STUDENT LOSS INVENTORY

Ask parents and students to fill out this inventory at the beginning of the year so that teachers and counselors are aware of loss events in the lives of students. It is important for the young people to participate in this activity and add their thoughts—there may be important losses and grief experiences that have been overlooked or dismissed by the adults. As a parent and child examine the loss inventory together, valuable open communication is encouraged.

Re-evaluate the inventory mid-year to determine if further losses have occurred and to assess how identified behaviors have changed.

By including questions on "other losses" beside "death losses" the inventory seeks to characterize behaviors associated with a significant event in the life of a child. A quick review of responses can alert adults to areas of special concern and enable them to help a child or adolescent effectively.

The Story of My Losses

General Information about You

1. Name ____________________________
2. Grade ______
3. Age ______
4. Check off the losses or changes in your life that are important to you:
   a. Mom and Dad separating or divorcing ______
   b. Moving to a different town ______
   c. Moving to a different school ______
   d. Arguments with friends ______
   e. Break up with a boy/girl friend ______
   f. Pet running away from home or you have to give him away ______
   g. Losing your book bag ______
   h. Brother or sister leaving home ______
   i. Someone stealing something important of yours ______ what was it?
      ____________________________________________________________
   j. Name some other losses you have had:
      i. _______________________________________________________
      ii. _____________________________________________________
5. The most important death in your life: (check the most important one to you)

Mother   Father   Grandmother   Grandfather   Sister
Brother   Aunt   Uncle   Friend   Pet

Other (Name) ____________________________________________

A. How old were you at the time of this death? ______
B. How did you find out?

________________________________________________________
________________________________________________________

C. What was the cause of death?

________________________________________________________

D. Was the death a surprise to you?

Yes _____ No _____

E. Did you go to the funeral or service?

Yes _____ No _____

F. If yes, did adults explain to you what to expect?

Yes _____ No _____

6. How did your family help you after the death? (Please check all that apply.)

Talking about death with me ______
Looking at pictures together ______
Leaving me alone ______
Praying with me ______
Keeping me safe ______
Talking about the person who died ______
Spending more time with me ______

Other (please list) ____________________________________________
7. How did your teacher help you after the death?

Came to me to talk about my loss ______

Talked to me about my loss after I came to him or her ______

Planned something special for me with the whole class (like making a card - what was it) ________________________________________

Left me alone ______

I don’t remember/ wasn’t in school then ______

8. Are there things you did alone when you thought about the person you lost? (Check all that apply.)

I tried not to think about it ______

Writing a story ______

Drawing ______

Writing poems ______

Physical activity, like bike rides or yard work ______

I don’t remember ______

Other (please specify) ________________________________________

9. Do you still talk about the person you lost?

All the time ______

Often ______

Sometimes ______

Never ______

I used to ______

10. How did the loss make you feel right after it happened? __________________________
11. When you think about this loss now, are there any things you wish had been different? Please write about the things you did or the way people treated you.

_____________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________

12. You can use this space to write about your experience with any other loss important to you. Please write on the back if you need more room.

_____________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________

13. Below is a list of ways you may have felt or behaved in the past week. Please tell us how often you have felt about each item in the last week by checking a box.

<table>
<thead>
<tr>
<th></th>
<th>Rarely/Never</th>
<th>Sometimes</th>
<th>Often</th>
<th>All the Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>A. I did not feel like eating.</td>
<td></td>
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<tr>
<td>B. I couldn't shake off the blues.</td>
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<tr>
<td>C. I felt just as good as others.</td>
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<tr>
<td>D. I was scared.</td>
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<tr>
<td>E. I felt like hitting someone.</td>
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<tr>
<td>F. I was mad.</td>
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<tr>
<td>G. I felt out of control.</td>
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<td>H. I felt everything I did was hard.</td>
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<tr>
<td>I. I felt depressed.</td>
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<td>J. I felt like hurting myself.</td>
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<td>K. I felt safe.</td>
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<tr>
<td>L.</td>
<td>I felt like screaming.</td>
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<tr>
<td>M.</td>
<td>I wanted to break things.</td>
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<tr>
<td>N.</td>
<td>I talked less.</td>
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<tr>
<td>O.</td>
<td>I felt lonely.</td>
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<td>P.</td>
<td>I was proud of myself.</td>
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<tr>
<td>Q.</td>
<td>I didn’t think people were friendly.</td>
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<tr>
<td>R.</td>
<td>I cried.</td>
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<tr>
<td>S.</td>
<td>I felt hope about the future.</td>
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</table>

Prepared by Helen Fitzgerald, [www.americanhospice.org](http://www.americanhospice.org)

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