Child and Adolescent Trauma Screen (CATS) - Caregiver Report (Ages 3-6)

Child's Name: _____ **Date:** _____

Caregiver Name: _____

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.

1.	Serious natural disaster like a flood, tornado, hurricane, earthquake, or fire.	☐ Yes	☐ No
2.	Serious accident or injury like a car/bike crash, dog bite, sports injury.	☐ Yes	☐ No
3.	Robbed by threat, force or weapon.	☐ Yes	☐ No
4.	Slapped, punched, or beat up in the family.	☐ Yes	☐ No
5.	Slapped, punched, or beat up by someone not in the family.	☐ Yes	☐ No
6.	Seeing someone in the family get slapped, punched or beat up.	☐ Yes	☐ No
7.	Seeing someone in the community get slapped, punched or beat up.	☐ Yes	☐ No
8.	Someone older touching his/her private parts when they shouldn't.	☐ Yes	☐ No
9.	Someone forcing or pressuring sex, or when s/he couldn't say no.	☐ Yes	☐ No
10.	Someone close to the child dying suddenly or violently.	☐ Yes	☐ No
11.	Attacked, stabbed, shot at or hurt badly.	☐ Yes	☐ No
12.	Seeing someone attacked, stabbed, shot at, hurt badly or killed.	☐ Yes	☐ No
13.	Stressful or scary medical procedure.	☐ Yes	☐ No
14.	Being around war.	☐ Yes	☐ No
15.	Other stressful or scary event?	☐ Yes	☐ No

Describe: _____

Which one is bothering the child most now? _____

If you marked "YES" to any stressful or scary events for the child, then turn the page and answer the next questions.

Mark 0, 1, 2 or 3 for how often the following things have bothered the child in the last two weeks:

0 Never / 1 Once in a while / 2 Half the time / 3 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. Increase in negative emotional states (afraid, angry, guilty, ashamed, confusion).	0	1	2	3
9. Losing interest in activities s/he enjoyed before a stressful event. Including not playing as much.	0	1	2	3
10. Acting socially withdrawn.	0	1	2	3
11. Reduction in showing positive feelings (being happy, having loving feelings).	0	1	2	3
12. Being irritable. Or having angry outbursts without a good reason and taking it out on other people or things.	0	1	2	3
13. Being overly alert or on guard.	0	1	2	3
14. Being jumpy or easily startled.	0	1	2	3
15. Problems with concentration.	0	1	2	3
16. Trouble falling or staying asleep.	0	1	2	3

Total Score: _____

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

1. Getting along with others ☐ Yes ☐ No
2. Hobbies/Fun ☐ Yes ☐ No
3. School or daycare ☐ Yes ☐ No
4. Family relationships ☐ Yes ☐ No
5. General happiness ☐ Yes ☐ No

FOR OFFICE USE ONLY			
TOTAL SCORE: 12+ is Clinical/Services Needed			
Symptom Cluster	# of Symptoms **Only count items rated 2 or 3*	# Symptoms Required	DSM-5 Criteria Met?
Re-experiencing Items 1-5		2+	yes/no
Avoidance & Negative Mood/Cognitions Items 6-14		1+	yes/no
Arousal Items 15-20		2+	yes/no
Functional Impairment 5 yes/no		1+	yes/no