A picture containing diagram

Description automatically generated

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**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **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. |  |  |  |
|  | | | | |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 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 you attended? |  |  |  |  |  |  |  |  |  |  |  |  |

Updated version: December 8, 2021

Version updated Oct 25, 2021