

SiGNS OF GRIEF

my checklist

Talk with your Rainbow House Buddy about how grief has been affecting your emotions, your behaviours and your body. Place a mark next to the signs of grief you have been experiencing...

emotionally...

- | | |
|--|---|
| <input type="checkbox"/> - What has happened is unbelievable. | <input type="checkbox"/> - I get really, really angry. |
| <input type="checkbox"/> - Everything is disorganised. | <input type="checkbox"/> - I feel alone ... no one understands me. |
| <input type="checkbox"/> - I feel out of control and get in a panic. | <input type="checkbox"/> - I blame myself for what happened. |
| <input type="checkbox"/> - I feel powerless. | <input type="checkbox"/> - I feel guilty if I feel happy or have fun. |
| <input type="checkbox"/> - I feel empty or nothing at all. | <input type="checkbox"/> - I feel I need to take care of _____. |
| <input type="checkbox"/> - I feel sad all the time. | ... Because something might happen to them |
| <input type="checkbox"/> - I want things how they were before. | too ... I need to fix their feelings and make |
| | everything better. |

behavioural ...

- | | |
|--|---|
| <input type="checkbox"/> - I don't want to go to school. | <input type="checkbox"/> - I hit, kick or punch others ... or things. |
| <input type="checkbox"/> - I feel sick. | <input type="checkbox"/> - I don't want to play or participate. |
| <input type="checkbox"/> - I can't concentrate. | <input type="checkbox"/> - I want to stay home and see no one. |
| <input type="checkbox"/> - I am uncooperative .. no matter what! | <input type="checkbox"/> - I get upset when my parent leaves me. |
| <input type="checkbox"/> - I don't want to be alone by myself. | <input type="checkbox"/> - I eat more or I don't want to eat. |
| <input type="checkbox"/> - I get annoyed at little things. | <input type="checkbox"/> - I need help to do things, I used to do |
| | by myself. |

physically...

- | | |
|---|---|
| <input type="checkbox"/> - At times, I feel like I can't breathe. | <input type="checkbox"/> - I keep waking up during the night. |
| <input type="checkbox"/> - My throat tightens up. | <input type="checkbox"/> - I can't sleep ... my mind races. |
| <input type="checkbox"/> - My head aches. | <input type="checkbox"/> - I wet the bed. |
| <input type="checkbox"/> - My tummy swirls. | <input type="checkbox"/> - My heart feels sore. |
| <input type="checkbox"/> - I want to scream! | <input type="checkbox"/> - I have nightmares. |
| <input type="checkbox"/> - I get restless ... I can't sit still. | <input type="checkbox"/> - My appetite has changed. |
| | <input type="checkbox"/> - I get nervous. |