Grief Group Student End-of-Year Survey
(Designed for Middle and High School Students)

1. What school/district do you attend?

________________________________________________________________________

2. What grade are you in?

☐ 6th    ☐ 10th
☐ 7th    ☐ 11th
☐ 8th    ☐ 12th
☐ 9th

3. How long have you been in grief group?

☐ 1 year
☐ 2-3 years
☐ 4-5 years
☐ 6+ years

4. Rate the impact grief group has had on your emotional/physical health by choosing a number from 1 (grief group has made this area of my life worse) to 5 (grief group has made this area of my life better).

Feelings of sadness
 Feelings of hopelessness
 Feelings of anger
 Feelings of guilt
 Feelings of loneliness
 Overall physical health

5. Rate the impact grief group has had on your knowledge of grief, relationships and coping skills by choosing a number from 1 (grief group has made this area of my life worse) to 5 (grief group has made this area of my life better).

Knowledge of the grieving process
 Relationships with family
 Relationships with friends
 Ability to talk about death
 Ability to use healthy coping skills

6. Rate the impact grief group has had on your school experience by choosing a number from 1 (grief group has made this area of my life worse) to 5 (grief group has made this area of my life better).

Ability to concentrate in school
Grades
----------------- 1 2 3 4 5
Absences from school 1 2 3 4 5

7. Would you recommend Grief Group to a friend who experienced a death of a family member or friend?

☐ yes
☐ no

8. Has your quality of life rating, as it relates to grief, stayed the same or improved since starting group this year? (Reference your overall grief rating on your intake form with your grief counselor to know where you originally scored.)

☐ Stayed the same
☐ Improved
☐ Got worse

Comments:
__________________________________________________________________________________
__________________________________________________________________________________
__________________________________________________________________________________

9. What does Grief Group mean to you?
__________________________________________________________________________________
__________________________________________________________________________________
__________________________________________________________________________________

10. What was your favorite activity with Grief Group this year? Why?
__________________________________________________________________________________
__________________________________________________________________________________
__________________________________________________________________________________