

# Child and Adolescent Trauma Assessment (CATA) - Caregiver Report (Ages 7-17 years)

Child's Name: \_\_\_\_\_ Date: \_\_\_\_\_

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

**Stressful or frightening events occur in many children's lives. Below is a list of events that may cause stress or fear. Indicate YES if it happened to the child, or NO if it did not.**

1. Involved in a serious accident (e.g., car crash, fall).

Yes

No

2. Witnessed a violent crime.

Yes

No

3. Lost a close family member or friend suddenly.

Yes

No

4. Experienced bullying or intimidation.

Yes

No

5. Exposed to a community tragedy (e.g., shooting, explosion).

Yes

No

6. Suffered from a serious illness or medical procedure.

Yes

No

7. Other distressing event? Please describe:

Yes

No

Description: \_\_\_\_\_

If you marked "YES" to any stressful or frightening events for the child, proceed to answer the following questions.

Please mark 0, 1, 2, or 3 for how often the following symptoms have been present in the last two weeks:

0 = Never, 1 = Occasionally, 2 = Often, 3 = Almost Always

	0	1	2	3
1. Replaying the stressful event in thoughts or dreams.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Avoiding places or people that remind the child of the event.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Increased irritability or emotional outbursts.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Unexplained fear or anxiety.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Changes in appetite or sleep patterns.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Feeling detached or withdrawn from friends or family.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Do these problems interfere with:

1. School or homework?

Yes

No

2. Social interactions?

Yes

No

3. Family life?

Yes

No

4. Overall well-being and happiness?

Yes

No

**Total Score:** \_\_\_\_\_

**Note:** *A score of 15 or higher may indicate the need for professional assessment and support.*