

Appendix: C

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 _____

Do you want to know more about how your person died? ☐ Yes ☐ No ☐ I don't know

Please answer the questions below

Do you 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 you lost? <input type="checkbox"/> YES <input type="checkbox"/> NO			
At school: How many? <input type="checkbox"/> None <input type="checkbox"/> 1 -2 <input type="checkbox"/> 3 -5 <input type="checkbox"/> 6+			
At Home: How many? <input type="checkbox"/> None <input type="checkbox"/> 1 -2 <input type="checkbox"/> 3 -5 <input type="checkbox"/> 6+			
Please CIRCLE the hand that goes with what you have been feeling in the last month .			
	How I feel	Not how I feel	
I think I could have done something to prevent my person's death			
I think about my person all the time			
I feel happy a lot			
I don't want to be with other people			
I feel mad a lot			

Code: _____

Facilitator 1: _____

Facilitator 2: _____

I think a lot about how my person died.



When I think about my person I feel good



I feel angry about my person dying



I feel worried a lot



I feel sad a lot



I know exactly how my person died



When I remember my person, I get really upset



Check all the feelings that you have in your body when you think about your person

☐ I feel dizzy

☐ My body feels weak

☐ My shoulders feel tight/tense

☐ My throat hurts

☐ My body feels numb

☐ My chest feels tight/tense

☐ My throat feels blocked

☐ My stomach hurts

☐ My chest feels heavy

☐ My heart beats really fast

☐ My stomach feels sick

☐ My stomach has butterflies in it

☐ My hands feel sweaty

☐ My arms feel shaky

☐ My legs hurt

☐ My legs feel shaky

☐ My legs feel weak

☐ My arms feel weak