1. Grief Record

| Situation | Level of grief | What changed your grief? |
|--|---------------------------|---|
| <i>Ex: Trying to fall asleep and thought of my wife.</i> | Ex: 8/10 | Ex: My pain got worse as I thought of how she died. |
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| | Ex: Trying to fall asleep | Ex: Trying to fall asleep Ex: 8/10 |



2. My Triggers:

| Trigger | Response |
|---|--|
| Ex: Mother's Day talked about in a group of my friends. | <i>Ex: I felt like I was in a pit. Like a sense of doom. So alone. I wanted to run out of there.</i> |
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3. My Supports. Who can you reach out to for support this week?

| Support | Plan to connect this week |
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