Child and Adolescent Trauma Screen-Caregiver (CATS-C) - 3-6 Years

Name_____ Date_____

Stressful or scary events happen to many children. Below is a list of stressful and scary events that sometimes happen. Mark YES if it happened to the child to the best of your knowledge. Mark No if it didn't happen to the child.

1. Serious natural disaster like a flood, tornado, hurricane, earthquake, or fire.	☐ Yes ☐ No
2. Serious accident or injury like a car/bike crash, dog bite, sports injury.	☐ Yes ☐ No
3. Robbed by threat, force or weapon	☐ Yes ☐ No
4. Slapped, punched, or beat up in your family	☐ Yes ☐ No
5. Slapped, punched, or beat up by someone not in the family	☐ Yes ☐ No
6. Seeing someone in the family get slapped, punched or beat up.	☐ Yes ☐ No
7. Seeing someone in the community get slapped, punched	☐ Yes ☐ No
8. Someone older touching his/her private parts when they shouldn't.	☐ Yes ☐ No
9. Someone forcing or pressuring sex, or when s/he couldn't say no.	☐ Yes ☐ No
10. Someone close to the child dying suddenly or violently	☐ Yes ☐ No
11. Attacked, stabbed, shot at or hurt badly	☐ Yes ☐ No
12. Seeing someone attacked, stabbed, shot at, hurt badly or killed	☐ Yes ☐ No
13. Stressful or scary medical procedure.	☐ Yes ☐ No
14. Being around war	☐ Yes ☐ No
15. Other stressful or scary event? Describe:	☐ Yes ☐ No

Which one is bothering the child the most now?_____

If you marked any stressful or scary events for the child, turn the page and answer the next questions.

Mark 0, 1, 2 or 3 for how often the following things have bothered the child in the last two weeks. Answer the best you can:

0 Never / 1 Once in a while / 2 Half the time / 3 Almost always:

1.	Upsetting thoughts or images about a stressful event. Or re-enacting a stressful event in play.	0	1	2	3
2.	Having bad dreams related to a stressful event.	0	1	2	3
3.	Acting, playing or feeling as if a stressful event is happening right now.	0	1	2	3
4.	Feeling very emotionally upset when reminded of a stressful event.	0	1	2	3
5.	Strong physical reactions when reminded of a stressful event (sweating, heart beating fast).	0	1	2	3
6.	Trying not to remember, think about or have feelings about a stressful event.	0	1	2	3
7.	Avoiding anything that is a reminder of a stressful event (activities, people, places, things, talks)	0	1	2	3
8.	Increase in negative emotional states (afraid, angry, guilty, ashamed, confusion).	0	1	2	3
9.	Losing interest in activities s/he enjoyed before a stressful event. Including not playing as much.	0	1	2	3
10.	Acting socially withdrawn.	0	1	2	3
11.	Reduction in showing positive feelings (being happy, having loving feelings).	0	1	2	3
12.	Being irritable. Or having angry outbursts without a good reason and taking it out on other people or things.	0	1	2	3
13.	Being overly alert or on guard.	0	1	2	3
14.	Being jumpy or easily startled.	0	1	2	3
15.	Problems with concentration.	0	1	2	3
16.	Trouble falling or staying asleep.	0	1	2	3

Please mark YES or NO if the problems you marked interfered with:

1. Getting along with others ☐Yes ☐No
2. Hobbies/Fun ☐Yes ☐No
3. School or daycare ☐Yes ☐No
4. Family relationships ☐Yes ☐No
5. General happiness ☐Yes ☐No

Child and Adolescent Trauma Screen-Caregiver (CATS-C) - 7-17 Years

Name_____ Date_____

Stressful or scary events happen to many children. Below is a list of stressful and scary events that sometimes happen. Mark YES if it happened to the child to the best of your knowledge. Mark No if it didn't happen to the child.

1.	Serious natural disaster like a flood, tornado, hurricane, earthquake, or fire.	☐ Yes ☐ No
2.	Serious accident or injury like a car/bike crash, dog bite, sports injury.	☐ Yes ☐ No
3.	Robbed by threat, force or weapon	☐ Yes ☐ No
4.	Slapped, punched, or beat up in your family	☐ Yes ☐ No
5.	Slapped, punched, or beat up by someone not in the family	☐ Yes ☐ No
6.	Seeing someone in the family get slapped, punched or beat up.	☐ Yes ☐ No
7.	Seeing someone in the community get slapped, punched	☐ Yes ☐ No
8.	Someone older touching his/her private parts when they shouldn't.	☐ Yes ☐ No
9.	Someone forcing or pressuring sex, or when s/he couldn't say no.	☐ Yes ☐ No
10.	Someone close to the child dying suddenly or violently	☐ Yes ☐ No
11.	Attacked, stabbed, shot at or hurt badly	☐ Yes ☐ No
12.	Seeing someone attacked, stabbed, shot at, hurt badly or killed	☐ Yes ☐ No
13.	Stressful or scary medical procedure.	☐ Yes ☐ No
14.	Being around war	☐ Yes ☐ No
15.	Other stressful or scary event? Describe:	☐ Yes ☐ No

Which one is bothering the child the most now?_____

If you marked any stressful or scary events for the child, turn the page and answer the next questions.

Mark 0, 1, 2 or 3 for how often the following things have bothered the child in the last two weeks. Answer the best you can:

0 Never / 1 Once in a while / 2 Half the time / 3 Almost always:

1.	Upsetting thoughts or images about a stressful event. Or re-enacting a stressful event in play.	0	1	2	3
2.	Having bad dreams related to a stressful event.	0	1	2	3
3.	Acting, playing or feeling as if a stressful event is happening right now.	0	1	2	3
4.	Feeling very emotionally upset when reminded of a stressful event.	0	1	2	3
5.	Strong physical reactions when reminded of a stressful event (sweating, heart beating fast).	0	1	2	3
6.	Trying not to remember, think about or have feelings about a stressful event.	0	1	2	3
7.	Avoiding anything that is a reminder of a stressful event (activities, people, places, things, talks).	0	1	2	3
8.	Not being able to remember an important part of a stressful event.	0	1	2	3
9.	Negative changes in how s/he thinks about self, others or the world after a stressful event.	0	1	2	3
10.	Thinking a stressful event happened because s/he or someone else did something wrong or did not do enough to stop it.	0	1	2	3
11.	Having very negative emotional states (afraid, angry, guilty, ashamed).	0	1	2	3
12.	Losing interest in activities s/he enjoyed before a stressful event.	0	1	2	3
13.	Feeling distant or cut off from people around her/him.	0	1	2	3
14.	Not showing positive feelings (being happy, having loving feelings).	0	1	2	3
15.	Being irritable. Or having angry outbursts without a good reason and taking it out on other people or things.	0	1	2	3
16.	Risky behavior or behavior that could harmful.	0	1	2	3
17.	Being overly alert or on guard.	0	1	2	3
18.	Being jumpy or easily startled.	0	1	2	3
19.	Problems with concentration.	0	1	2	3
20.	Trouble falling or staying asleep.	0	1	2	3

Please mark YES or NO if the problems you marked interfered with:

1. Getting along with others ☐Yes ☐No
2. Hobbies/Fun ☐Yes ☐No
3. School ☐Yes ☐No
4. Family relationships ☐Yes ☐No
5. General happiness ☐Yes ☐No

Child and Adolescent Trauma Screen (CATS) - 7-17 Years

Name_____ Date_____

Stressful or scary events happen to many people. Below is a list of stressful and scary events that sometimes happen. Mark YES if it happened to you. Mark No if it didn't happen to you.

1.	Serious natural disaster like a flood, tornado, hurricane, earthquake, or fire.	☐ Yes ☐ No
2.	Serious accident or injury like a car/bike crash, dog bite, sports injury.	☐ Yes ☐ No
3.	Robbed by threat, force or weapon	☐ Yes ☐ No
4.	Slapped, punched, or beat up in your family	☐ Yes ☐ No
5.	Slapped, punched, or beat up by someone not in your family	☐ Yes ☐ No
6.	Seeing someone in your family get slapped, punched or beat up.	☐ Yes ☐ No
7.	Seeing someone in the community get slapped, punched	☐ Yes ☐ No
8.	Someone older touching your private parts when they shouldn't.	☐ Yes ☐ No
9.	Someone forcing or pressuring sex, or when you couldn't say no.	☐ Yes ☐ No
10.	Someone close to you dying suddenly or violently	☐ Yes ☐ No
11.	Attacked, stabbed, shot at or hurt badly	☐ Yes ☐ No
12.	Seeing someone attacked, stabbed, shot at, hurt badly or killed	☐ Yes ☐ No
13.	Stressful or scary medical procedure.	☐ Yes ☐ No
14.	Being around war	☐ Yes ☐ No
15.	Other stressful or scary event? Describe:	☐ Yes ☐ No

Which one is bothering you the most now? _____

If you marked any stressful or scary events, turn the page and answer the next questions.

Mark 0, 1, 2 or 3 for how often the following things have bothered you in the last two weeks:
0 Never / 1 Once in a while / 2 Half the time / 3 Almost always

1.	Upsetting thoughts or pictures about what happened that pop into your head.	0	1	2	3
2.	Bad dreams reminding you of what happened.	0	1	2	3
3.	Feeling as if what happened is happening all over again.	0	1	2	3
4.	Feeling very upset when you are reminded of what happened.	0	1	2	3
5.	Strong feelings in your body when you are reminded of what happened (sweating, heart beating fast, upset stomach).	0	1	2	3
6.	Trying not to think about what happened. Or to not have feelings about it.	0	1	2	3
7.	Staying away from anything that reminds you of what happened (people, places, things, situations, talks).	0	1	2	3
8.	Not being able to remember part of what happened.	0	1	2	3
9.	Negative thoughts about yourself or others. Thoughts like I won't have a good life, no one can be trusted, the whole world is unsafe.	0	1	2	3
10.	Blaming yourself for what happened. Or blaming someone else when it isn't their fault.	0	1	2	3
11.	Bad feelings (afraid, angry, guilty, ashamed) a lot of the time.	0	1	2	3
12.	Not wanting to do things you used to do.	0	1	2	3
13.	Not feeling close to people.	0	1	2	3
14.	Not being able to have good or happy feelings.	0	1	2	3
15.	Feeling mad. Having fits of anger and taking it out on others.	0	1	2	3
16.	Doing unsafe things.	0	1	2	3
17.	Being overly careful (checking to see who is around you).	0	1	2	3
18.	Being jumpy.	0	1	2	3
19.	Problems paying attention.	0	1	2	3
20.	Trouble falling or staying asleep.	0	1	2	3

Please mark YES or NO if the problems you marked interfered with:

1. Getting along with others ☐Yes ☐No
2. Hobbies/Fun ☐Yes ☐No
3. School or work ☐Yes ☐No
4. Family relationships ☐Yes ☐No
5. General happiness ☐Yes ☐No