

Initial: \_\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_



— THE CENTER FOR —  
**COMPLICATED GRIEF**

## Grief Support Inventory (GSI)

1. Has anyone in your life (relatives or non-relatives) been supportive of you since the loss of \_\_\_\_\_? **0) NO 1) YES**

If YES, please continue:

List the people who have been supportive  
and indicate your relationship to them  
(sibling, neighbor, minister, etc.)

Has this person also been affected by the  
loss? (Please circle):

a.	(1) Yes	(0) No	(9) Unsure
b.	(1) Yes	(0) No	(9) Unsure
c.	(1) Yes	(0) No	(9) Unsure
d.	(1) Yes	(0) No	(9) Unsure

2. Has anyone in your life (relatives or non-relatives) been **actively unsupportive** of you since the loss of \_\_\_\_\_? **0) NO 1) YES**

If YES, please continue:

List the people who have been unsupportive  
and indicate your relationship to them  
(sibling, neighbor, minister, etc.)

Has this person also been affected by the  
loss? (Please circle):

a.	(1) Yes	(0) No	(9) Unsure
b.	(1) Yes	(0) No	(9) Unsure
c.	(1) Yes	(0) No	(9) Unsure
d.	(1) Yes	(0) No	(9) Unsure