

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. | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 2. Serious accident or injury like a car/bike crash, dog bite, or sports injury. | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 3. Threatened, hit or hurt badly within the family. | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 4. Threatened, hit or hurt badly in school or the community. | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 5. Attacked, stabbed, shot at or robbed by threat. | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 6. Seeing someone in the family threatened, hit or hurt badly. | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 7. Seeing someone in school or the community threatened, hit or hurt badly. | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 8. Someone doing sexual things to you or making you do sexual things to them when you couldn't say no. Or when you were forced or pressured. | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 9. On line or in social media, someone asking or pressuring you to do something sexual. Like take or send pictures. | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 10. Someone bullying you in person. Saying very mean things that scare you. | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 11. Someone bullying you online. Saying very mean things that scare you. | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 12. Someone close to you dying suddenly or violently. | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 13. Stressful or scary medical procedure. | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 14. Being around war. | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 15. Other stressful or scary event? | <input type="checkbox"/> Yes <input type="checkbox"/> No |

Describe: _____

Turn the page and answer the next questions about all the scary or stressful events that happened to you.

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 |
| 16. Doing unsafe things. | 0 | 1 | 2 | 3 |
| 17. Being overly careful or on guard (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 |

| | | |
|-------------------------------------|------------------------------------|----------------------------------|
| CATS 7-17 Years Score <15 | CATS 7-17 Years Score 15-20 | CATS 7-17 Years Score 21+ |
| Normal. Not clinically elevated. | Moderate trauma-related distress. | Probable PTSD. |

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 | | | |