GEORGE HULL CENTRE
FOR CHILDREN & FAMILIES
Changing the trajectory of children's mental health.

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

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

Name_____ **Client ID** _____
(FIRST and LAST Name)

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

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

The CASTER helps us understand more about your past experiences and your current behaviours.

Section One contains a list of potentially traumatic events that some people have experienced. Please indicate if these events have ever happened to you by choosing either **Yes** or **No** for each event.

If you answer **Yes** to an event, please then indicate *<u>how much</u>* that experience is currently affecting you as follows:

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

For example, if you experienced a serious accident, and it affects you very much currently:

		No	Yes	*Not at all*	*Somewhat*	*Very Much*
10	Serious accident or injury for you	○	●	○	○	●

Section Two contains a list of different thoughts, feelings, or behaviours. Some may be common for others your age, whereas others may be related to upsetting events that have happened to you. Please tell us how often you have experienced these **<u>during the past 6 months</u>:**

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

For example, if you have experienced problems falling asleep sometimes in the past 6 months:

During the past <u>6 months</u>*, how often have you 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*

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

		1	*2*	(3)	*4*	*5*	*6*	*7*	*8*	*9*	*10*	*11+*
Since birth, how many *TIMES* has a parent/<u>important</u> caregiver (e.g., stepparent, foster parent, grandparent) left your life in a significant way?												

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

SECTION ONE

Name or Client ID_____

CASTER™ Self-Report (Youth Ages 12-18)

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

SECTION TWO

Name or Client ID_____

During the past 6 months*, how often have you 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
2	Problems staying asleep	N	S	O
3	Nightmares	N	S	O
4	Exhausted (e.g., low energy, not feeling well rested, very tired)	N	S	O
5	Not wanting to sleep on my own	N	S	O
6	Wetting myself (urine) during day	N	S	O
7	Wetting myself (urine) during night	N	S	O
8	Soiling myself (feces/poo)	N	S	O
9	Other toileting concerns (e.g., smearing feces/poo, urinating outside the toilet, hiding used menstrual products)	N	S	O
10	Headaches, stomach-aches, or body aches	N	S	O
11	Difficulty eating (e.g., refusing to eat, eating too much or too little)	N	S	O
12	Poor hygiene (e.g., not brushing teeth, not bathing, not changing clothes)	N	S	O
13	Risky or reckless behaviours that endanger yourself or others	N	S	O
14	Impulsive behaviours (doing or saying things without thinking first)	N	S	O
15	Playing with matches, lighters, fire	N	S	O
16	Preoccupation with weapons	N	S	O
17	Taking things without permission or stealing	N	S	O
18	Taking and hiding food	N	S	O
19	Picking at skin, pulling out hair/eyelashes/eyebrows, or excessive nail biting	N	S	O
20	Self-soothing (e.g., rocking, twisting/chewing hair, shaking leg, or tapping foot)	N	S	O
21	Difficulty being soothed or comforted	N	S	O
22	Difficulty sitting still; restless	N	S	O
23	Overly passive (e.g., quiet, still, or not reacting)	N	S	O
24	Easily bothered by certain sounds, smells, sights, tastes, or textures	N	S	O
25	Easily distracted or trouble concentrating	N	S	O
26	Overly sensitive to being touched	N	S	O
27	Easily startled (e.g., "jumpy" in response to touch, sound, or being approached)	N	S	O
28	Overly watchful for signs of danger	N	S	O
29	Overly nervous, anxious, or tense	N	S	O
30	"Tuning out" or feeling like I'm in a daze	N	S	O
31	Feeling numb, having no feelings	N	S	O
32	Not feeling connected to my body (e.g., feeling like I'm watching myself from outside my body)	N	S	O
33	Feeling overly sad or depressed	N	S	O
34	Feeling confused, disoriented	N	S	O
35	Feeling I am bad or unlovable	N	S	O
36	Hearing or seeing things that others don't	N	S	O
37	Crying uncontrollably	N	S	O
38	Quick mood changes	N	S	O
39	Tantrums or angry outbursts	N	S	O
40	Easily frustrated, irritated, or annoyed	N	S	O
41	Thinking or talking about harming or killing myself	N	S	O
42	Suicide threats or attempts	N	S	O
43	Purposely harming myself (e.g., cutting, hitting myself)	N	S	O
44	Thinking or talking about harming or killing others	N	S	O
45	Verbally or physically hurtful towards people	N	S	O
46	Hurtful towards animals	N	S	O
47	Destruction of property (e.g., smashing, breaking things)	N	S	O
48	Using alcohol, inhalants, or recreational drugs	N	S	O
49	Concerning sexual behaviours (e.g., excessive sexual comments/ behaviours, preoccupation with accessing sexual media)	N	S	O
50	Trying to make others do sexual things/touching others in a sexual way	N	S	O
51	Difficulty making/keeping friends	N	S	O
52	Avoiding doing things with others	N	S	O
53	Feeling overly lonely or isolated	N	S	O
54	Not doing well at school/day program (e.g., poor marks, difficulty learning, behaviour or social issues)	N	S	O
55	Not wanting to go to school/day program	N	S	O
56	Difficulty doing things on my own or being away from parent/caregiver	N	S	O
57	Afraid to be alone	N	S	O
58	Afraid of specific people, places, or situations List: _____	N	S	O
59	Uncomfortable speaking in certain places or situations (e.g., school, social events)	N	S	O
60	Scary or upsetting past event shows up in my play, stories, or art	N	S	O
61	Memories or thoughts of scary or upsetting past event	N	S	O
62	Thinking or talking about scary or upsetting past event	N	S	O
63	Avoiding thinking or talking about scary or upsetting past event	N	S	O
64	Difficulty remembering details of scary or upsetting past event	N	S	O
65	Blaming myself for scary or upsetting past event	N	S	O

Other concerns (Please describe below)

66		Never	Sometimes	Often

Additional Questions

67	Since birth, how many *TIMES* has a parent/<u>important</u> caregiver (e.g., stepparent, foster parent, grandparent) left your life in a significant way?	0	1	2	3	4	5	6	7	8	9	10	11+
68	Since birth, how many *TIMES* have you 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 *DIFFERENT* schools have you 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**