

Grief Workbook After the Loss of a Parent

My name _____ Date started _____

You can use these pages in any order, leave questions unanswered, and come back later. There is no required way to grieve or fixed schedule for feeling better.

Nothing you thought, said, wished for, or did caused your parent to die. Ask a trusted grown-up for help with any page or question.

A grown-up who can help me with this workbook



My parent and me

Write, draw, or tell someone your answers.

My parent was named

Something my parent liked

Something I loved doing with my parent



My feelings today

You may feel sad, mad, worried, confused, lonely, numb, okay, or several feelings at once. It is okay to play and laugh, too.

Circle what fits: sad • mad • worried • confused • lonely • numb • okay • hopeful

If my feeling had a color or weather, it would be

A question I want to ask a grown-up



My safe people and coping ideas

A safe person can listen, answer questions, or sit with you.

Who can help me	How I can ask

A quiet place or activity that helps me

Words I can use: “I miss my parent today. Can you sit with me?”



Remembering my parent

Memories may feel happy, sad, or both. Draw or write about one.

A song, food, place, or object that reminds me of my parent



GRIEF / LOSS OF A PARENT / CHILDREN

Color a place to remember

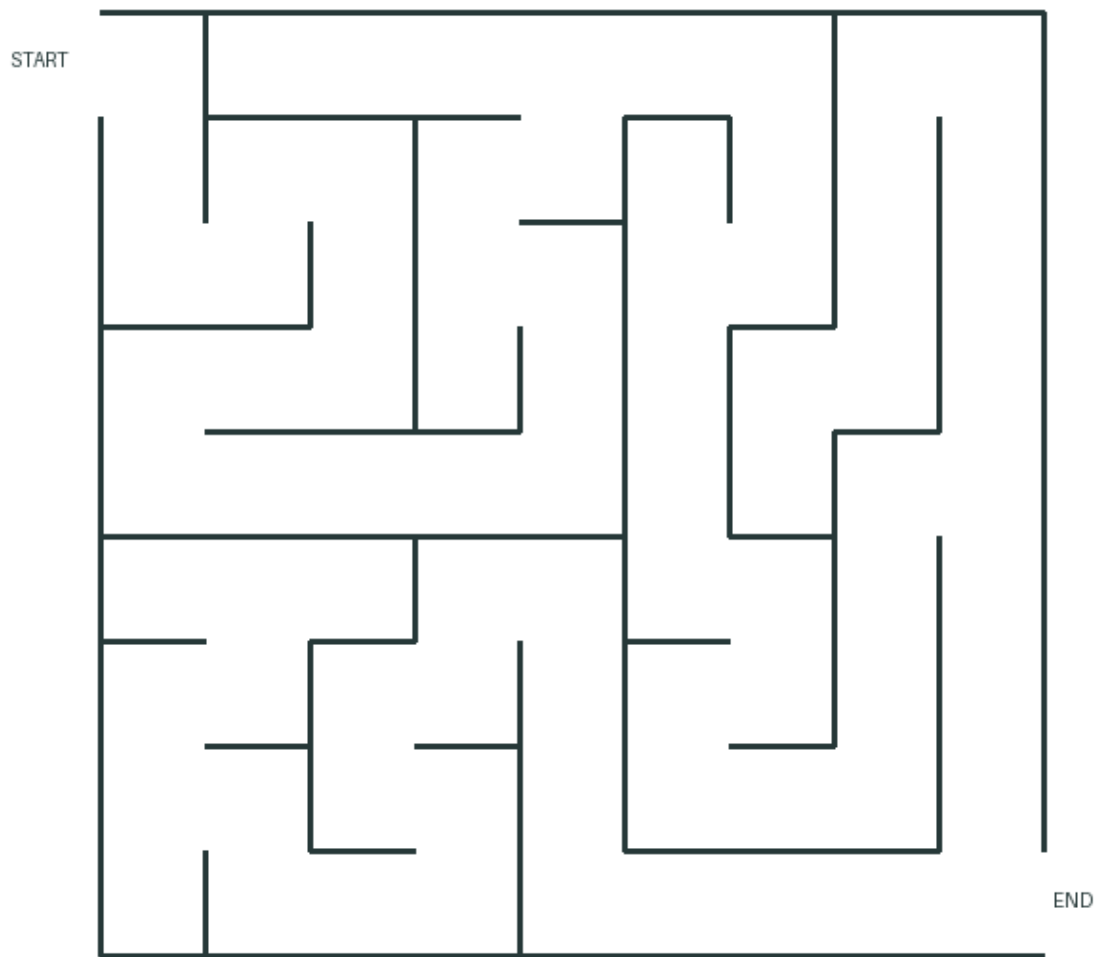
Choose any colors. You can stop whenever you like.





A quiet maze

Trace the path from START to END. Ask someone to join you if you like.



When to seek more support

Grief does not follow a fixed timetable. Extra help is available when grief, depression, trauma symptoms, or daily tasks become difficult to manage.

Reach out to a trusted adult or clinician if you are struggling to eat, sleep, attend school or work, take medication, or meet basic needs, or if you feel increasingly isolated. In the United States, call or text 988 for thoughts of self-harm or suicide or if you cannot stay safe. For immediate danger, call 911 or go to an emergency department.



30 day journal

Use one prompt at a time, in any order. Skip or repeat any day. Write, draw, or dictate your answers.

Day 1

Draw yourself and your parent doing something you liked together.

Day 2

Write or draw one thing you miss about your parent.



Day 3

What is your favorite memory of your parent?

Day 4

What is something your parent taught you?



Day 5

What is one question you have about your parent's death?

Day 6

Draw a place where you feel safe.



GRIEF / LOSS OF A PARENT / CHILDREN

Day 7

Who helps you when you feel sad?

Day 8

What is something your parent liked to eat, watch, listen to, or do?



Day 9

What is something that makes you feel worried?

Day 10

What helps your body feel calm?



Day 11

Write or draw about a funny memory with your parent.

Day 12

What would you like to tell your parent today?



Day 13

What is one thing you are proud of yourself for doing?

Day 14

Draw a heart. Inside it, write or draw something you love about your parent.



Day 15

What is hard about school, home, or bedtime right now?

Day 16

What could a grown-up do to help you today?



GRIEF / LOSS OF A PARENT / CHILDREN

Day 17

What song, food, place, or object reminds you of your parent?

Day 18

Write one kind sentence to yourself.



Day 19

What helps when you feel mad?

Day 20

What helps when you feel lonely?



Day 21

Draw a special memory box. What would you put inside?

Day 22

What is one thing that makes you smile?



Day 23

Who is someone you trust?

Day 24

What is one thing you wish other people understood about how you feel?



Day 25

What do you want to remember about your parent forever?

Day 26

What is one way you can feel close to your parent?



Day 27

What is something you enjoy doing now?

Day 28

What is something you are looking forward to?



Day 29

What is one thing you learned about grief?

Day 30

Finish this sentence: "I can miss my parent and still _____."



30 day mood and support tracker

Make a brief mark for each day if it helps. This is a record of what you notice, not a measure of progress.

Day	Feeling or mood	Energy 0–5	What helped or what I needed
1			
2			
3			
4			
5			



GRIEF / LOSS OF A PARENT / CHILDREN

Day	Feeling or mood	Energy 0–5	What helped or what I needed
6			
7			
8			
9			
10			



GRIEF / LOSS OF A PARENT / CHILDREN

Day	Feeling or mood	Energy 0–5	What helped or what I needed
11			
12			
13			
14			
15			



GRIEF / LOSS OF A PARENT / CHILDREN

Day	Feeling or mood	Energy 0–5	What helped or what I needed
16			
17			
18			
19			
20			



GRIEF / LOSS OF A PARENT / CHILDREN

Day	Feeling or mood	Energy 0–5	What helped or what I needed
21			
22			
23			
24			
25			



GRIEF / LOSS OF A PARENT / CHILDREN

Day	Feeling or mood	Energy 0–5	What helped or what I needed
26			
27			
28			
29			
30			



Closing reflection

You may return to this page whenever you want.

A memory I want to keep

What has helped, even slightly

One support I need next

