

Child's Name _____ Client ID _____
(FIRST and LAST Name)

Today's Date _____ Child's Birthdate _____ Child's Age _____ Child's Gender _____
(dd/mm/yyyy) (dd/mm/yyyy)

Your Name _____ Relationship to Child _____
(FIRST and LAST Name)

Please review the racial and ethnic categories list at the back of this document and indicate which category best describes your CHILD's racial or ethnic group by filling in the blue circle(s). You can choose more than one option.

Stressful experiences can impact a child's health and development. The CASTER helps us understand more about your child's past experiences and their current thoughts, feelings, and behaviours.

Section One contains a list of potentially traumatic events that some people have experienced. To the best of your knowledge, please indicate if these events have ever happened to your child by choosing either **Yes** or **No** for each event. If you answer **Yes** to an event, please then indicate **how much** that experience is currently affecting your child, as follows:

Not at All if the event does not currently affect your child at all.
Somewhat if the event currently affects your child somewhat.
Very Much if the event currently affects your child very much.

For example, if your child experienced a serious accident, and it affects them very much currently:

	No	Yes	Not at all	Somewhat	Very Much
10 Serious accident or injury for your child	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>

Section Two contains a list of different thoughts, feelings, or behaviours. Some of these are common for children who are the same age as your child, whereas others may be related to upsetting events that have happened to your child. To the best of your knowledge, please tell us how often your child has experienced these **during the past 6 months**:

N = Never during the past 6 months
S = Sometimes during the past 6 months
O = Often during the past 6 months

For example, if your child has experienced problems falling asleep sometimes in the past 6 months:

During the past 6 months, how often has your child experienced the following? Circle which applies.
N = Never (past 6 months only) **S = Sometimes** (past 6 months only) **O = Often** (past 6 months only)

1	Problems falling asleep	N	<input checked="" type="radio"/>	<input type="radio"/>
---	-------------------------	---	----------------------------------	-----------------------

Section Two has three additional questions. These questions tell us about important changes that your child may have experienced. Please tell us how many changes your child has experienced. For example, if both parents and a stepfather have been primary caregivers for your child, you would select "3" for the following question:

Since birth, how many <i>TIMES</i> has a parent/important caregiver (e.g., stepparent, foster parent, grandparent) left your child's life in a significant way?	1	2	<input checked="" type="radio"/>	4	5	6	7	8	9	10	11+
---	---	---	----------------------------------	---	---	---	---	---	---	----	-----

Please ask for assistance if there are any questions about completing this form. Thank you.

SECTION ONE

Child Name or Client ID _____

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

During the past 6 months, how often has your child experienced the following? Circle which applies.

N = Never (past 6 months only) **S = Sometimes** (past 6 months only) **O = Often** (past 6 months only)

1	Problems falling asleep	N	S	O	34	Feeling confused, disoriented	N	S	O
2	Problems staying asleep	N	S	O	35	Feeling they are bad or unlovable	N	S	O
3	Nightmares	N	S	O	36	Hearing or seeing things that others don't	N	S	O
4	Exhausted (e.g., low energy, not feeling well rested, very tired)	N	S	O	37	Crying uncontrollably	N	S	O
5	Not wanting to sleep on their own	N	S	O	38	Quick mood changes	N	S	O
6	Wetting themselves (urine) during day	N	S	O	39	Tantrums or angry outbursts	N	S	O
7	Wetting themselves (urine) during night	N	S	O	40	Easily frustrated, irritated, or annoyed	N	S	O
8	Soiling themselves (feces/poo)	N	S	O	41	Thinking or talking about harming or killing themselves	N	S	O
9	Other toileting concerns (e.g., smearing feces/poo, urinating outside the toilet, hiding used menstrual products)	N	S	O	42	Suicide threats or attempts	N	S	O
10	Headaches, stomach-aches, or body aches	N	S	O	43	Purposely harming themselves (e.g., cutting, hitting themselves)	N	S	O
11	Difficulty eating (e.g., refusing to eat, eating too much or too little)	N	S	O	44	Thinking or talking about harming or killing others	N	S	O
12	Poor hygiene (e.g., not brushing teeth, not bathing, not changing clothes)	N	S	O	45	Verbally or physically hurtful towards people	N	S	O
13	Risky or reckless behaviours that endanger themselves or others	N	S	O	46	Hurtful towards animals	N	S	O
14	Impulsive behaviours (doing or saying things without thinking first)	N	S	O	47	Destruction of property (e.g., smashing, breaking things)	N	S	O
15	Playing with matches, lighters, fire	N	S	O	48	Using alcohol, inhalants, or recreational drugs	N	S	O
16	Preoccupation with weapons	N	S	O	49	Concerning sexual behaviours (e.g., excessive sexual comments/ behaviours, preoccupation with accessing sexual media)	N	S	O
17	Taking things without permission or stealing	N	S	O	50	Trying to make others do sexual things/touching others in a sexual way	N	S	O
18	Taking and hiding food	N	S	O	51	Difficulty making/keeping friends	N	S	O
19	Picking at skin, pulling out hair/eyelashes/eyebrows, or excessive nail biting	N	S	O	52	Avoiding doing things with others	N	S	O
20	Self-soothing (e.g., rocking, twisting/chewing hair, shaking leg, or tapping foot)	N	S	O	53	Feeling overly lonely or isolated	N	S	O
21	Difficulty being soothed or comforted	N	S	O	54	Not doing well at school/day program (e.g., poor marks, difficulty learning, behaviour or social issues)	N	S	O
22	Difficulty sitting still; restless	N	S	O	55	Not wanting to go to school/day program	N	S	O
23	Overly passive (e.g., quiet, still, or not reacting)	N	S	O	56	Difficulty doing things on their own or being away from parent/caregiver	N	S	O
24	Easily bothered by certain sounds, smells, sights, tastes, or textures	N	S	O	57	Afraid to be alone	N	S	O
25	Easily distracted or trouble concentrating	N	S	O	58	Afraid of specific people, places, or situations List: _____	N	S	O
26	Overly sensitive to being touched	N	S	O	59	Uncomfortable speaking in certain places or situations (e.g., school, social events)	N	S	O
27	Easily startled (e.g., "jumpy" in response to touch, sound, or being approached)	N	S	O	60	Scary or upsetting past event shows up in play, stories, or art	N	S	O
28	Overly watchful for signs of danger	N	S	O	61	Memories or thoughts of scary or upsetting past event	N	S	O
29	Overly nervous, anxious, or tense	N	S	O	62	Thinking or talking about scary or upsetting past event	N	S	O
30	"Tuning out" or appearing like they are in a daze	N	S	O	63	Avoiding thinking or talking about scary or upsetting past event	N	S	O
31	Appears numb, unable to feel	N	S	O	64	Difficulty remembering details of scary or upsetting past event	N	S	O
32	Not feeling connected to their body (e.g., feeling like they are watching themselves from outside their body)	N	S	O	65	Blaming themselves for scary or upsetting past event	N	S	O
33	Feeling overly sad or depressed	N	S	O					

Other concerns (Please describe below)

66		Never	Sometimes	Often
----	--	-------	-----------	-------

Additional Questions

67	Since birth, how many <i>TIMES</i> has a parent/ <u>important</u> caregiver (e.g., stepparent, foster parent, grandparent) left your child's life in a significant way?	0	1	2	3	4	5	6	7	8	9	10	11+
68	Since birth, how many <i>TIMES</i> has your child lived away from parents/ <u>important</u> caregivers (e.g., foster care, group home, with extended family)?	0	1	2	3	4	5	6	7	8	9	10	11+
69	Since birth, how many <i>DIFFERENT</i> schools has your child attended?	0	1	2	3	4	5	6	7	8	9	10+	

Ethnographic and Racial Categories

Asian

- East (e.g., Chinese, Japanese, Korean)
- South (e.g., Indian, Pakistani, Sri Lankan)
- South East (e.g., Malaysian, Filipino, Vietnamese)
- European (e.g., English, German, Turkish, Russian)
- North American (e.g., Canadian, American)
- Caribbean (e.g., Guyanese, Chinese Jamaican)
- Other: _____

Black

- African (e.g., Ghanaian, Kenyan, Somali)
- Caribbean (e.g., Barbadian, Jamaican)
- Latin American (e.g., Colombian, Brazilian)
- European (e.g., English, Spanish, French)
- North American (e.g., Canadian, American)
- Other: _____

Indigenous

- First Nations
- Inuit
- Metis
- Other: _____

Latin American

- European Origin (e.g., Spanish, French, German)
- Indigenous (e.g., Peruvian, Bolivian, Guatemalan)
- Mixed Origins (e.g., Indigenous and European, Black and European)
- Other: _____

Middle Eastern, West Asian (e.g., Egyptian, Iranian, Lebanese, Afghan, Israeli, Turkish)

White

- European Origin (e.g., English, Italian, Portuguese, Russian, Australian, NZ)
- North American (Canadian, American)
- Other: _____

Multi-racial/multi-ethnic: please specify (e.g., Black – African and White North American)

Others: _____

Prefer not to answer

Do not know