

**2014 Camp Caterpillar
Grief Response Chart**

Child's Name: _____

Children experience a variety of grief responses. We are interested in the responses you have seen thus far. Please mark the chart below to describe your child currently. We will contact you periodically after the camp to continue monitoring your child's grief responses. This will allow us to better serve child and to assist with any follow-up needs.

Possible Responses

Amount Observed

**Never/Rarely = 0-1 times/week
Often = 5 or more times/week**

Sometimes = 2-4 times/week

	<u>Amount Observed</u>		
	Never/Rarely = 0-1 times/week	Sometimes = 2-4 times/week	Often = 5 or more times/week
Difficulty with friends	Never/Rarely	Sometimes	Often
Acting younger than age	Never/Rarely	Sometimes	Often
Change in school performance	Never/Rarely	Sometimes	Often
Change in usual behavior	Never/Rarely	Sometimes	Often
Tearfulness	Never/Rarely	Sometimes	Often
Sleep changes	Never/Rarely	Sometimes	Often
Substance Use	Never/Rarely	Sometimes	Often
Change in appetite	Never/Rarely	Sometimes	Often
Mood shifts	Never/Rarely	Sometimes	Often
Suicidal thoughts	Never/Rarely	Sometimes	Often
Clinging behaviors	Never/Rarely	Sometimes	Often

Completed by: _____