

Name _____ Age _____ Date _____
 Grade _____ Are you a girl or boy? _____ Teacher's Name _____

An Inventory of People, Places, and Things that I Miss

Sometimes people go out of your life because you or someone else moves away from a place. It may be because you or someone else goes to a different school. Sometimes it is just because you stop spending time with someone or one of you stops feeling as close to the other. Sometimes it is because someone dies. Please tell us about the people that you miss. Then please tell us about the things that you miss. Feel free to write on the back.

THE PEOPLE YOU MISS

1. Has anyone you were close to ever died? Yes ___ No ___

If yes,	Name	Age	How close did you feel to them?				
			Not close	A little close	Close	Very Close	Extremely Close
Person 1	_____	_____	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
Relationship to you: _____							
Person 2	_____	_____	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
Relationship to you: _____							
Person 3	_____	_____	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
Relationship to you: _____							
Person 4	_____	_____	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
Relationship to you: _____							
Person 5	_____	_____	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
Relationship to you: _____							

How did they die?

	Name	The way that they died and how old you were then:
Person 1	_____	_____
Person 2	_____	_____
Person 3	_____	_____
Person 4	_____	_____
Person 5	_____	_____

How much do you miss them?

	Name	Not at all	A little	Some	A lot	Extremely
Person 1	_____	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
Person 2	_____	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
Person 3	_____	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
Person 4	_____	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
Person 5	_____	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅

What do you miss most about them?

	Name	The things you miss the most about them:
Person 1	_____	_____
Person 2	_____	_____
Person 3	_____	_____
Person 4	_____	_____
Person 5	_____	_____

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2. Have you ever moved away from people you were close to? Yes ___ No ___
 If yes, who were they?

Have you ever stopped seeing someone because you went to a different school?
 If yes, who where they? Yes ___ No ___

Have you ever lived away from your parents? Yes ___ No ___
 If so, why?

If yes to any of the questions in number 2, name the ones who were closest to you and tell how close you were to them.

	Name	Age	How close did you feel to them?				
			Not close	A little close	Close	Very Close	Extremely Close
Person 6	_____	_____	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
	Relationship to you: _____						
Person 7	_____	_____	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
	Relationship to you: _____						
Person 8	_____	_____	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
	Relationship to you: _____						
Person 9	_____	_____	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
	Relationship to you: _____						
Person 10	_____	_____	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
	Relationship to you: _____						

What caused the move?

	Name	What caused the move and separation:
Person 6	_____	_____
Person 7	_____	_____
Person 8	_____	_____
Person 9	_____	_____
Person 10	_____	_____

How much do you miss them?	Not at all	A little	Some	A lot	Extremely
Person 6 _____	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
Person 7 _____	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
Person 8 _____	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
Person 9 _____	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
Person 10 _____	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅

What do you miss the most about them?

	Name	The things you miss the most about them:
Person 6	_____	_____
Person 7	_____	_____
Person 8	_____	_____
Person 9	_____	_____
Person 10	_____	_____

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3. Have you ever stopped spending time with someone you were close to?
 Yes ___ No ___

If yes,

	Name	Age	How close did you feel to them?				
			Not close	A little close	Close	Very Close	Extremely Close
Person 11	_____	_____	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
	Relationship to you: _____						
Person 12	_____	_____	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
	Relationship to you: _____						
Person 13	_____	_____	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
	Relationship to you: _____						
Person 14	_____	_____	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
	Relationship to you: _____						
Person 15	_____	_____	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
	Relationship to you: _____						

Why did you stop seeing them?

Name	Why you stopped seeing them:
Person 11	_____
Person 12	_____
Person 13	_____
Person 14	_____
Person 15	_____

How much do you miss them?	Not at all	A little	Some	A lot	Extremely
Person 11 _____	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
Person 12 _____	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
Person 13 _____	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
Person 14 _____	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
Person 15 _____	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅

What do you miss the most about them?

Name	The things you miss the most about them:
Person 11	_____
Person 12	_____
Person 13	_____
Person 14	_____
Person 15	_____

4. Has anyone close to you gone out of your life in another way? Yes ___ No ___
 If yes, who? (Give the 1st name, age, relationship, and why they went out of your life.)

16 _____
 17 _____
 18 _____
 19 _____
 20 _____

(continue on next page)

Name _____ Age _____ Date _____
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(4 continued) How much do you miss them?

Name	Not at all	A little	Some	A lot	Extremely
Person 16 _____	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
Person 17 _____	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
Person 18 _____	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
Person 19 _____	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
Person 20 _____	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅

What do you miss the most about them?

Name	The things you miss the most about them:
Person 16 _____	_____
Person 17 _____	_____
Person 18 _____	_____
Person 19 _____	_____
Person 20 _____	_____

5. Did you know in advance that any of the people you miss were going out of your life?

Name	How long did you know?	How much did you worry?
Person _____	_____	_____
Person _____	_____	_____
Person _____	_____	_____
Person _____	_____	_____
Person _____	_____	_____

THE THINGS YOU MISS

1. Have any of your pets that you loved ever died? Yes ___ No ___
 If yes, how close were you to the pet?

Name and Type of pet	How close did you feel to them?				
	Not close	A little close	Close	Very Close	Extremely Close
Pet 1 _____	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
Pet 2 _____	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
Pet 3 _____	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
Pet 4 _____	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
Pet 5 _____	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅

How did the pet die?

Name and Type of pet	How did the pet die?
Pet 1 _____	_____
Pet 2 _____	_____
Pet 3 _____	_____
Pet 4 _____	_____
Pet 5 _____	_____

Name _____ Age _____ Date _____
 Grade _____ Are you a girl or boy? _____ Teacher's Name _____

How much do you miss them?	Not at all	A little	Some	A lot	Extremely
Pet 1 _____	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
Pet 2 _____	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
Pet 3 _____	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
Pet 4 _____	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
Pet 5 _____	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅

2. Did you lose a pet in another way? Yes ___ No ___
 If yes, how close were you to the pet?

Name and Type of pet	How close did you feel to them?				
	Not close	A little close	Close	Very Close	Extremely Close
Pet 6 _____	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
Pet 7 _____	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
Pet 8 _____	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
Pet 9 _____	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
Pet 10 _____	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅

Name and Type of pet	How was the pet lost? (Examples: ran away, disappeared, was given away)
Pet 6 _____	_____
Pet 7 _____	_____
Pet 8 _____	_____
Pet 9 _____	_____
Pet 10 _____	_____

How much do you miss them?	Not at all	A little	Some	A lot	Extremely
Pet 6 _____	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
Pet 7 _____	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
Pet 8 _____	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
Pet 9 _____	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
Pet 10 _____	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅

3. Did you ever lose your home (the place where you lived)? Yes ___ No ___
 If yes, how did it happen?

Name _____ Age _____ Date _____
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How upsetting was it for you to lose your home?

Location	Not at all	A little	Some	Very	Extremely
Home 1 _____	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
Home 2 _____	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
Home 3 _____	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
Home 4 _____	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
Home 5 _____	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅

4. Have you ever lost any personal belongings that were really important to you?
 Please list the types of lost items that were important to you and tell how they were lost.

How upsetting was it to lose this belonging?

Belonging	Not at all	A little	Some	Very	Extremely
Item 1 _____	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
Item 2 _____	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
Item 3 _____	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
Item 4 _____	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
Item 5 _____	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅

5. Have you lost anything else that is really important to you? Yes ___ No ___
 Are you having to do without anything that was important to you? Yes ___ No ___
 If yes, please explain and describe:

Thank you for letting us know.