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

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

Self-Report 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 you. Mark **NO** if it didn't happen to you.

		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 your family.	☐	☐
5.	Slapped, punched, or beat up by someone not in your family.	☐	☐
6.	Seeing someone in your family slapped, punched, or beat up.	☐	☐
7.	Seeing someone in the community slapped, punched, or beat up.	☐	☐
8.	Someone older touching your private parts when they shouldn't.	☐	☐
9.	Someone forcing or pressuring sex, or when you couldn't say no.	☐	☐
10.	Someone close to you 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 you 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*

Self-Report 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 you *in the last two weeks*:

		0	1	2	3
1.	Upsetting thoughts or pictures about what happened that pop into your head.	☐	☐	☐	☐
2.	Bad dreams reminding you of what happened.	☐	☐	☐	☐
3.	Feeling as if what happened is happening all over again.	☐	☐	☐	☐
4.	Feeling very upset when you are reminded of what happened.	☐	☐	☐	☐
5.	Strong feelings in your body when you are reminded of what happened (sweating, heart beating fast, upset stomach).	☐	☐	☐	☐
6.	Trying not to think about, talk about, or have feelings about what happened.	☐	☐	☐	☐
7.	Staying away from people, places, things, or situations that remind you of what happened.	☐	☐	☐	☐
8.	Not being able to remember part of what happened.	☐	☐	☐	☐
9.	Negative thoughts about yourself or others. Thoughts like I won't have a good life, no one can be trusted, or the whole world is unsafe.	☐	☐	☐	☐
10.	Blaming yourself for what happened, or blaming someone else when it wasn't their fault.	☐	☐	☐	☐
11.	Bad feelings (afraid, angry, guilty, ashamed) a lot of the time.	☐	☐	☐	☐
12.	Not wanting to do things you used to do.	☐	☐	☐	☐
13.	Not feeling close to people.	☐	☐	☐	☐
14.	Not being able to have good or happy feelings.	☐	☐	☐	☐
15.	Feeling mad. Having fits of anger and taking it out on others.	☐	☐	☐	☐
16.	Doing unsafe things.	☐	☐	☐	☐
17.	Being overly careful or on guard (checking to see who is around you).	☐	☐	☐	☐
18.	Being jumpy.	☐	☐	☐	☐
19.	Problems paying attention.	☐	☐	☐	☐
20.	Trouble falling or staying asleep.	☐	☐	☐	☐

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

21. Getting along with others	☐		☐	24. Family relationships	☐		☐
22. Hobbies/Fun	☐		☐	25. General Happiness	☐		☐
23. School or work	☐		☐				