

# CHILD AND ADOLESCENT TRAUMA SCREEN 2 (CATS-2)

## SELF REPORT (7-17 YEARS)

NAME: Training EX. DATE: Intake

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.  | <input type="radio"/>            | <input checked="" type="radio"/> |
| 2. Serious accident or injury like a car/bike crash, dog bite, or sports injury.  | <input type="radio"/>            | <input checked="" type="radio"/> |
| 3. Threatened, hit or hurt badly in my family.  | <input type="radio"/>            | <input checked="" type="radio"/> |
| 4. Threatened, hit or hurt badly in school or the community.  | <input type="radio"/>            | <input checked="" type="radio"/> |
| 5. Attacked, stabbed, shot at or robbed by threat.  | <input type="radio"/>            | <input checked="" type="radio"/> |
| 6. Seeing someone in my family threatened, hit or hurt badly.   | <input checked="" type="radio"/> | <input type="radio"/>            |
| 7. Seeing someone in school or the community threatened, hit or hurt badly.   | <input type="radio"/>            | <input checked="" type="radio"/> |
| 8. Someone doing sexual things to me or making me do sexual things to them when I couldn't say no. Or when I was forced or pressured. | <input checked="" type="radio"/> | <input type="radio"/>            |
| 9. On line or in social media, someone asking or pressuring me to do something sexual. Like take or send pictures.                    | <input type="radio"/>            | <input checked="" type="radio"/> |
| 10. Someone bullying me in person. Saying very mean things that scare me.   | <input checked="" type="radio"/> | <input type="radio"/>            |
| 11. Someone bullying me online. Saying very mean things that scare me.  | <input type="radio"/>            | <input checked="" type="radio"/> |
| 12. Someone close to me dying suddenly or violently.  | <input checked="" type="radio"/> | <input type="radio"/>            |
| 13. Stressful or scary medical procedure.   | <input type="radio"/>            | <input checked="" type="radio"/> |
| 14. Being around war.   | <input type="radio"/>            | <input checked="" type="radio"/> |
| 15. Other stressful or scary event?<br><u>Describe:</u>   | <input type="radio"/>            | <input checked="" type="radio"/> |

16. Which event(s) are bothering you the most?

Sexual abuse & fighting at home

Turn the page and answer the next questions **about all the scary or stressful events that happened to you.**

Mark 0, 1, 2 or 3 for how often you had the following thoughts, feelings, or problems in the last four weeks: 0 = Never / 1 = Sometimes / 2 = Often / 3 = Almost always

- |  |                                    |                                    |                                    |                                    |
|--|------------------------------------|------------------------------------|------------------------------------|------------------------------------|
| 1. Upsetting thoughts or memories about what happened pop into my head.  | 0                                  | 1                                  | <input checked="" type="radio"/> 2 | 3                                  |
| 2. Bad dreams reminding me of what happened.   | 0                                  | 1                                  | 2                                  | <input checked="" type="radio"/> 3 |
| 3. Pictures in my head of what happened. Feels like it is happening right now.                                   | 0                                  | 1                                  | <input checked="" type="radio"/> 2 | 3                                  |
| 4. Feeling very upset when I am reminded of what happened.   | 0                                  | 1                                  | 2                                  | <input checked="" type="radio"/> 3 |
| 5. Strong feelings in my body when I am reminded of what happened (sweating, heart beating fast, upset stomach). | 0                                  | 1                                  | <input checked="" type="radio"/> 2 | 3                                  |
| 6. Trying not to think about what happened. Or to not have feelings about it.                                    | 0                                  | 1                                  | 2                                  | <input checked="" type="radio"/> 3 |
| 7. Staying away from anything that reminds me of what happened (people, places, things, situations, talks).      | 0                                  | 1                                  | 2                                  | <input checked="" type="radio"/> 3 |
| 8. Not being able to remember part of what happened.   | <input checked="" type="radio"/> 0 | 1                                  | 2                                  | 3                                  |
| 9. Having negative thoughts, such as:  |                                    |                                    |                                    |                                    |
| a. I won't have a good life.   | 0                                  | <input checked="" type="radio"/> 1 | 2                                  | 3                                  |
| b. I can't trust other people.   | 0                                  | 1                                  | <input checked="" type="radio"/> 2 | 3                                  |
| c. The world is unsafe.  | 0                                  | 1                                  | <input checked="" type="radio"/> 2 | 3                                  |
| d. I am not good enough.   | 0                                  | 1                                  | <input checked="" type="radio"/> 2 | 3                                  |
| 10. Blaming for the event(s)   |                                    |                                    |                                    |                                    |
| a. Blaming myself for what happened.   | 0                                  | 1                                  | <input checked="" type="radio"/> 2 | 3                                  |
| b. Blaming someone else for what happened although it wasn't their fault.  | <input checked="" type="radio"/> 0 | 1                                  | 2                                  | 3                                  |
| 11. Upsetting feelings (afraid, angry, guilty, ashamed) a lot of the time.                                       | 0                                  | 1                                  | 2                                  | <input checked="" type="radio"/> 3 |
| 12. Not wanting to do things I used to do.   | 0                                  | <input checked="" type="radio"/> 1 | 2                                  | 3                                  |
| 13. Not feeling close to people.   | 0                                  | <input checked="" type="radio"/> 1 | 2                                  | 3                                  |
| 14. Not being able to have happy feelings.   | 0                                  | 1                                  | <input checked="" type="radio"/> 2 | 3                                  |
| 15. Managing strong feelings   |                                    |                                    |                                    |                                    |
| a. It is very hard to calm down when I am upset.   | 0                                  | 1                                  | <input checked="" type="radio"/> 2 | 3                                  |
| b. Feeling mad. Having fits of anger and taking it out on others.  | 0                                  | <input checked="" type="radio"/> 1 | 2                                  | 3                                  |
| 16. Doing unsafe things.   | <input checked="" type="radio"/> 0 | 1                                  | 2                                  | 3                                  |
| 17. Being overly careful (checking to see who is around me).   | 0                                  | <input checked="" type="radio"/> 1 | 2                                  | 3                                  |
| 18. Being jumpy.   | 0                                  | <input checked="" type="radio"/> 1 | 2                                  | 3                                  |
| 19. Problems paying attention.   | 0                                  | 1                                  | <input checked="" type="radio"/> 2 | 3                                  |
| 20. Trouble falling or staying asleep.   | 0                                  | 1                                  | 2                                  | <input checked="" type="radio"/> 3 |

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

- |                              | YES                              | NO                               |                         | YES                              | NO                    |
|------------------------------|----------------------------------|----------------------------------|-------------------------|----------------------------------|-----------------------|
| 1. Getting along with others | <input type="radio"/>            | <input checked="" type="radio"/> | 4. Family relationships | <input checked="" type="radio"/> | <input type="radio"/> |
| 2. Hobbies/Fun               | <input type="radio"/>            | <input checked="" type="radio"/> | 5. General happiness    | <input checked="" type="radio"/> | <input type="radio"/> |
| 3. School or work            | <input checked="" type="radio"/> | <input type="radio"/>            |                         |                                  |                       |

# CHILD AND ADOLESCENT TRAUMA SCREEN 2 (CATS-2)

## CAREGIVER REPORT (AGES 7-17)

CHILD'S NAME: Training

CAREGIVER NAME: \_\_\_\_\_

DATE: Intake

Example

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.

- |  | YES                              | NO                               |
|--|----------------------------------|----------------------------------|
| 1. Serious natural disaster like a flood, tornado, hurricane, earthquake, or fire.   | <input type="radio"/>            | <input checked="" type="radio"/> |
| 2. Serious accident or injury like a car/bike crash, dog bite, or sports injury.   | <input type="radio"/>            | <input checked="" type="radio"/> |
| 3. Threatened, hit or hurt badly within the family.  | <input type="radio"/>            | <input checked="" type="radio"/> |
| 4. Threatened, hit or hurt badly in school or the community.   | <input type="radio"/>            | <input checked="" type="radio"/> |
| 5. Attacked, stabbed, shot at or robbed by threat.   | <input type="radio"/>            | <input checked="" type="radio"/> |
| 6. Seeing someone in the family threatened, hit or hurt badly.   | <input checked="" type="radio"/> | <input type="radio"/>            |
| 7. Seeing someone in school or the community threatened, hit or hurt badly.  | <input type="radio"/>            | <input checked="" type="radio"/> |
| 8. Someone doing sexual things to the child or making the child do sexual things to them when he/she couldn't say no. Or when the child was forced or pressured. | <input checked="" type="radio"/> | <input type="radio"/>            |
| 9. On line or in social media, someone asking or pressuring the child to do something sexual. Like take or send pictures.  | <input type="radio"/>            | <input checked="" type="radio"/> |
| 10. Someone bullying the child in person. Saying very mean things that scare him/her.  | <input type="radio"/>            | <input checked="" type="radio"/> |
| 11. Someone bullying the child online. Saying very mean things that scare him/her.   | <input type="radio"/>            | <input checked="" type="radio"/> |
| 12. Someone close to the child dying suddenly or violently.  | <input checked="" type="radio"/> | <input type="radio"/>            |
| 13. Stressful or scary medical procedure.  | <input type="radio"/>            | <input checked="" type="radio"/> |
| 14. Being around war.  | <input type="radio"/>            | <input checked="" type="radio"/> |
| 15. Other stressful or scary event?<br><u>Describe:</u>  | <input type="radio"/>            | <input checked="" type="radio"/> |
| <hr/>  |                                  |                                  |
| 16. Which event(s) are your child bothering the most now?  |                                  | <u>Sexual abuse</u>              |

Turn the page and answer the next questions **about all the scary or stressful events that happened to the child.**

Mark 0, 1, 2 or 3 for how often the child has had the following thoughts, feelings, or problems in the last four weeks: 0 = Never / 1 = Sometimes / 2 = Often / 3 = Almost always

- |  |                                    |                                    |                                    |                                    |
|--|------------------------------------|------------------------------------|------------------------------------|------------------------------------|
| 1. Upsetting thoughts or memories about what happened pop into the child's head. Or the child re-enacting what happened in play. | 0                                  | <input checked="" type="radio"/> 1 | 2                                  | 3                                  |
| 2. Bad dreams related to what happened.  | 0                                  | 1                                  | <input checked="" type="radio"/> 2 | 3                                  |
| 3. Acting, playing, or feeling as if what happened is happening right now.   | <input checked="" type="radio"/> 0 | 1                                  | 2                                  | 3                                  |
| 4. Feeling very upset when reminded of what happened.  | 0                                  | 1                                  | 2                                  | <input checked="" type="radio"/> 3 |
| 5. Strong physical reactions when reminded of what happened (sweating, heart beating fast, upset stomach).                       | 0                                  | <input checked="" type="radio"/> 1 | 2                                  | 3                                  |
| 6. Trying not to think about or have feelings about what happened.   | 0                                  | 1                                  | <input checked="" type="radio"/> 2 | 3                                  |
| 7. Avoiding anything that is a reminder of what happened (people, places, things, situations, talks).                            | 0                                  | <input checked="" type="radio"/> 1 | 2                                  | 3                                  |
| 8. Not being able to remember an important part of what happened.  | <input checked="" type="radio"/> 0 | 1                                  | 2                                  | 3                                  |
| 9. Having negative thoughts, such as:  |                                    |                                    |                                    |                                    |
| a. I won't have a good life.   | <input checked="" type="radio"/> 0 | 1                                  | 2                                  | 3                                  |
| b. I can't trust other people.   | <input checked="" type="radio"/> 0 | 1                                  | 2                                  | 3                                  |
| c. The world is unsafe.  | 0                                  | <input checked="" type="radio"/> 1 | 2                                  | 3                                  |
| d. I am not good enough.   | 0                                  | 1                                  | <input checked="" type="radio"/> 2 | 3                                  |
| 10. Blame for the event(s)   |                                    |                                    |                                    |                                    |
| a. Blaming self for what happened.   | 0                                  | <input checked="" type="radio"/> 1 | 2                                  | 3                                  |
| b. Blaming others for what happened even though it wasn't their fault.   | <input checked="" type="radio"/> 0 | 1                                  | 2                                  | 3                                  |
| 11. Upsetting feelings (afraid, angry, guilty, ashamed) a lot of the time.   | 0                                  | 1                                  | <input checked="" type="radio"/> 2 | 3                                  |
| 12. Not wanting to do things he/she used to do. Losing interest in activities he/she used to enjoy.                              | <input checked="" type="radio"/> 0 | 1                                  | 2                                  | 3                                  |
| 13. Not feeling close to people.   | <input checked="" type="radio"/> 0 | 1                                  | 2                                  | 3                                  |
| 14. Showing or having less happy feelings.   | 0                                  | <input checked="" type="radio"/> 1 | 2                                  | 3                                  |
| 15. Managing strong feelings   |                                    |                                    |                                    |                                    |
| a. Having a hard time calming down when upset.   | 0                                  | 1                                  | 2                                  | <input checked="" type="radio"/> 3 |
| b. Being irritable. Or having angry outbursts and taking it out on others.   | 0                                  | 1                                  | 2                                  | <input checked="" type="radio"/> 3 |
| 16. Risky behavior or behavior that could be harmful. Doing unsafe things.   | 0                                  | <input checked="" type="radio"/> 1 | 2                                  | 3                                  |
| 17. Being overly alert or on guard.  | <input checked="" type="radio"/> 0 | 1                                  | 2                                  | 3                                  |
| 18. Being jumpy or easily startled.  | <input checked="" type="radio"/> 0 | 1                                  | 2                                  | 3                                  |
| 19. Problems with concentration.   | 0                                  | 1                                  | 2                                  | <input checked="" type="radio"/> 3 |
| 20. Trouble falling or staying asleep.   | 0                                  | 1                                  | <input checked="" type="radio"/> 2 | 3                                  |

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

- |                              | YES                              | NO                               |                         | YES                              | NO                    |
|------------------------------|----------------------------------|----------------------------------|-------------------------|----------------------------------|-----------------------|
| 1. Getting along with others | <input checked="" type="radio"/> | <input type="radio"/>            | 4. Family relationships | <input checked="" type="radio"/> | <input type="radio"/> |
| 2. Hobbies/Fun               | <input type="radio"/>            | <input checked="" type="radio"/> | 5. General happiness    | <input checked="" type="radio"/> | <input type="radio"/> |
| 3. School or work            | <input checked="" type="radio"/> | <input type="radio"/>            |                         |                                  |                       |