PARENT ID#: _____ Date: ____/____/____

Characteristics, Attributions, and Responses to Exposure to Death (CARED)-Parent Version

This is a survey of questions about the death of your child's loved one. Please fill in only one answer per question unless otherwise indicated. If you are unsure about your answer to a question or don't want to answer a question, just write "don't know" or "don't want to answer."

(1) Gender of person who died
- ✔ Female
- Male

(2) Age of person who died _____ years

(3) What was the cause of the death?
- ✔ Medical condition
- Heart attack/stroke
- Motor vehicle collision
- Domestic violence
- Community violence
- School violence
- Natural disaster
- Terrorism
- Accident (house fire, skiing)
- Suicide
- Drug overdose
- Sudden infant death
- Other (specify: _____)

(4) *If long-term medical condition*, How long was s/he sick?_____years _____months

(5) Where did the death occur?
- ✔ Home
- Medical facility
- Community/neighborhood
- School
- Work

(6) In or outside of the United States?
- ✔ In the U.S.
- Outside of the U.S.

(7) How many people died during the incident? _____
(*Include people you or your child didn't know*)

(8) How long ago was the death? _____years _____months

(9) The death was:
- ✔ Expected
- Unexpected

PARENT ID#: _____ Date: ____/____/____

(10) Did **you** see or hear anything at the time of death that upset you? If "yes," can you tell me what you saw and heard?

(11) Things you might have seen:

	Yes	No
a. Did you see the person who died when they were about to die?	✔	
b. Were you there when the person died?	✔	
c. Did you see some rescue workers come and try to help? *(ambulance, police, fire dept)*	✔	
d. Did you see anyone try to revive or work on the body of your loved one—like pushing on their chest, or breathing into their mouths, or putting tubes in their body?	✔	
e. Did you see the body of your loved one right after they died? (not in casket)	✔	

(12) Did you attend or see any of these?

Fill in all that apply.

- ✔ Funeral
- Memorials
- ☐ Body in casket
- ☐ Other rituals (Specify: ____)

(13) How long did you know the person who died?

- ✔ Less than 6 months
- 6-12 months
- ☐ 1-3 years
- 3-6 years
- 6-10 years
- 10-20 years
- ■ Most or all of my life

(14) How frequently did **you** see the person who died?

- ✔ Every day
- 2-5 times a week
- ☐ About once a week
- A few times a month
- About every month
- A few times a year
- ■ Less than once a year

(15) Were **you** living with this person when they died?

- ✔ Yes
- No

(16) How would you describe **your relationship** with the person who died?

- ✔ Close, got along very well
- 🚲 Close but had conflicts
- ☐ Friendly, got along very well
- ⛊ Friendly but had conflicts
- 🎁 Distant, got along well
- 🚌 Distant, had conflicts

(17) Have **you** experienced any of the following?

	Yes	No
car accident	✔	🚲
other accident	✔	🚲
fire	✔	🚲
natural disaster (tornado, hurricane, flood, etc.)	✔	🚲
witness to violent crime	✔	🚲
victim of violent crime	✔	🚲
victim to domestic violence	✔	🚲
physical abuse	✔	🚲
sexual abuse	✔	🚲

(18) What have you done that has helped you cope with the death?

PARENT ID#: _____ Date: ____/____/____

Child ID#: _____

Please fill out one of the following pages for each child in the program:

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(19) The person who died was **the child's**:

- ✔ Parent/stepparent
- 🚲 Sister or brother
- ☐ Aunt or uncle
- ⚫ Grandparent
- 🎁 Close friend
- 🚌 Other (specify: _____)

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(20) The people who live with your child now are **your child's** (*include self if applicable*):

Fill in all who apply.

- ✔ Mother
- 🚲 Stepmother
- ☐ Father
- ⚫ Stepfather
- 🎁 Sister(s)
  Number of sisters? _____
- 🚌 Brother(s)
  Number of brothers? _____
- ■ Uncle
- 🚑 Aunt
- ⓘ Grandparent(s)
- 🛹 Parent's Boyfriend/Girlfriend
- 🍁 Foster parent
- ✦ Foster family
- ❗ Who else? _____

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(21) Who is the legal guardian of your child?

- ✔ Biological parent
- 🚲 Other relative
- ☐ State
- ⚫ Emancipated minor
- 🎁 Other (specify: _____)

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(22) Has **your child** experienced any of these events?

	Yes	No
car accident	✔	🚲
other accident	✔	🚲
fire	✔	🚲
natural disaster (tornado, hurricane, flood, etc.)	✔	🚲
witness to violent crime	✔	🚲
victim of violent crime	✔	🚲
witness to domestic violence	✔	🚲
physical abuse	✔	🚲
sexual abuse	✔	🚲
