



Multiple Loss Assessment Questionnaire

Tell us a few things about yourself:

1. Please indicate your HIV status:
 - HIV-positive
 - HIV-negative (proceed to question 3)
 - Don't know (proceed to question 3)

2. When were you diagnosed with HIV (month/year is fine)? _____

3. How old are you? _____

4. Are you: Male Female

- b) Are you also: Transgender or Transsexual

5. Do you identify as:
 - Gay
 - Straight
 - Lesbian
 - Bisexual
 - Queer

6. How you identify culturally (for example, Filipino)? _____

7. What city do you live in? _____ b) for how long? _____

8. **On a scale of 1 to 10, where 1 is 'not at all attached' and 10 is 'very attached'**, How attached to, or a part of the following communities do you feel?

1 (not attached) – 10 (very attached)

A	Women's community	
B	People living with HIV/AIDS (PHA) community	
C	Gay community	
D	Other? Please specify below:	

9. Can you estimate how many friends, acquaintances, or partners/lovers in your life have died from HIV/AIDS? _____

10. Can you estimate how many people in your life have died from other non-HIV/AIDS causes? _____

11. Are there other losses that you have experienced that you think are important (for example, pets, etc.)?

12. **On a scale of 1-10, where 1 is 'Never or Not at all' and 10 is 'All of the time'**,

When thinking about your grief/loss/sorrow, how often do you feel:

1 (never) – 10 (all the time)

A	that you are grieving too long	
B	that you should 'get on with it'	
C	like your losses are somehow not real	
D	that your losses are not important	
E	that you don't have enough supports in your life	
F	that you just don't understand your feelings	

13. On a scale of 1-10, where 1 is 'Never or Not at all' and 10 is 'All of the time',

When thinking about how your grief/loss/sorrow affects you, how often do you feel:

1 (never) – 10 (all the time)

A	like having more sex	
B	like having less sex	
C	that sex is more important to you	
D	that sex is less important to you	
E	like withdrawing from social activities	
F	that there is no point to life anymore	
G	that you somehow don't measure up	

14. On a scale of 1-10, where 1 is 'Never or Not at all' and 10 is 'All of the time':

I believe that my grief/loss/sorrow affects my:

1 (never) – 10 (all the time)

A	ability to conduct my day to day responsibilities/activities	
B	frustration with others	
C	sex drive	
D	use of alcohol	
E	use of drugs for recreational purposes	
F	ability to make new friends	
G	ability to take care of myself	

15. On a scale of 1-10, where 1 is 'Never or Not at all' and 10 is 'All of the time',

How often do you feel:

1 (never) – 10 (all the time)

A	sad	
B	lonely	
C	depressed	
D	like crying	
E	unhappy about the way life is going	
F	worried about your future	
G	anxious	
H	that there is nothing worth planning or saving for	
I	frustrated with sexual relationships	
J	helpless	
K	that you just can't cope	
L	guilty for still being alive	
M	guilty for being HIV negative	
N	like you are watching your life from a distance	
O	like taking your own life	
P	afraid of dying	

16. Where do you **currently** get support for feelings associated with grief, loss, sorrow or other issues in your life? **(Check all that apply)**

- | | |
|---|--|
| <input type="checkbox"/> AIDS service organization | <input type="checkbox"/> Another type of service agency |
| <input type="checkbox"/> Psychiatrist | <input type="checkbox"/> Psychologist |
| <input type="checkbox"/> Private therapist | <input type="checkbox"/> Priest or other spiritual adviser |
| <input type="checkbox"/> Counselor | <input type="checkbox"/> Friends |
| <input type="checkbox"/> Supervisor | <input type="checkbox"/> Family |
| <input type="checkbox"/> Someone /Somewhere else? Please specify: | |
-

OR

- I am **not currently** getting support – *but I would like to.*
 I am **not currently** getting support – *and I don't feel I need to.*

17. Have you experienced any **physical effects** (for example, stomach upset, fatigue or tiredness, difficulty sleeping, etc.), which may have been due to your grief?

- yes no

If yes, please describe them: _____

18. Have you experienced any **emotional effects** (for example, anxiety, nervousness, difficulty concentrating, depression, etc.), which may have been due to your grief?

- yes no

If yes, please describe them: _____

19. Are there **other effects** (mental, social, spiritual), which may have been due to your grief?

- yes no

If yes, please describe them: _____

Thank you !

CLIMBING the TREE of LIFE

Picture yourself as a child on this tree.

Circle the child which best represents where you feel you are at this moment in your life.



How does this child represent what is going on in your life at this point?
