Child/Teen Questionnaire

PETER'S PLACE
A Center for Grieving Children & Families

Student Name:_____Date: _____

The person who died was my:

☐ Mother ☐ Father ☐ Brother ☐ Sister ☐ Grandmother ☐ Grandfather

☐ Other _____

Please check one:

1. I understand what the word "grief" means
   Yes, completely ☐ **A little bit** ☐ **Not really** ☐ **Not at all** ☐
2. I understand my own grief
   Yes, completely ☐ **A little bit** ☐ **Not really** ☐ **Not at all** ☐
3. I feel that others understand my grief (friends, family)
   Yes, completely ☐ **A little bit** ☐ **Not really** ☐ **Not at all** ☐
4. I can talk to others about the death (friends, family)
   Yes, completely ☐ **A little bit** ☐ **Not really** ☐ **Not at all** ☐
5. I feel that there is somewhere or someone I can go to when I need support
   Yes, completely ☐ **A little bit** ☐ **Not really** ☐ **Not at all** ☐
6. It is helpful to talk about my feelings
   Yes, completely ☐ **A little bit** ☐ **Not really** ☐ **Not at all** ☐
7. I know helpful ways to deal with my grief
   Yes, completely ☐ **A little bit** ☐ **Not really** ☐ **Not at all** ☐

I like (check all that are true for you):

☐ Talking with others ☐ Doing art (drawing, coloring, etc) ☐ Doing crafts

☐ Reading books ☐ Playing games

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