

## APPENDIX I

### Child and Adolescent Trauma Screen (CATS) - Youth Report

Name: \_\_\_\_\_

Date: \_\_\_\_\_

**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.**

1. Serious natural disaster like a flood, tornado, hurricane, earthquake, or fire.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2. Serious accident or injury like a car/bike crash, dog bite, or sports injury.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
3. Threatened, hit or hurt badly within the family.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
4. Threatened, hit or hurt badly in school or the community.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
5. Attacked, stabbed, shot at or robbed by threat.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
6. Seeing someone in the family threatened, hit or hurt badly.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
7. Seeing someone in school or the community threatened, hit or hurt badly.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
9. On line or in social media, someone asking or pressuring you to do something sexual. Like take or send pictures.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
10. Someone bullying you in person. Saying very mean things that scare you.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
11. Someone bullying you online. Saying very mean things that scare you.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
12. Someone close to you dying suddenly or violently.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
13. Stressful or scary medical procedure.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
14. Being around war.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
15. Other stressful or scary event?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Describe: \_\_\_\_\_

**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 the following things have bothered you in the last two weeks:**

**0 Never / 1 Once in a while / 2 Half the time / 3 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

<b>CATS 7-17 Years Score &lt;15</b>	<b>CATS 7-17 Years Score 15-20</b>	<b>CATS 7-17 Years Score 21+</b>
Normal. Not clinically elevated.	Moderate trauma-related distress.	Probable PTSD.

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

1. Getting along with others	<input type="checkbox"/> Yes	<input type="checkbox"/> No	4. Family relationships	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2. Hobbies/Fun	<input type="checkbox"/> Yes	<input type="checkbox"/> No	5. General happiness	<input type="checkbox"/> Yes	<input type="checkbox"/> No
3. School or work	<input type="checkbox"/> Yes	<input type="checkbox"/> No			