

Appendix: D

Code: _____
 Facilitator 1: _____
 Facilitator 2: _____

Initials: _____ Pre / Post

Who in your life died?

☐ Mother ☐ Father ☐ Brother ☐ Sister ☐ Grandmother ☐ Grandfather
☐ Aunt ☐ Uncle ☐ Cousin ☐ Friend ☐ Partner

How long ago did your person die? ☐ Less than 6 months ☐ 6-12 months ☐ 1-2 years ☐ 2+ years

How did your person die? ☐ Terminal Illness ☐ Accident ☐ Suicide ☐ Homicide ☐ Cancer Related
☐ Heart Related ☐ Drug/Alcohol Related ☐ Other _____

What have you been told about how your person died? What else would you want to know?
I know what grief means? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> I don't know
Do you feel like you have someone to talk to about the person who died?
At school: <input type="checkbox"/> None <input type="checkbox"/> 1-2 <input type="checkbox"/> 3-5 <input type="checkbox"/> 6+ At Home: <input type="checkbox"/> None <input type="checkbox"/> 1-2 <input type="checkbox"/> 3-5 <input type="checkbox"/> 6+
When you are really upset or having a hard time what do you do to feel better?

CIRCLE THE ANSWER THAT BEST FITS HOW YOU HAVE FELT IN THE LAST MONTH:

I FEEL LIKE THERE MIGHT HAVE BEEN SOMETHING I COULD HAVE DONE TO PREVENT MY PERSON'S DEATH	Really agree (5)	Agree (4)	Don't agree or disagree (3)	Disagree (2)	Really Disagree (1)
I THINK ABOUT OR WISH FOR MY PERSON ALL THE TIME	Really agree (5)	Agree (4)	Don't agree or disagree (3)	Disagree (2)	Really Disagree (1)
I DON'T LIKE TO BE AROUND MY PERSON'S THINGS OR WHERE THEY USED TO BE	Really agree (5)	Agree (4)	Don't agree or disagree (3)	Disagree (2)	Really Disagree (1)
I DON'T THINK IT'S WORTH IT TO KEEP UP WITH FRIENDS OR MAKE NEW ONES	Really agree (5)	Agree (4)	Don't agree or disagree (3)	Disagree (2)	Really Disagree (1)
I THINK A LOT ABOUT HOW MY PERSON DIED	Really agree (5)	Agree (4)	Don't agree or disagree (3)	Disagree (2)	Really Disagree (1)
I FEEL ANGRY ABOUT MY PERSON DYING	Really agree (5)	Agree (4)	Don't agree or disagree (3)	Disagree (2)	Really Disagree (1)
IT IS HARD TO SEE HOW LIFE WILL WORK WITHOUT MY PERSON	Really agree (5)	Agree (4)	Don't agree or disagree (3)	Disagree (2)	Really Disagree (1)
WHEN I HAVE MEMORIES OF MY PERSON, I GET UPSET	Really agree (5)	Agree (4)	Don't agree or disagree (3)	Disagree (2)	Really Disagree (1)
I DON'T FEEL LIKE DOING ANYTHING	REALLY	AGREE	DON'T AGREE	DISAGREE	REALLY

	AGREE (5)	(4)	OR DISAGREE (3)	(2)	DISAGREE (1)
I HAVE HAD REALLY STRONG FEELINGS WHEN THINKING ABOUT THAT PERSON	Really agree (5)	Agree (4)	Don't agree or disagree (3)	Disagree (2)	Really Disagree (1)
IT HAS BEEN HARD TO FOCUS ON MY SCHOOL WORK	Really agree (5)	Agree (4)	Don't agree or disagree (3)	Disagree (2)	Really Disagree (1)
I DON'T SEEM TO FEEL ANYTHING AT ALL.	Really agree (5)	Agree (4)	Don't agree or disagree (3)	Disagree (2)	Really Disagree (1)
I HAVE FOUND LOTS OF FUN THINGS TO DO	Really agree (5)	Agree (4)	Don't agree or disagree (3)	Disagree (2)	Really Disagree (1)
WHEN I THINK ABOUT THE PERSON I LOST, I TRY TO THINK OF SOMETHING ELSE	Really agree (5)	Agree (4)	Don't agree or disagree (3)	Disagree (2)	Really Disagree (1)
I HAVE DIFFICULTY FINISHING THINGS (FOR EXAMPLE, SCHOOL WORK, CHORES, OR ACTIVITIES)	Really agree (5)	Agree (4)	Don't agree or disagree (3)	Disagree (2)	Really Disagree (1)

<i>In the last week, I felt <u>angry</u></i>	Every day of the week (4)	3-4 days of the week (3)	Up to 2 days a week (2)	Not at all during the week (1)
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	In the last week, when I was <u>angry</u>			
	It felt really strong like I couldn't control it (4)	It felt strong and I could control it (3)	I felt it a little and it went away quickly (2)	I didn't feel that way (1)

<i>In the last week, I felt <u>sad</u></i>	Every day of the week (4)	3-4 days of the week (3)	Up to 2 days a week (2)	Not at all during the week (1)
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	In the last week, when I was <u>sad</u>			
	It felt really strong like I couldn't control it (4)	It felt strong and I could control it (3)	I felt it a little and it went away quickly (2)	I didn't feel that way (1)

<i>In the last week, I felt <u>nervous</u></i>	Every day of the week (4)	3-4 days of the week (3)	Up to 2 days a week (2)	Not at all during the week (1)
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	In the last week, when I was <u>nervous</u>			
	It felt really strong like I couldn't control it (4)	It felt strong and I could control it (3)	I felt it a little and it went away quickly (2)	I didn't feel that way (1)

<i>In the last week, I felt <u>like crying</u></i>	Every day of the week (4)	3-4 days of the week (3)	Up to 2 days a week (2)	Not at all during the week (1)
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	In the last week, when I felt <u>like crying</u>			
	It felt really strong like I couldn't control it (4)	It felt strong and I could control it (3)	I felt it a little and it went away quickly (2)	I didn't feel that way (1)

Please check the box that is true for you. Check all boxes the best you can

	Not True	Somewhat True	Certainly True
I try to be nice to other people. I care about their feelings.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I am restless, I cannot stay still for long	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I get a lot of headaches, stomach-aches or sickness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I usually share with others, for example CD's games, food	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I get very angry and often lose my temper	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I would rather be alone than with people of my age	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I usually do what I am told	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I worry a lot	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I am helpful if someone is hurt, upset or feeling ill	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I am constantly fidgeting or squirming	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I have one good friend or more	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I fight a lot. I can make other people do what I want	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I am often unhappy, depressed or tearful	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other people my age generally like me	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I am easily distracted, I find it difficult to concentrate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I am nervous in new situations, I easily lose confidence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I am kind to younger children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I am often lying or cheating	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other children or young people pick on me or bully me	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I often offer to help others (parents, teachers, children)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I think before I do things	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I take things that are not mine from home, school, or elsewhere	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I get along better with adults than with people my own age	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I have many fears, I am easily scared	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I finish the work I'm doing. My attention is good	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Do you have any comments or concerns?

Overall, do you think you have difficulties in any of the following area:

Emotions, concentration, behavior or being able to get on with other people?

- ☐ No
- ☐ Yes – minor difficulties
- ☐ Yes – definite difficulties
- ☐ Yes – severe difficulties

If you have answered “yes”, please answer the following questions about these difficulties:

- How long have these been present

☐ Less than a Month ☐ 1-5 months ☐ 6-12 months ☐ 1 year +

- Do the difficulties upset or distress you?

☐ Not at all ☐ Only a little ☐ Medium amount ☐ A great deal

- Do the difficulties interfere with your everyday life in the following areas?

	NOT AT ALL	ONLY A LITTLE	A MEDIUM AMOUNT	A GREAT DEAL
HOME LIFE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
FRIENDSHIPS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CLASSROOM LEARNING	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
LEISURE ACTIVITIES	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

- Do the difficulties make it harder for those around you (family, friends, teachers, etc.)?

☐ Not at all ☐ Only a little ☐ A medium amount ☐ A great deal