Therapist ID: _____ Today's Date: _____ Client ID: _____

Child and Adolescent Trauma Screen (CATS) – *Page 1*

Caregiver Report – *3-6 Version*

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 your child. Mark NO if it didn't happen to your child.

		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, or sports injury.	☐	☐
3.	Robbed by threat, force, or weapon.	☐	☐
4.	Slapped, punched, or beat up in the family.	☐	☐
5.	Slapped, punched, or beat up by someone not in the family.	☐	☐
6.	Seeing someone in the family slapped, punched, or beat up.	☐	☐
7.	Seeing someone in the community slapped, punched, or beat up.	☐	☐
8.	Someone older touching your child's private parts when they shouldn't.	☐	☐
9.	Someone forcing or pressuring sex, or when your child couldn't say no.	☐	☐
10.	Someone close to your child dying suddenly or violently.	☐	☐
11.	Attacked, stabbed, shot at, or hurt badly.	☐	☐
12.	Seeing someone attacked, stabbed, shot at, or hurt badly.	☐	☐
13.	Stressful or scary medical procedure.	☐	☐
14.	Being around war.	☐	☐
15.	Other stressful or scary event? If yes, describe the event: _____	☐	☐
16.	Which of the above events (#1-15) is bothering your child most now? #____		

If you marked **YES** to any of the questions 1-15, continue to CATS Page 2.

If you marked **NO** to all questions 1-15, DO NOT complete CATS Page 2.

Therapist ID: _____ Today's Date: _____ Client ID: _____

Child and Adolescent Trauma Screen (CATS) – *Page 2*

Caregiver Report – *3-6 Version*

Mark **Never (0)**, **Once in a While (1)**, **Half the Time (2)**, or **Almost Always (3)** for how often the following things have bothered your child *in the last two weeks*:

		0	1	2	3
1.	Upsetting thoughts or images about the stressful event. Or re-enacting a stressful event in play.	☐	☐	☐	☐
2.	Bad dreams related to a stressful event.	☐	☐	☐	☐
3.	Acting, playing or feeling as if a stressful event is happening right now.	☐	☐	☐	☐
4.	Feeling very upset when reminded of a stressful event.	☐	☐	☐	☐
5.	Strong physical reactions when reminded of a stressful event (sweating, heart beating fast, upset stomach).	☐	☐	☐	☐
6.	Trying not to think about, talk about, or have feelings about a stressful evet.	☐	☐	☐	☐
7.	Avoiding activities, people, places, or things that are reminders of a stressful event.	☐	☐	☐	☐
8.	Increase in negative emotional states (afraid, angry, guilty, ashamed, confusion).	☐	☐	☐	☐
9.	Losing interest in activities they enjoyed before a stressful event, including not playing as much.	☐	☐	☐	☐
10.	Acting socially withdrawn.	☐	☐	☐	☐
11.	Reduction in showing positive feelings (being happy, having loving feelings).	☐	☐	☐	☐
12.	Being irritable or having angry outbursts without a good reason and taking it out on others.	☐	☐	☐	☐
13.	Being overly alert or on guard.	☐	☐	☐	☐
14.	Being jumpy or easily startled.	☐	☐	☐	☐
15.	Problems with concentration.	☐	☐	☐	☐
16.	Trouble falling or staying asleep.	☐	☐	☐	☐

Please circle YES or NO if the problems you marked in questions 1-20 interfered with:

17. Getting along with others	☐	☐	20. Family relationships	☐ ☐
18. Hobbies/Fun	☐	☐	21. General Happiness	☐ ☐
19. School or work	☐	☐		