Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What brings you to this class?

How long ago did the death occur?

\_\_\_1 year or less

\_\_\_2-3 years

\_\_\_4-5 years

\_\_\_5 years or more

Who or what support do you currently rely on?

What would you like to take away from this experience?

\*\*Thank you for telling us about your loss.   It helps us as facilitators in getting to know you and your experience with your grief.   Please know that your information will be kept confidential. \*\*\*