

Grief Workbook After the Loss of a Child

For bereaved parents and caregivers, with a section for adolescents grieving a young loved one

My name _____ Their name _____

Our relationship _____ Date started _____

The death of a child or young loved one can change family roles, daily life, relationships, and hopes for the future. This workbook offers space to remember them, ask for support, plan for difficult dates, and care for yourself. Work in any order. You may skip pages or return later.

There is no fixed way to grieve. Moments of steadiness, sadness, anger, numbness, or laughter do not measure love.



Remembering them as a person

Use the words, memories, and details that feel true to your relationship.

Their name and three words that describe them

Something they loved or that made them laugh

A memory I want to preserve

What I want people to know about them



My grief right now

Grief can affect thoughts, sleep, appetite, concentration, relationships, and the sense of what comes next.

The hardest part today

What other people may not see

A time of day or reminder that is difficult

One need I can name right now



A grounding and support plan

If a feeling becomes overwhelming, choose a small step that feels safe: move somewhere quieter, notice your surroundings, drink water, rest, or contact someone.

What I notice	What may help	Who I can contact

A place where I feel safer



Guilt and what if thoughts

A replayed thought is not proof of responsibility. Write what was within and outside your control, if this page feels useful.

Thought that returns	Within my control	Outside my control

Something I did because I cared

A compassionate statement I can practice



Family and different ways of grieving

People in the same family may need different amounts of conversation, quiet, activity, or practical support.

What is helping us communicate

What is difficult between us

A conversation or boundary I need

A phrase I can use to ask for support



Memory and continuing bonds

There is no required ritual. Choose a story, tradition, object, or value if it feels meaningful.

A quality I want to remember

A story I want to preserve

A tradition or activity that matters

A way I can keep their name present



Difficult dates and milestones

Birthdays, holidays, anniversaries, school events, and unexpected reminders may call for a flexible plan.

Date or event	What may be hard	What may help

Someone I can contact before or afterward



For adolescents grieving a young loved one

You are allowed to grieve in your own way, ask for school support, and continue doing ordinary teenage things.

What changed at home, school, or with friends

What I wish adults understood

A responsibility that feels too heavy

A trusted adult or school support I can ask for

Words I can use: "I am grieving someone important to me. I may need a quiet break, extra time, or someone to check in with."



For parents and caregivers

You may be grieving your child, the future you expected, and changes in your own identity. Basic care and practical help matter.

One part of my identity that feels changed

What I want others to know about my child

A surviving child or family member who may need support

One task I can ask someone to share



My minimum care plan

On a difficult day, small actions count.

Need	One manageable step or helper
Food and water	
Health or medication	
Rest	
One urgent responsibility	
Someone to contact	
Comfort or quiet	



When more support may help

A therapist, grief counselor, bereavement group, primary care clinician, or trusted person can help when daily life becomes difficult to manage.

Seek urgent support if you think about self-harm or suicide, feel unable to stay safe, or cannot meet basic needs. In the United States, call or text 988. For immediate danger, call 911 or go to an emergency department. Outside the United States, use local crisis and emergency services.



30 day guided journal

These prompts are optional. Write, draw, dictate, or leave a page blank.

Day 1

Write their name. Describe who they were and what you want remembered most.

Day 2

What do you miss most today?



GRIEF / LOSS OF A CHILD

Day 3

Describe an ordinary moment with them that now feels especially meaningful.

Day 4

What did they love?



GRIEF / LOSS OF A CHILD

Day 5

Write about a memory that makes you smile.

Day 6

Write about a memory that feels painful.



GRIEF / LOSS OF A CHILD

Day 7

Write a letter beginning with: "Today, I wish I could tell you..."

Day 8

What did they teach you?



GRIEF / LOSS OF A CHILD

Day 9

What part of your daily life has changed the most?

Day 10

What does grief feel like in your body?



GRIEF / LOSS OF A CHILD

Day 11

What helps your body feel calmer or safer?

Day 12

What makes you angry about this loss?



GRIEF / LOSS OF A CHILD

Day 13

What guilt, regret, or “what if” thought do you carry?

Day 14

What was outside your control?



GRIEF / LOSS OF A CHILD

Day 15

What do you wish people understood about your grief?

Day 16

Who can listen to you without trying to fix or rush you?



GRIEF / LOSS OF A CHILD

Day 17

What is one responsibility you need help carrying?

Day 18

What does loneliness feel like for you?



GRIEF / LOSS OF A CHILD

Day 19

What difficult date, event, or reminder is approaching?

Day 20

What support plan could help you through that time?



GRIEF / LOSS OF A CHILD

Day 21

What story about them do you want to preserve?

Day 22

What value, trait, or lesson do you want to carry forward?



GRIEF / LOSS OF A CHILD

Day 23

What does honoring them look like today?

Day 24

Write about a moment of comfort, laughter, or peace. You do not need to feel guilty for it.



GRIEF / LOSS OF A CHILD

Day 25

What boundary would protect your energy right now?

Day 26

What relationship has been supportive? What relationship has been difficult?



GRIEF / LOSS OF A CHILD

Day 27

What does a future-facing step look like without leaving them behind?

Day 28

What part of yourself needs compassion today?



Day 29

What support do you need more of: practical, emotional, spiritual, social, medical, or professional?

Day 30

Complete these sentences: "Their life mattered because _____." "I
carry them with me through _____."



30 day mood and grief tracker

A record can help you notice patterns and support needs. It does not measure the depth of grief or your progress.

Day	Mood 1–5	Grief 0–10	Sleep or energy	Trigger or support
1				
2				
3				
4				
5				



GRIEF / LOSS OF A CHILD

Day	Mood 1-5	Grief 0-10	Sleep or energy	Trigger or support
6				
7				
8				
9				
10				



GRIEF / LOSS OF A CHILD

Day	Mood 1–5	Grief 0–10	Sleep or energy	Trigger or support
11				
12				
13				
14				
15				



GRIEF / LOSS OF A CHILD

Day	Mood 1–5	Grief 0–10	Sleep or energy	Trigger or support
16				
17				
18				
19				
20				



GRIEF / LOSS OF A CHILD

Day	Mood 1–5	Grief 0–10	Sleep or energy	Trigger or support
21				
22				
23				
24				
25				



GRIEF / LOSS OF A CHILD

Day	Mood 1–5	Grief 0–10	Sleep or energy	Trigger or support
26				
27				
28				
29				
30				



End of month reflection

Return here whenever it feels useful.

What I learned about my grief

What helped, even slightly

What continues to feel difficult

What support I need next

A way I honored their life

Additional reading: American Academy of Pediatrics, “Coping With a Child’s Death” and “Supporting a Family After the Death of a Child or Adolescent.”

