

# CTS

## Caregiver Report (Age 6-17)

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Child Name/ID: \_\_\_\_\_ Age: \_\_\_\_\_ Gender:  Male  Female  Other

Administered By: \_\_\_\_\_ Date Completed: \_\_\_\_\_

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**EVENTS:** Sometimes, scary or very upsetting things happen to people.

These things can sometimes affect what we think, how we feel, and what we do.

	Yes	No
1. Has your child ever seen people pushing, hitting, throwing things at each other, or stabbing, shooting, or trying to hurt each other?	<input type="checkbox"/>	<input type="checkbox"/>
2. Has someone ever really hurt your child? Hit, punched, or kicked them really hard with hands, belts, or other objects, or tried to shoot or stab them?	<input type="checkbox"/>	<input type="checkbox"/>
3. Has someone ever touched your child on the parts of their body that a bathing suit covers, in a way that made you or your child uncomfortable? Or has someone had your child touch them in that way?	<input type="checkbox"/>	<input type="checkbox"/>
4. Has anything else very upsetting or scary happened to your child (loved one died, separated from loved one, been left alone for a long time, not had enough food to eat, serious accident or illness, fire, dog bite, bullying)? <i>What was it?</i> _____	<input type="checkbox"/>	<input type="checkbox"/>

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**REACTIONS:** Sometimes scary or upsetting events affect how people think, feel, and act.

The next questions ask how your child has been feeling and thinking recently.

How often did each of these happen in the <u>last 30 days</u> ?	Never/ Rarely	1-2 times per month	1-2 times per week	3+ times per week
5. Your child has strong feelings in their body when they remember something that happened (sweating, heart beats fast, feel sick).	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
6. Your child tries to stay away from people, places, or things that remind them about something that happened.	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
7. Your child has trouble feeling happy.	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
8. Your child has trouble sleeping.	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
9. It's hard for your child to concentrate or pay attention.	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
10. Your child feels alone and not close to people around them.	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>

**NOTES:**