Child and Adolescent Trauma Screen (CATS) - Youth Report

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 or beat up. □ 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 “YES” to any stressful or scary events, then 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 or talk about what happened. Or to not have feelings about it.  
   0  1  2  3

7. Staying away from people, places, things, or situations that remind you of what happened.  
   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

    0  1  2  3

17. Being overly careful or on guard (checking to see who is around you).  
    0  1  2  3

    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:

<table>
<thead>
<tr>
<th>1. Getting along with others</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>2. Hobbies/Fun</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>3. School or work</td>
<td>Yes</td>
<td>No</td>
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<tr>
<td>4. Family relationships</td>
<td></td>
<td></td>
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<tr>
<td>5. General happiness</td>
<td></td>
<td></td>
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</tbody>
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Total Score____
Clinical = 15+