Child and Adolescent Trauma Screen—Caregiver Report (CATS-C)

Ages 7-17 years

Child's Name: _____ Today's Date: _____

Caregiver's Name: _____ Relationship to Child: _____

Instructions: Stressful or scary events happen to many children. Below is a list of stressful and scary events that sometimes happen. Mark YES if it happened to your child to the best of your knowledge. Mark NO if it didn't happen to your child to the best of your knowledge. Even if it occurred before you believe they remember it, please still record the event.

		YES	NO
1	Serious natural disaster like a flood, tornado, hurricane, earthquake, or fire		
2	Serious accident or injury like a car/bike crash, dog bite, sports injury		
3	Robbed by threat, force, or weapon		
4	Slapped, punched, or beat up in their family		
5	Slapped, punched, or beat up by someone not in the family		
6	Seeing someone in the family get slapped, punched, or beat up		
7	Seeing someone in the community get slapped, punched		
8	Someone older touching his/her private parts when they shouldn't		
9	Someone forcing or pressuring sex, or when s/he couldn't say no		
10	Someone close to the child dying suddenly or violently		
11	Attacked, stabbed, shot at, or hurt badly		
12	Seeing someone attacked, stabbed, shot at, hurt badly or killed		
13	Stressful or scary medical procedure		
14	Being around war		
15	Witnessing or being present around domestic violence		
16	Witnessing or being present around substance abuse		
17	Traumatic separation or loss of an attachment figure		
18	Physical neglect (lack of appropriate food, clothing, shelter, medical attention, etc.)		
19	Emotional, verbal, psychological abuse or maltreatment		
20	Experiencing significant poverty or food insecurity (not having enough food, often hungry)		
21	Emotional neglect by a caregiver/attachment figure		
22	Other stressful or scary event? Please describe:		

Which one is bothering the child the most now? _____

If you marked any stressful or scary events for the child, turn the page and answer the next questions.

Adapted from Berliner & Goldbeck, 2014

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Continued-Symptom Scale

Check the corresponding box for how often the following things have bothered the child in the last two weeks. Answer the best you can:

	During the past 2 weeks, my child has experienced…	Never (0)	Once in a while (1)	Half the time (2)	Almost always (3)	STAFF ONLY
1	Having unwanted, upsetting thoughts or images about a stressful event pop into their heads					
2	Having bad dreams or nightmares					
3	Acting, playing, or feeling as if a stressful event is happening again					
4	Feeling very emotionally upset when reminded of a stressful event					
5	Strong physical reactions and body feelings when reminded of a stressful event (sweating, heart beating fast, stomachache)					
6	Trying not to remember, think about, talk about, or have feelings about a stressful event					
7	Avoiding anything that is a reminder of a stressful event (activities, people, places, things, talks)					
8	Not being able to remember parts of what happened					
9	Negative changes in how s/he thinks about self, others, or the world after a stressful event					
10	Thinking a stressful event happened because s/he or someone else did something wrong or did not do enough to stop it.					
11	Increase in negative emotional states (afraid, angry, guilty, ashamed, confusion)					
12	Losing interest in activities s/he enjoyed before a stressful event, including not playing as much					
13	Feeling distant or cut off from people around them or acting socially withdrawn					
14	Not showing or reduced positive feelings (being happy, having loving feelings)					
15	Being irritable, or having angry outbursts without a good reason and taking it out on other people or things					
16	Risky behavior or behavior that could be harmful					
17	Being overly alert or on guard, or overly careful (checking to see who/what is around)					
18	Being jumpy or easily startled					
19	Problems with concentration/attention					
20	Trouble falling or staying asleep					
					Total Score (Staff Only)	

Please mark YES or NO if the problems above interfered with the following:

1. Getting along with others ☐ YES ☐ NO
2. Hobbies/Fun ☐ YES ☐ NO
3. School or daycare ☐ YES ☐ NO
4. Family relationships ☐ YES ☐ NO
5. General happiness ☐ YES ☐ NO

Adapted from Berliner & Goldbeck, 2014