

Date: ____/____/____

CHILD ID#: _____

Admin: _____

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

The following interview is designed for children ages 8-17. Interviewers should fill in only one answer per question unless otherwise specified.

(1) How old are you (**years, months**)? _____/_____

(2) Are you a girl or a boy?



Girl



Boy

(3) What is your race?



Caucasian



African American/Black



Latino/a



Asian/Asian American



Other (specify: _____)

(4) Who has died who was close to you?

(5) Who died most recently?



Parent/stepparent



Sister or brother



Aunt or uncle



Grandparent



Close friend



Other (specify: _____)

(6) How did that person die?



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: _____)

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(7) Whose death has been the most difficult for you to deal with?

- ☒ Parent/stepparent
- ☐ Sister or brother
- ☐ Aunt or uncle
- ☐ Grandparent
- ☐ Close friend
- ☐ Other (specify: _____)

(8) How did that person die?

- ☒ 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: _____)

The remaining questions should be asked about the person identified in #7.

(9) *If long-term medical condition*, How long was s/he sick? ____ years ____ months

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

- ☒ Less than 6 months
- ☐ 6-12 months
- ☐ 1-3 years
- ☐ 3-6 years
- ☐ Most or all of my life

(11) During the year before the person died, how often did you see her/him?

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

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(12) How close were you to the person who died?

- ☒ Close, got along very well
☐ Close but had conflicts (fights)
☐ Friendly, got along very well
☐ Friendly but had conflicts
☐ Not very close, got along well
☐ Not very close, had conflicts

Yes No

(13) Were you living with this person during the time they died?

☒ ☐(14) *If appropriate*, Did you feel like you, yourself, were in danger at the time this person died?☒ ☐(15) *If appropriate*, Were you, yourself, hurt at the time of the death?☒ ☐

(16) Do you think someone caused or made your loved one die?

☒ ☐

(17) Who do you think caused the person to die?

- ☒ I did
☐ The deceased
☐ Someone else (Specify: _____)
☐ God
☐ Other (Specify: _____)

(18) *If someone else's fault (in 16)*, do you think s/he meant to do it?☒ Yes
☐ No

(19) Was the death a surprise or expected?

- ☒ Very expected
☐ Pretty much expected
☐ A little bit surprising
☐ A total surprise/Unexpected

(20) How did you find out about the death?

- ☒ I saw it
☐ Family friend/neighbor told me
☐ Someone in my family told me
☐ Someone telephoned me
☐ Police officer came to our door
☐ Someone wrote me a letter
☐ Heard about it on TV or radio
☐ Heard about it because it was in the newspaper
☐ Someone who worked at my school told me
☐ Other (Specify: _____)

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(21) Since the death, do you believe that people: Yes No

- | | | |
|----------------------------|---|---|
| a. Try to help each other? | ✓ | ☐ |
| b. Leave each other alone? | ✓ | ☐ |
| c. Hurt each other? | ✓ | ☐ |

(22) Did you *see* or *hear* anything at the time of the death that upset you or grossed you out? If “yes,” what did you see? What did you hear?

	Yes	No
(23) Did you see the person who died when they were about to die?	✓	☐

(24) Were you there when the person died?	✓	☐
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(25) Did you see some rescue people come and try to help? (<i>ambulance, police, fire dept</i>)	✓	☐
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(26) 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?	✓	☐
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(27) Did you see the body of your loved one right after they died? (not in casket)	✓	☐
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(28) Did you attend/see the funeral for this person?	✓	☐
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(29) Did you attend/see any memorial services for this person?	✓	☐
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(30) Did you see the body of this person in the casket?	✓	☐
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(31) Did you attend/see any other rituals for this person? (specify: _____)	✓	☐
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(32) What grown-up person(s) are you living with now?	✓	Parent/stepparent
	☐	Sister or brother
	☐	Aunt or uncle
	♥	Grandparent
	👤	Close friend
	🚗	Other (specify: _____)

Fill in all that apply.

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(33) Has that changed since the person died? (*Probes: have you moved in with someone else since ____ died? Has someone new moved in to live with you since ____ died?*)

✓ Yes
 ☹ No

(34) *Regarding person living with at time of death:* When this grown-up you were living with when ____ died found out about the death, what did they do?

-  cried
-  screamed
-  “fell out” or fainted
-  got physically ill
-  was in shock or so surprised they didn’t know how to react
-  nothing
-  was calm
-  did something like hugging
-  other

(35) How has your FAMILY (or the people you live with) been getting along **DURING THE PAST MONTH?**

	Never	Rarely	Sometimes	Frequently	Almost Always
1) People at home fight or get angry and irritable with each other.	–	☐	☐	◀	▶
2) People at home seem to be sad or depressed .	–	☐	☐	◀	▶
3) People at home support and help each other.	–	☐	☐	◀	▶
4) At home, we talk openly about what we are thinking and feeling.	–	☐	☐	◀	▶

(36) What do you think happened to ____ after s/he died?

- ✓ Afterlife (e.g. heaven)
 ☹ Reincarnation
☐ Other (specify: _____)

Yes No

(37) Do you pray or talk to God?

✓ ☹

(38) Does thinking about God or your religion make you feel better?

✓ ☹

(39) Do you go to church, temple, or a mosque, like for Sunday school?

✓ ☹