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 not having 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