

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? Yes No
Describe: _____

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 | <input type="checkbox"/> Yes <input type="checkbox"/> No | 4. Family relationships | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 2. Hobbies/Fun | <input type="checkbox"/> Yes <input type="checkbox"/> No | 5. General happiness | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 3. School or work | <input type="checkbox"/> Yes <input type="checkbox"/> No | | |