**Child and Adolescent Trauma Screen (CATS) - 7-17 Years**

 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.  |  Yes |  No |
| 2. Serious accident or injury like a car/bike crash, dog bite, or sports injury.  |  Yes  |  No  |
| 3. Threatened, hit or hurt badly in my family.  |  Yes  |  No  |
| 4. Threatened, hit or hurt badly in school or the community.  |  Yes  |  No  |
| 5. Attacked, stabbed, shot at or robbed by threat.  |  Yes  |  No  |
| 6. Seeing someone in my family threatened, hit or hurt badly.  |  Yes  |  No  |
| 7. Seeing someone in school or the community threatened, hit or hurt badly.  |  Yes  |  No  |
| 8. Someone touching my private parts when they shouldn’t. Or making me touch their private parts.  |  Yes  |  No  |
| 9. Someone forcing or pressuring me to do sexual things. Or having to do sexual things when I couldn’t say no.  |  Yes  |  No  |
| 10. Someone asking or pressuring me online to take or send pictures of my private parts. Or to touch myself.  |  Yes  |  No  |
| 11. Someone close to me dying suddenly or violently.  |  Yes  |  No  |
| 12. Stressful or scary medical procedure.  |  Yes  |  No  |
| 13. Being around war.  |  Yes  |  No  |

 14. Other stressful or scary event?  Yes  No

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

**International Trauma Questionnaire – Child and Adolescent Version (ITQ-CA)**

**Ages 7 - 17 years**

Below are problems people can have after an upsetting or a stressful event. Thinking about that event,

**Circle 0, 1, 2, 3 or 4 for how much the following things have bothered you in the past month**

**0 = Never / 1 = A little bit / 2 = Sometimes / 3 = A lot / 4 = Almost Always**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **Never** | **A little****Bit** | **Some****times** | **A lot** | **Almost****always** |
|  1. Bad dreams reminding me of what happened. | 0 | 1 | 2 | 3 | 4 |
|  2. Pictures in my head of what happened. Feels like it is happening right now. | 0 | 1 | 2 | 3 | 4 |
|  3. Trying not to think about what happened. Or to not have feelings about it.  | 0 | 1 | 2 | 3 | 4 |
|  4. Staying away from anything that reminds me of what happened (people, places, things, situations, talks).  | 0 | 1 | 2 | 3 | 4 |
|  5. Being overly careful (checking to see who is around me).  | 0 | 1 | 2 | 3 | 4 |
|  6. Being jumpy.  | 0 | 1 | 2 | 3 | 4 |
| **Please mark yes or no whether the above problems interfered with:**  | **YES**  | **NO** |  |  |  |
| Getting along with friends  |  |  |  |  |  |
|  Getting along with family  |  |  |  |  |  |
| Your school work  |  |  |  |  |  |
| Anything else that is important to you (hobbies, other relationships) |  |  |  |  |  |
| Your general happiness  |  |  |  |  |  |

Below are problems people report after traumatic or stressful events. They are about how you feel, what you believe about yourselves and others.

**Circle 0, 1, 2, 3 or 4 for how much the following things have bothered you in the past month**

**0 = Never / 1 = A little bit / 2 = Sometimes / 3 = A lot / 4 = Almost Always**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **Never** | **A little****Bit** | **Some****times** | **A lot** | **Almost****always** |
|  7. Having trouble calming down when I am upset (angry, scared or sad).  | 0 | 1 | 2 | 3 | 4 |
|  8. Not being able to have any feelings or feeling empty inside. | 0 | 1 | 2 | 3 | 4 |
|  9. Feeling like a failure.  | 0 | 1 | 2 | 3 | 4 |
| 10. Thinking I am not a good person. | 0 | 1 | 2 | 3 | 4 |
| 11. Not feeling close to other people | 0 | 1 | 2 | 3 | 4 |
| 12. Having a hard time staying close to other people  | 0 | 1 | 2 | 3 | 4 |
| **Please mark yes or no whether the above problems interfered with:**  | **YES**  | **NO** |  |  |  |
| Getting along with friends  |  |  |  |  |  |
|  Getting along with family  |  |  |  |  |  |
| Your schoolwork  |  |  |  |  |  |
| Anything else that is important to you (hobbies, other relationships) |  |  |  |  |  |
| Your general happiness  |  |  |  |  |  |

**Scoring instructions for ITQ-CA**

PTSD Score: Total sum of items 1 through 6 (range = 0 to 24)

Self-Organization Score: Total sum of items 7-12 (range = 0 to 24)

Complex PTSD: Total sum of items 1 through 12 (range = 0 to 48)