

## Child and Adolescent Trauma Screen (CATS) - Caregiver Report (Ages 7-17 years)

Child's name: \_\_\_\_\_ Child's age (in months if <2 years): \_\_\_\_\_ Sex: M F

Attorney's name: \_\_\_\_\_ Attorney phone: \_\_\_\_\_ Attorney email: \_\_\_\_\_

**Traumatic Events: Please  CHECK all of the following events this child has experienced in their lifetime, as far as you know or suspect. This includes a change in primary caregiver.**

**Please write approximate child ages or dates next to events circled.**

- Physical abuse \_\_\_\_\_    
  Sexual abuse \_\_\_\_\_    
  Severe neglect \_\_\_\_\_  
 Bad accident (car) \_\_\_\_\_    
  Animal attack \_\_\_\_\_    
  Scary medical procedure \_\_\_\_\_  
 See or hear violence in the home \_\_\_\_\_    
  See or hear violence in the community \_\_\_\_\_  
 Scary disaster such as a tornado or hurricane \_\_\_\_\_    
  Change in primary caregiver \_\_\_\_\_  
 Others: (write in with ages/dates) \_\_\_\_\_

<b>Mark 0, 1, 2 or 3 for how often the following things have bothered the child in the LAST TWO WEEKS:</b>				
	Never	Once In a while	Half of the time	Almost always
1. Upsetting thoughts or images about a stressful event. Or re-enacting a stressful event in play.	0	1	2	3
2. Bad dreams related to a stressful event.	0	1	2	3
3. Acting, playing or feeling as if a stressful event is happening right now.	0	1	2	3
4. Feeling very emotionally upset when reminded of a stressful event.	0	1	2	3
5. Strong physical reactions when reminded of a stressful event (sweating, heart beating fast)	0	1	2	3
6. Trying not to remember, talk about or have feelings about a stressful event.	0	1	2	3
7. Avoiding activities, people, places or things that are reminders of a stressful event.	0	1	2	3
8. Not being able to remember an important part of a stressful event.	0	1	2	3
9. Negative changes in how s/he thinks about self, others or the world after a stressful event.	0	1	2	3
10. Thinking a stressful event happened because s/he or someone else did something wrong or did not do enough to stop it.	0	1	2	3
11. Having very negative emotional states (afraid, angry, guilty, ashamed).	0	1	2	3
12. Losing interest in activities s/he enjoyed before a stressful event. Including not playing as much.	0	1	2	3
13. Feeling distant or cut off from people around her/him.	0	1	2	3

14. Not showing or reduced positive feelings (being happy, having loving feelings).	0	1	2	3
15. Being irritable. Or having angry outbursts without a good reason and taking it out on other people or things.	0	1	2	3
16. Risky behavior or behavior that could be harmful.	0	1	2	3
17. Being overly alert or on guard.	0	1	2	3
18. Being jumpy or easily startled.	0	1	2	3
19. Problems with concentration.	0	1	2	3
20. Trouble falling or staying asleep.	0	1	2	3
Total Score _____ Clinical = 15+				

**Please circle "YES" or "NO" if any of the problems you marked above have interfered with the following for the child:**

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