

**Child and Adolescent Trauma Screen (CATS), Modified – Youth Report**

*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, earthquake, or fire** Y N

*If yes and child is an immigrant, when did this happen (select all that apply)?*

- a. Before Immigrating
- b. While Immigrating (On the Immigration Journey)
- c. While living in the U.S.

- 2. Serious accident or injury where you worried you might die** Y N

*If yes and child is an immigrant, when did this happen (select all that apply)?*

- a. Before Immigrating
- b. While Immigrating (On the Immigration Journey)
- c. While living in the U.S.

- 3. Serious accident or injury where you worried someone else might die** Y N

*If yes and child is an immigrant, when did this happen (select all that apply)?*

- a. Before Immigrating
- b. While Immigrating (On the Immigration Journey)
- c. While living in the U.S.

- 4. Robbed by threat, force, or weapon** Y N

*If yes and child is an immigrant, when did this happen (select all that apply)?*

- a. Before Immigrating
- b. While Immigrating (On the Immigration Journey)
- c. While living in the U.S.

- 5. Slapped, punched, or beat up by someone in your family** Y N

*If yes and child is an immigrant, when did this happen* (select all that apply)?

- a. Before Immigrating
- b. While Immigrating (On the Immigration Journey)
- c. While living in the U.S.

**6. Slapped, punched, or beat up by someone not in your family?**

Y

N

*If yes and child is an immigrant, when did this happen* (select all that apply)?

- a. Before Immigrating
- b. While Immigrating (On the Immigration Journey)
- c. While living in the U.S.

**7. Seeing someone in your family get slapped, punched or beat up**

Y

N

*If yes and child is an immigrant, when did this happen* (select all that apply)?

- a. Before Immigrating
- b. While Immigrating (On the Immigration Journey)
- c. While living in the U.S.

**8. Seeing someone in the community get slapped, punched, or beat up**

Y

N

*If yes and child is an immigrant, when did this happen* (select all that apply)?

- a. Before Immigrating
- b. While Immigrating (On the Immigration Journey)
- c. While living in the U.S.

**9. Someone touching your private parts when they shouldn't**

Y

N

*If yes and child is an immigrant, when did this happen* (select all that apply)?

- a. Before Immigrating
- b. While Immigrating (On the Immigration Journey)

- c. While living in the U.S.

**10. Someone close to you dying suddenly or violently**

Y

N

*If yes and child is an immigrant, when did this happen (select all that apply)?*

- a. Before Immigrating
- b. While Immigrating (On the Immigration Journey)
- c. While living in the U.S.

**11. Attacked, stabbed, shot at or hurt badly**

Y

N

*If yes and child is an immigrant, when did this happen (select all that apply)?*

- a. Before Immigrating
- b. While Immigrating (On the Immigration Journey)
- c. While living in the U.S.

**12. Seeing someone attacked, stabbed, shot at, hurt, or badly killed**

Y

N

*If yes and child is an immigrant, when did this happen (select all that apply)?*

- a. Before Immigrating
- b. While Immigrating (On the Immigration Journey)
- c. While living in the U.S.

**13. Stressful or scary medical procedure**

Y

N

*If yes and child is an immigrant, when did this happen (select all that apply)?*

- a. Before Immigrating
- b. While Immigrating (On the Immigration Journey)
- c. While living in the U.S.

**14. Living in a war or war-like zone**

Y

N

*If yes and child is an immigrant, when did this happen* (select all that apply)?

- a. Before Immigrating
- b. While Immigrating (On the Immigration Journey)
- c. While living in the U.S.

**15. Had an interaction with a law enforcement official or another authority figure where you worried about your safety and/or feared for your life**

Y

N

*If yes and child is an immigrant, when did this happen* (select all that apply)?

- a. Before Immigrating
- b. While Immigrating (On the Immigration Journey)
- c. While living in the U.S.

**16. Forcefully separated from your caregiver or parent**

Y

N

*If yes and child is an immigrant, when did this happen* (select all that apply)?

- a. Before Immigrating
- b. While Immigrating (On the Immigration Journey)
- c. While living in the U.S.

**17. Been or seen someone detained by an immigration official**

Y

N

*If yes and child is an immigrant, when did this happen* (select all that apply)?

- a. Before Immigrating
- b. While Immigrating (On the Immigration Journey)
- c. While living in the U.S.

**18. Been or seen someone close to you deported**

Y

N

*If yes and child is an immigrant, when did this happen* (select all that apply)?

- a. Before Immigrating
- b. While Immigrating (On the Immigration Journey)

- c. While living in the U.S.

**19. Other stressful or scary event?**

Y

N

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

*If yes and child is an immigrant, when did this happen (select all that apply)?*

- a. Before Immigrating
- b. While Immigrating (On the Immigration Journey)
- c. While living in the U.S.

**Which one of these is bothering you the most today?** \_\_\_\_\_

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

Total Score _____
Clinical = 15+

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 |                         |                              |                             |