# Child & Adolescent Trauma Screen (CATS-Caregiver): Ages 3-6

Patient Name: ___________________________ DOB: ______________ MR#: ______________ Date of Service: ______________

Name of Person Completing Form: ________________________________________ Relationship to Patient: ________________

## Section 1 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 the child to the best of your knowledge. Mark NO if it didn't happen to the child.

| 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 your 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, or beat up. | ☐ | ☐ |
| 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. Other stressful or scary event? 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.**

| Section 2 Instructions | Rating Scale |
|---|---|
| For each statement, write the number that corresponds to how often it has bothered the child in the **last 2 weeks**. Answer the best you can. | 0 = Never<br>1 = Once in a while<br>2 = Half the time<br>3 = Almost always |

| How often have the following things bothered the child in the LAST 2 WEEKS? | Rating |
|---|---|
| 1. Upsetting thoughts or images about a stressful event. Or re-enacting a stressful event in play. | |
| 2. Having bad dreams related to a stressful event. | |
| 3. Acting, playing, or feeling as if a stressful event is happening right now. | |
| 4. Feeling very emotionally upset when reminded of a stressful event. | |
| 5. Strong physical reactions when reminded of a stressful event (sweating, heart beating fast). | |
| 6. Trying not to remember, think 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. Increase in negative emotional states (afraid, angry, guilty, ashamed, confusion). | |
| 9. Losing interest in activities s/he 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 other people or things. | |
| 13. Being overly alert or on guard. | |
| 14. Being jumpy or easily startled. | |
| 15. Problems with concentration. | |
| 16. Trouble falling or staying asleep. | |

**Please mark YES or NO if the problems you marked interfered with:**

- Getting along with others: ❑ Yes ❑ No
- Hobbies/Fun: ❑ Yes ❑ No
- School or daycare: ❑ Yes ❑ No
- Family relationships: ❑ Yes ❑ No
- General happiness: ❑ Yes ❑ No

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| | |
|---|---|
| Total Score | |
| # of questions 1-5 rated 2 or 3 | |
| # of questions 6-7 rated 2 or 3 | |
| # of questions 8-14 rated 2 or 3 | |
| # of questions 15-16 rated 2 or 3 | |

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