have pain in the same area of my body or I have some of the same symptoms as the person who died					
12	I go out of my way to avoid reminders of the person who died					
13	I feel that life is empty without the person who died					
14	I hear the voice of the person who died speak to me					
15	I see the person who died stand before me					
16	I feel that it is unfair that I should live when this person died					
17	I feel bitter over this person's death					
18	I feel envious of others who have not lost someone close					
19	I feel lonely a great deal of the time ever since s/he died					
	scoring:					

total score =