

CASTER™ (Child and Adolescent Screener for Traumatic Exposure and Response)

Parent/Caregiver Report (Children Ages 0-5) © 2021 The George Hull Centre

**Child’s Name**: **Client ID**: Click or tap here to enter text. **Today’s Date**: December 8, 2021

**Child’s Birthdate**: 2021-11-04 **Child’s Age**:Choose an item. **Child’s Gender**:Click or tap here to enter text. **Child’s Ethnic/Racial Background**: Choose an item.

**Caregiver Name:**Click or tap here to enter text. **Relationship to child**: Click or tap here to enter text. **Clinician’s Name**:Click or tap here to enter text.

**SECTION ONE**

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| **Has your child ever experienced any of the following?** | **Check which applies** | **If Yes, please check how this experience currently affects your child** |
| Environmental/ Living Conditions | *Yes* | *No* | *Not at All* | *Somewhat* | *Very Much* |
| **1** | Serious fire or natural disaster (e.g., flood, earthquake, forest fire) |[ ] [ ] [ ] [ ] [ ]
| **2** | Public health or environmental crisis (e.g., unsafe drinking water, chemical spill, disease/pandemic) |[ ] [ ] [ ] [ ] [ ]
| **3** | Major family move(s) (e.g., to a new community, home, country, or multiple moves) |[ ] [ ] [ ] [ ] [ ]
| **4** | Lived somewhere that felt dangerous, stressful, or unsafe |[ ] [ ] [ ] [ ] [ ]
| Health, Injury, or Loss | *Yes* | *No* | *Not at All* | *Somewhat* | *Very Much* |
| **5** | Serious accident injury illness or scary medical procedure for your child  |[ ] [ ] [ ] [ ] [ ]
| **6** | Serious accident, injury or illness happened to someone close to your child  |[ ] [ ] [ ] [ ] [ ]
| **7** | Death of someone close to your child  |[ ] [ ] [ ] [ ] [ ]
| Life in the Community | *Yes* | *No* | *Not at All* | *Somewhat* | *Very Much* |
| **8** | Treated badly or unfairly because of race, gender, religion, sexual orientation, place of birth, abilities, or appearance  |[ ] [ ] [ ] [ ] [ ]
| **9** | Seriously hurt, threatened, or bullied  |[ ] [ ] [ ] [ ] [ ]
| **10** | Saw serious violence or injury outside of the home  |[ ] [ ] [ ] [ ] [ ]
| **11** | Saw or heard someone close to them stopped, confronted, detained, or arrested by law enforcement  |[ ] [ ] [ ] [ ] [ ]
| Life in the Family | *Yes* | *No* | *Not at All* | *Somewhat* | *Very Much* |
| **12** | Physically or emotionally hurt by parent/caregiver or other family member  |[ ] [ ] [ ] [ ] [ ]
| **13** | Not enough food, appropriate, or clean clothing, or other basic needs |[ ] [ ] [ ] [ ] [ ]
| **14** | Not enough affection, attention, or comfort from a parent/caregiver |[ ] [ ] [ ] [ ] [ ]
| **15** | Saw or heard serious conflict or violence between family members  |[ ] [ ] [ ] [ ] [ ]
| **16** | Serious parental conflict, separation, and/or divorce  |[ ] [ ] [ ] [ ] [ ]
| **17** | Serious financial trouble for the family (now or in the past) |[ ] [ ] [ ] [ ] [ ]
| **18** | Close family member with drug or alcohol problem or serious mental concerns  |[ ] [ ] [ ] [ ] [ ]
| **19** | Significant separation from parent/caregiver or close family member  |[ ] [ ] [ ] [ ] [ ]
| Other | *Yes* | *No* | *Not at All* | *Somewhat* | *Very Much* |
| **20** | Exposed to, made to do, or had sexual things done to them  |[ ] [ ] [ ] [ ] [ ]
| **21** | Heard about the serious harm or abuse of someone close to your child |[ ] [ ] [ ] [ ] [ ]
| **22** | Other events that were scary, upsetting, or hurtful (please describe): Click or tap here to enter text. |[ ] [ ] [ ] [ ] [ ]

**SECTION TWO**

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|  | **During the past 6 months, how often has your child experienced the following?**  | **Check which applies** |
|  |  | *Never* | *Sometimes* | *Often* |
| **1** | Problems Sleeping (e.g., falling asleep, staying asleep, not wanting to sleep on their own)  |[ ] [ ] [ ]
| **2** | Nightmares |[ ] [ ] [ ]
| **3** | Difficulty eating (e.g., refusing to eat, eating too much or too little) |[ ] [ ] [ ]
| **4** | Significant weight gain or loss  |[ ] [ ] [ ]
| **5** | Easily bothered by certain sounds, smells, sights, tastes, or textures |[ ] [ ] [ ]
| **6** | Overly sensitive to being touched  |[ ] [ ] [ ]
| **7** | Difficulty being soothed or comforted |[ ] [ ] [ ]
| **8** | Easily startled (e.g., “jumpy” in response to touch, sound, or being approached) |[ ] [ ] [ ]
| **9** | Overly passive (e.g., quiet, still, or not reacting) |[ ] [ ] [ ]
| **10** | Headaches, stomach-aches, or body aches |[ ] [ ] [ ]
| **11** | Does not speak in certain places or situations (e.g., outside the home)  |[ ] [ ] [ ]
| **12** | “Tuning out” or appearing like they are in a daze |[ ] [ ] [ ]
| **13** | Unable to do things that they used to be able to do (e.g., toileting, dressing, feeding, talking) |[ ] [ ] [ ]
| **14** | Playing with, smearing, and/or withholding feces (poo) |[ ] [ ] [ ]
| **15** | Refusing to bathe or shower  |[ ] [ ] [ ]
| **16** | Tantrums or outbursts |[ ] [ ] [ ]
| **17** | Excessive crying or screaming  |[ ] [ ] [ ]
| **18** | Running away from parent/caregiver  |[ ] [ ] [ ]
| **19** | Overly comfortable with people they don't know  |[ ] [ ] [ ]
| **20** | Prefers to be alone  |[ ] [ ] [ ]
| **21** | Difficulty interacting with other children  |[ ] [ ] [ ]
| **22** | Refusing to go to school, childcare or programs  |[ ] [ ] [ ]
| **23** | Struggles to follow routines and/or meet expectations at home, school, childcare, or programs  |[ ] [ ] [ ]
| **24** | Overly clingy or has difficulty separating from adults  |[ ] [ ] [ ]
| **25** | Overly nervous, anxious, or tense |[ ] [ ] [ ]
| **26** | Overly watchful for signs of danger |[ ] [ ] [ ]
| **27** | Afraid of specific people, places, or situations (please list) Click or tap here to enter text.  |[ ] [ ] [ ]
| **28** | Overly sad |[ ] [ ] [ ]
| **29** | Overly angry |[ ] [ ] [ ]
| **30** | Taking or hiding food and/or other things |[ ] [ ] [ ]
| **31** | Harming self (e.g., hitting or biting themselves, banging head, picking at skin) |[ ] [ ] [ ]
| **32** | Harming or threatening to harm other people |[ ] [ ] [ ]
| **33** | Harming animals  |[ ] [ ] [ ]
| **34** | Destructive behaviors (e.g., breaking things, smashing things)  |[ ] [ ] [ ]
| **35** | Sexual language or behaviours |[ ] [ ] [ ]
| **36** | Extreme difficulty sitting still and/or paying attention |[ ] [ ] [ ]
| **37** | Excessive self-soothing behaviours (e.g., rocking, twisting/chewing hair, thumb sucking) |[ ] [ ] [ ]
| **38** | Scary or upsetting past event shows up in their play, stories, or art |[ ] [ ] [ ]
| **39** | Seems to have difficulty remembering details of scary or upsetting past event |[ ] [ ] [ ]
| **40** | Blaming themselves for scary or upsetting past event |[ ] [ ] [ ]
| **41** | Feeling bad or unlovable |[ ] [ ] [ ]
| **42** | Other Concerns (Please describe in the field provided) Click or tap here to enter text. |[ ] [ ] [ ]
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| Additional Questions | **0** | **1** | **2** | **3** | **4** | **5** | **6** | **7** | **8** | **9** | **10** | **11+** |
| **43** | Since birth, how many *DIFFERENT* people have been in the role of primary caregiver for your child? (e.g., parents, stepparents, foster parents, grandparents) |  |[ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]
| **44** | Since birth, how many *TIMES* has your child lived away from parents/caregivers? (e.g., foster care, with extended family) |[ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]
| **45** | Since birth, how many *DIFFERENT* childcare arrangements or schools has your child attended? |[ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]

Updated version: December 8, 2021