

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

Self-Report (Youth Ages 12-18) © 2021 The George Hull Centre

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

**Client Birthdate**: 2003-10-18 **Child’s Age**:Choose an item. **Client Gender**:Click or tap here to enter text. **Client Ethnic/Racial Background**: Choose an item.

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

**SECTION ONE**

|  |  |  |
| --- | --- | --- |
| **Have you ever experienced any of the following?** | **Check which applies** | **If Yes, please check how this experience currently affects you** |
| 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 in a country during war and/or civil unrest (e.g., riots, violence) |[ ] [ ] [ ] [ ] [ ]
| **5** | Lived in a refugee camp or immigration facility |[ ] [ ] [ ] [ ] [ ]
| **6** | Lived somewhere that felt dangerous, stressful, or unsafe |[ ] [ ] [ ] [ ] [ ]
| **7** | Homelessness (e.g., lived in the streets, shelter, temporary housing) |[ ] [ ] [ ] [ ] [ ]
| Health, Injury, or Loss | *Yes* | *No* | *Not at All* | *Somewhat* | *Very Much* |
| **8** | Serious medical condition for you or someone close to you  |[ ] [ ] [ ] [ ] [ ]
| **9** | Frightening or painful medical procedure for you or someone close to you |[ ] [ ] [ ] [ ] [ ]
| **10** | Serious accident or injury for you |[ ] [ ] [ ] [ ] [ ]
| **11** | Drug overdose for you or someone close to you |[ ] [ ] [ ] [ ] [ ]
| **12** | Learned about serious harm, injury, or abuse of a family member or someone close to you |[ ] [ ] [ ] [ ] [ ]
| **13** | Witnessed suicide or attempted suicide of someone close to you |[ ] [ ] [ ] [ ] [ ]
| **14** | Death of parent or primary caregiver |[ ] [ ] [ ] [ ] [ ]
| **15** | Death of a sibling or someone close to you |[ ] [ ] [ ] [ ] [ ]
| **16** | Death of a beloved pet  |[ ] [ ] [ ] [ ] [ ]
| Life in the Community | *Yes* | *No* | *Not at All* | *Somewhat* | *Very Much* |
| **17** | Treated badly or unfairly because of gender and/or sexual orientation |[ ] [ ] [ ] [ ] [ ]
| **18** | Treated badly or unfairly because of race, skin colour, and/or place of birth |[ ] [ ] [ ] [ ] [ ]
| **19** | Treated badly or unfairly because of religion and/or cultural identity |[ ] [ ] [ ] [ ] [ ]
| **20** | Treated badly or unfairly because of ability (e.g., physical, learning) and/or appearance  |[ ] [ ] [ ] [ ] [ ]
| **21** | Hurt, bullied, or threatened in person or online by someone outside of the family  |[ ] [ ] [ ] [ ] [ ]
| **22** | Witnessed violence or unfair treatment of someone outside the home (e.g., school or community)  |[ ] [ ] [ ] [ ] [ ]
| **23** | Witnessed a death or attempted suicide of someone in the community (NOT including family member) |[ ] [ ] [ ] [ ] [ ]
| **24** | Difficult or unfair experiences with law enforcement for you (e.g., stopped, harassed, detained, confronted, or arrested)  |[ ] [ ] [ ] [ ] [ ]
| **25** | Difficult or unfair experiences with law enforcement for you (e.g., stopped, harassed, detained, confronted, or arrested)  |[ ] [ ] [ ] [ ] [ ]
| Life in the Family | *Yes* | *No* | *Not at All* | *Somewhat* | *Very Much* |
| **26** | Physically hurt by parent/caregiver (e.g., hit, kicked, hit with object) |[ ] [ ] [ ] [ ] [ ]
| **27** | Physically hurt (e.g., hit, kicked, hit with object) by a close family member who is NOT a parent/caregiver  |[ ] [ ] [ ] [ ] [ ]
| **28** | Harsh non-physical discipline by parent/caregiver (e.g., locked in room, withholding food) |[ ] [ ] [ ] [ ] [ ]
| **29** | Harsh or cruel criticism (e.g., threats, name calling, insults) by parent/caregiver |[ ] [ ] [ ] [ ] [ ]
| **30** | Not enough food, appropriate or clean clothing, or other basic needs |[ ] [ ] [ ] [ ] [ ]
| **31** | Not enough affection, attention, or comfort from a parent/caregiver |[ ] [ ] [ ] [ ] [ ]
| **32** | Saw or heard conflict/violence between parents/caregivers (e.g., screaming, threatening, hitting, kicking) |[ ] [ ] [ ] [ ] [ ]
| **33** | Parents/caregivers separated or divorced |[ ] [ ] [ ] [ ] [ ]
| **34** | Serious financial trouble for the family  |[ ] [ ] [ ] [ ] [ ]
| **35** | Parent/caregiver with problematic drug or alcohol use, gambling, or other excessive behaviour (e.g., video games, social media, shopping) |[ ] [ ] [ ] [ ] [ ]
| **36** | Parent/caregiver with serious emotional or mental health problems |[ ] [ ] [ ] [ ] [ ]
| **37** | Significant separation from parent/caregiver or close family member |[ ] [ ] [ ] [ ] [ ]
| **38** | Removed from home by authorities (e.g., child protection agency) |[ ] [ ] [ ] [ ] [ ]
| **39** | Highly sexual home (e.g., saw/heard adult sexuality, frequent sexual language) |[ ] [ ] [ ] [ ] [ ]
| **40** | Exposed to, made to do, or had sexual things done to you by someone in the family |[ ] [ ] [ ] [ ] [ ]
| Other | *Yes* | *No* | *Not at All* | *Somewhat* | *Very Much* |
| **41** | Exposed to, made to do, or had sexual things done to you by someone outside the family |[ ] [ ] [ ] [ ] [ ]
| **42** | Been offered gifts, money, or drugs/alcohol to do sexual things |[ ] [ ] [ ] [ ] [ ]
| **43** | Harsh or cruel criticism (e.g., threats, name calling, insults) by someone important to you who is NOT a parent/caregiver |[ ] [ ] [ ] [ ] [ ]
| **44** | Kidnapped or abducted  |[ ] [ ] [ ] [ ] [ ]
| **45** | Other events that were scary, upsetting or hurtful (please describe below): Click or tap here to enter text. |[ ] [ ] [ ] [ ] [ ]

**SECTION TWO**

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| --- | --- | --- |
|  | **During the past 6 months, how often have you experienced the following?**  | **Check which applies** |
|  |  | *Never* | *Sometimes* | *Often* |
| **1** | Problems falling asleep |[ ] [ ] [ ]
| **2** | Problems staying asleep |[ ] [ ] [ ]
| **3** | Nightmares |[ ] [ ] [ ]
| **4** | Exhausted (e.g., low energy, not feeling well rested, very tired) |[ ] [ ] [ ]
| **5** | Not wanting to sleep on my own |[ ] [ ] [ ]
| **6** | Wetting myself (urine) during day |[ ] [ ] [ ]
| **7** | Wetting myself (urine) during night |[ ] [ ] [ ]
| **8** | Soiling myself (feces/poo) |[ ] [ ] [ ]
| **9** | Other toileting concerns (e.g., smearing feces/poo, urinating outside the toilet, hiding used menstrual products) |[ ] [ ] [ ]
| **10** | Headaches, stomach-aches, or body aches |[ ] [ ] [ ]
| **11** | Difficulty eating (e.g., refusing to eat, eating too much or too little) |[ ] [ ] [ ]
| **12** | Poor hygiene (e.g., not brushing teeth, not bathing, not changing clothes) |[ ] [ ] [ ]
| **13** | Risky or reckless behaviours that endanger yourself or others  |[ ] [ ] [ ]
| **14** | Impulsive behaviours (doing or saying things without thinking first) |[ ] [ ] [ ]
| **15** | Playing with matches, lighters, fire |[ ] [ ] [ ]
| **16** | Preoccupation with weapons |[ ] [ ] [ ]
| **17** | Taking things without permission or stealing |[ ] [ ] [ ]
| **18** | Taking and hiding food |[ ] [ ] [ ]
| **19** | Picking at skin, pulling out hair/eyelashes/eyebrows, or excessive nail biting |[ ] [ ] [ ]
| **20** | Self-soothing (e.g., rocking, twisting/chewing hair, shaking leg, or tapping foot) |[ ] [ ] [ ]
| **21** | Difficulty being soothed or comforted |[ ] [ ] [ ]
| **22** | Difficulty sitting still; restless |[ ] [ ] [ ]
| **23** | Overly passive (e.g., quiet, still, or not reacting) |[ ] [ ] [ ]
| **24** | Easily bothered by certain sounds, smells, sights, tastes, or textures |[ ] [ ] [ ]
| **25** | Easily distracted or trouble concentrating |[ ] [ ] [ ]
| **26** | Overly sensitive to being touched |[ ] [ ] [ ]
| **27** | Easily startled (e.g., “jumpy” in response to touch, sound, or being approached) |[ ] [ ] [ ]
| **28** | Overly watchful for signs of danger |[ ] [ ] [ ]
| **29** | Overly nervous, anxious, or tense |[ ] [ ] [ ]
| **30** | “Tuning out” or feeling like I’m in a daze |[ ] [ ] [ ]
| **31** | Feeling numb, having no feelings |[ ] [ ] [ ]
| **32** | Not feeling connected to my body (e.g., feeling like I’m watching myself from outside my body) |[ ] [ ] [ ]
| **33** | Feeling overly sad or depressed |[ ] [ ] [ ]
| **34** | Feeling confused, disoriented |[ ] [ ] [ ]
| **35** | Feeling I am bad or unlovable |[ ] [ ] [ ]
| **36** | Hearing or seeing things that others don’t |[ ] [ ] [ ]
| **37** | Crying uncontrollably |[ ] [ ] [ ]
| **38** | Quick mood changes |[ ] [ ] [ ]
| **39** | Tantrums or angry outbursts |[ ] [ ] [ ]
| **40** | Easily frustrated, irritated, or annoyed |[ ] [ ] [ ]
| **41** | Thinking or talking about harming or killing myself |[ ] [ ] [ ]
| **42** | Suicide threats or attempts |[ ] [ ]  [ ]   |
| **43** | Purposely harming myself (e.g., cutting, hitting myself) |[ ] [ ] [ ]
| **44** | Thinking or talking about harming or killing myself |[ ] [ ] [ ]
| **45** | Verbally or physically hurtful towards people |[ ] [ ] [ ]
| **46** | Hurtful towards animals |[ ] [ ] [ ]
| **47** | Destruction of property (e.g., smashing, breaking things) |[ ] [ ] [ ]
| **48** | Using alcohol, inhalants, or recreational drugs |[ ] [ ] [ ]
| **49** | Concerning sexual behaviours (e.g., excessive sexual comments/ behaviours, preoccupation with accessing sexual media) |[ ] [ ] [ ]
| **50** | Trying to make others do sexual things/touching others in a sexual way  |[ ] [ ] [ ]
| **51** | Difficulty making/keeping friends  |[ ] [ ] [ ]
| **52** | Avoiding doing things with others |[ ] [ ] [ ]
| **53** | Feeling overly lonely or isolated |[ ] [ ] [ ]
| **54** | Not doing well at school/day program (e.g., poor marks, difficulty learning, behaviour or social issues) |[ ] [ ] [ ]
| **55** | Not wanting to go to school/day program |[ ] [ ] [ ]
| **56** | Difficulty doing things on my own or being away from parent/caregiver |[ ] [ ] [ ]
| **57** | Afraid to be alone |[ ] [ ] [ ]
| **58** | Afraid of specific people, places, or situations List: Click or tap here to enter text. |[ ] [ ] [ ]
| **59** | Uncomfortable speaking in certain places or situations (e.g., school, social events) |[ ] [ ] [ ]
| **60** | Scary or upsetting past event shows up in my play, stories, or art |[ ] [ ] [ ]
| **61** | Memories or thoughts of scary or upsetting past event |[ ] [ ] [ ]
| **62** | Thinking or talking about scary or upsetting past event |[ ] [ ] [ ]
| **63** | Avoiding thinking or talking about scary or upsetting past event |[ ] [ ] [ ]
| **64** | Difficulty remembering details of scary or upsetting past event |[ ] [ ] [ ]
| **65** | Blaming myself for scary or upsetting past event |[ ] [ ] [ ]
| **66** | 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+** |
| **67** | Since birth, how many *DIFFERENT* people have been in the role of primary caregiver for you? (e.g., parents, stepparents, foster parents, grandparents) |  |[ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]
| **68** | Since birth, how many *TIMES* have you lived away from parents/caregivers? (e.g., foster care, group home, with extended family) |[ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]
| **69** | Since birth, how many *DIFFERENT* schools have youattended? |  |[ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]

Updated version: December 8, 2021

Version updated Oct 25, 2021