

Client ID # _____

Date of Administration: _____

STRESS, TRAUMA AND ADVERSE CHILDHOOD EXPERIENCES

CLIENT SELF-ADMINISTERED

Child and Adolescent Trauma Screen (CATS) – Youth Report (Age 7-17) [OPTIONAL]

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.

Event	No	Yes
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. Threatened, hit or hurt badly within the family.		
4. Threatened, hit or hurt badly in school or the community.		
5. Attacked, stabbed, shot at or robbed by threat.		
6. Seeing someone in the family threatened, hit or hurt badly.		
7. Seeing someone in school or the community threatened, hit or hurt badly.		
8. Someone doing sexual things to you or making you do sexual things to them when you couldn't say no. Or when you were forced or pressured.		
9. Online or in social media, someone asking or pressuring you to do something sexual. Like take or send pictures.		
10. Someone bullying you in person. Saying very mean things that scare you.		
11. Someone bullying you online. Saying very mean things that scare you.		
12. Someone close to you dying suddenly or violently.		
13. Stressful or scary medical procedure.		
14. Being around war.		
15. Other stressful or scary event?		
Describe: _____		

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

In the last two weeks, how often were you bothered by:	Never	Once in a while	Half the time	Almost always
1. Upsetting thoughts or pictures about what happened that pop into your head.	0	1	2	3
2. Bad dreams reminding you of what happened.	0	1	2	3
3. Feeling as if what happened is happening all over again.	0	1	2	3
4. Feeling very upset when you are reminded of what happened.	0	1	2	3
5. Strong feelings in your body when you are reminded of what happened (sweating, heart beating fast, upset stomach).	0	1	2	3
6. Trying not to think about or talk about what happened. Or to not have feelings about it.	0	1	2	3
7. Staying away from people, places, things, or situations that remind you of what happened.	0	1	2	3
8. Not being able to remember part of what happened.	0	1	2	3
9. Negative thoughts about yourself or others. Thoughts like I won't have a good life, no one can be trusted, the whole world is unsafe.	0	1	2	3
10. Blaming yourself for what happened, or blaming someone else when it isn't their fault.	0	1	2	3
11. Bad feelings (afraid, angry, guilty, ashamed) a lot of the time.	0	1	2	3
12. Not wanting to do things you used to do.	0	1	2	3
13. Not feeling close to people.	0	1	2	3
14. Not being able to have good or happy feelings.	0	1	2	3
15. Feeling mad. Having fits of anger and taking it out on others.	0	1	2	3
16. Doing unsafe things.	0	1	2	3
17. Being overly careful or on guard (checking to see who is around you).	0	1	2	3
18. Being jumpy.	0	1	2	3
19. Problems paying attention.	0	1	2	3
20. Trouble falling or staying asleep.	0	1	2	3

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

Do the problems described in the previous questions interfere with these aspects of your life?	Yes	No
1. Getting along with others	<input type="radio"/>	<input type="radio"/>
2. Hobbies/Fun	<input type="radio"/>	<input type="radio"/>
3. School or work	<input type="radio"/>	<input type="radio"/>
4. Family relationships	<input type="radio"/>	<input type="radio"/>
5. General happiness	<input type="radio"/>	<input type="radio"/>