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