



CENTER FOR CHILD  
& FAMILY HEALTH

ARC Assessment  
Measures for  
CHILD  
Ages 12 - 17  
  
(Spanish)

## Child and Adolescent Trauma Screen (CATS) - Youth Report

Name: \_\_\_\_\_

Date: \_\_\_\_\_

**Stressful or scary events happen to many people. Below is a list of stressful and scary events that sometimes happen. Mark YES if it happened to you. Mark No if it didn't happen to you.**

- |  |                              |                             |
|--|------------------------------|-----------------------------|
| 1. Serious natural disaster like a flood, tornado, hurricane, earthquake, or fire.   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 2. Serious accident or injury like a car/bike crash, dog bite, or sports injury.   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 3. Threatened, hit or hurt badly within the family.  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 4. Threatened, hit or hurt badly in school or the community.   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 5. Attacked, stabbed, shot at or robbed by threat.   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 6. Seeing someone in the family threatened, hit or hurt badly.   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 7. Seeing someone in school or the community threatened, hit or hurt badly.  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 8. Someone doing sexual things to you or making you do sexual things to them when you couldn't say no. Or when you were forced or pressured. | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 9. On line or in social media, someone asking or pressuring you to do something sexual. Like take or send pictures.                          | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 10. Someone bullying you in person. Saying very mean things that scare you.  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 11. Someone bullying you online. Saying very mean things that scare you.   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 12. Someone close to you dying suddenly or violently.  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 13. Stressful or scary medical procedure.  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 14. Being around war.  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 15. Other stressful or scary event?  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

Describe: \_\_\_\_\_

**Turn the page and answer the next questions about all the scary or stressful events that happened to you.**

Mark 0, 1, 2 or 3 for how often the following things have bothered you in the last two weeks:

0 Never / 1 Once in a while / 2 Half the time / 3 Almost always

1. Upsetting thoughts or pictures about what happened that pop into your head.	0	1	2	3
2. Bad dreams reminding you of what happened.	0	1	2	3
3. Feeling as if what happened is happening all over again.	0	1	2	3
4. Feeling very upset when you are reminded of what happened.	0	1	2	3
5. Strong feelings in your body when you are reminded of what happened (sweating, heart beating fast, upset stomach).	0	1	2	3
6. Trying not to think about or talk about what happened. Or to not have feelings about it.	0	1	2	3
7. Staying away from people, places, things, or situations that remind you of what happened.	0	1	2	3
8. Not being able to remember part of what happened.	0	1	2	3
9. Negative thoughts about yourself or others. Thoughts like I won't have a good life, no one can be trusted, the whole world is unsafe.	0	1	2	3
10. Blaming yourself for what happened, or blaming someone else when it isn't their fault.	0	1	2	3
11. Bad feelings (afraid, angry, guilty, ashamed) a lot of the time.	0	1	2	3
12. Not wanting to do things you used to do.	0	1	2	3
13. Not feeling close to people.	0	1	2	3
14. Not being able to have good or happy feelings.	0	1	2	3
15. Feeling mad. Having fits of anger and taking it out on others.	0	1	2	3
16. Doing unsafe things.	0	1	2	3
17. Being overly careful or on guard (checking to see who is around you).	0	1	2	3
18. Being jumpy.	0	1	2	3
19. Problems paying attention.	0	1	2	3
20. Trouble falling or staying asleep.	0	1	2	3

<b>CATS 7-17 Years Score &lt;15</b>	<b>CATS 7-17 Years Score 15-20</b>	<b>CATS 7-17 Years Score 21+</b>
Normal. Not clinically elevated.	Moderate trauma-related distress.	Probable PTSD.

Please mark "YES" or "NO" if the problems you marked interfered with:

- |                              |                              |                             |                         |                              |                             |
|------------------------------|------------------------------|-----------------------------|-------------------------|------------------------------|-----------------------------|
| 1. Getting along with others | <input type="checkbox"/> Yes | <input type="checkbox"/> No | 4. Family relationships | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 2. Hobbies/Fun               | <input type="checkbox"/> Yes | <input type="checkbox"/> No | 5. General happiness    | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 3. School or work            | <input type="checkbox"/> Yes | <input type="checkbox"/> No |                         |                              |                             |

# PROMIS<sup>®</sup> Youth Self-Report

## Section 1 – Anxiety

Responde a cada enunciado marcando una casilla por línea.

	En los últimos 7 días...	Nunca	Casi nunca	A veces	A menudo	Casi siempre
1	Sentí que podría pasar algo terrible.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
2	Me sentí nervioso/a .....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
3	Sentí miedo .....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
4	Me sentí preocupado/a .....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
5	Me preocupé cuando estaba en casa.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
6	Me asusté con mucha facilidad .....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
7	Me preocupó lo que pudiera pasarme.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
8	Me preocupé al acostarme por las noches..	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

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## Section 2 – Depressive Symptoms

Responde a cada enunciado marcando una casilla por línea.

En los últimos 7 días...		Nunca	Casi nunca	A veces	A menudo	Casi siempre
1	No pude dejar de sentirme triste.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
2	Sentí que estaba solo/a. ....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
3	Sentí que todo me salía mal en la vida.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
4	Sentí que no podía hacer nada bien .....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
5	Me sentí solo/a .....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
6	Me sentí triste .....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
7	Me sentí descontento/a .....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
8	Me resultó difícil divertirme .....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

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## Section 3 – Peer Relationships

Responde a cada enunciado marcando una casilla por línea.

En los últimos 7 días...		Nunca	Casi nunca	A veces	A menudo	Casi siempre
1	Me sentí aceptado/a por los otros niños/as de mi edad.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
2	Pude contar con mis amigos/as.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
3	Pude hablar de todo con mis amigos/as.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
4	Me fue fácil hacer amigos/as.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
5	Mis amigos/as y yo nos ayudamos.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
6	Otros niños/as quisieron ser mis amigos/as.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
7	Otros niños/as quisieron estar conmigo.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
8	Otros niños/as quisieron hablar conmigo ..	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

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## Section 4 - Family Relationships

Responde a cada pregunta o enunciado marcando una casilla por línea.

En las últimas 4 semanas...

		Nunca	Rara vez	A veces	A menudo	Siempre
1	He sentido una relación estrecha con mi familia.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
2	Me he sentido realmente importante para mi familia .....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
3	He recibido toda la ayuda que necesitaba de mi familia.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
4	Mi familia y yo nos hemos divertido juntos .....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
5	Las personas de mi familia me han hecho sentir satisfecho/a de mí mismo/a .....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
6	Mi familia me ha tratado justamente .....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
7	Mis padres me han escuchado .....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
8	Mi familia me ha prestado mucha atención .....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

## Scoring for PROMIS Measures – Youth Self-Report

To score a section of the PROMIS Measures – Youth Self-Report:

1. Add the points of each item in the section to get a Raw Summed Score.
2. Use the appropriate conversion table to obtain a T-Score.

### Interpreting the PROMIS Measures – Youth Self-Report

For most PROMIS instruments, a T-Score of 50 is the average for the United States general population with a standard deviation of 10 because calibration testing was performed on a large sample of the general population. You can read more about the calibration and centering samples on HealthMeasures.net (<http://www.healthmeasures.net/score-and-interpret/interpret-scores/promis>). The T-score is provided with an error term (Standard Error or SE). The Standard Error is a statistical measure of variance and represents the “margin of error” for the T-score.

**Important:** A higher PROMIS T-Score represents more of the concept being measured. Thus, a child who has a T- Score of 60 for Social Relationships, Family Relationships or Peer Relationships is one standard deviation **better** than the general population on that concept. By comparison, a Social Relationships, Family Relationships or Peer Relationships T-score of 40 is one SD **worse** than average.

### PROMIS Measures – Youth Self-Report Scores

Client Nickname: \_\_\_\_\_

Date of Administration: \_\_\_\_\_

PROMIS Section	Raw Summed Score	T-Score	Interpretation
1. Anxiety			
2. Depressive Symptoms			
3. Peer Relationships			
4. Family Relationships			



<b>PROMIS Section 1 - Anxiety</b>		
<i>Short Form Conversion Table</i>		
<b>Raw Summed Score</b>	<b>T-score</b>	<b>SE*</b>
8	39.0	5.8
9	45.4	3.3
10	47.8	2.8
11	49.6	2.4
12	51.0	2.2
13	52.2	2.1
14	53.3	2.0
15	54.4	2.0
16	55.3	1.9
17	56.3	1.9
18	57.2	1.9
19	58.1	1.9
20	59.0	1.9
21	59.9	1.9
22	60.8	1.9
23	61.7	2.0
24	62.6	2.0
25	63.4	1.9
26	64.3	1.9
27	65.1	1.9
28	65.9	1.9
29	66.8	1.9
30	67.6	1.9
31	68.4	1.9
32	69.2	1.9
33	70.0	1.9
34	70.9	1.9
35	71.8	2.0
36	72.8	2.1
37	73.9	2.2
38	75.2	2.4
39	76.7	2.6
40	79.8	3.4

\*SE = Standard Error on T-score metric

<b>PROMIS Section 2 – Depressive Symptoms</b>		
<i>Short Form Conversion Table</i>		
<b>Raw Summed Score</b>	<b>T-score</b>	<b>SE*</b>
8	39.9	5.9
9	46.9	3.2
10	49.3	2.7
11	51.0	2.3
12	52.4	2.1
13	53.6	2.0
14	54.6	1.9
15	55.6	1.8
16	56.5	1.8
17	57.4	1.8
18	58.3	1.8
19	59.1	1.8
20	60.0	1.8
21	60.8	1.8
22	61.7	1.8
23	62.5	1.8
24	63.3	1.8
25	64.1	1.8
26	64.9	1.8
27	65.7	1.8
28	66.5	1.7
29	67.3	1.7
30	68.0	1.7
31	68.8	1.7
32	69.6	1.7
33	70.4	1.7
34	71.2	1.8
35	72.1	1.8
36	73.1	1.9
37	74.2	2.0
38	75.5	2.2
39	77.2	2.5
40	80.3	3.4

\*SE = Standard Error on T-score metric

<b>PROMIS Section 3 – Peer Relationships</b>		
<i>Short Form Conversion Table</i>		
<b>Raw Summed Score</b>	<b>T-score</b>	<b>SE*</b>
8	18.6	3.4
9	21.4	3.0
10	23.2	2.7
11	24.7	2.5
12	26.0	2.4
13	27.1	2.3
14	28.2	2.3
15	29.2	2.3
16	30.2	2.3
17	31.3	2.3
18	32.3	2.3
19	33.4	2.4
20	34.5	2.4
21	35.6	2.5
22	36.8	2.5
23	38.0	2.5
24	39.3	2.5
25	40.6	2.5
26	41.9	2.5
27	43.2	2.4
28	44.5	2.4
29	45.8	2.4
30	47.1	2.4
31	48.3	2.4
32	49.6	2.4
33	50.9	2.4
34	52.2	2.4
35	53.5	2.5
36	55.0	2.5
37	56.6	2.7
38	58.6	3.0
39	61.1	3.5
40	66.1	5.2
*SE = Standard Error on T-score metric		

<b>PROMIS Section 4– Family Relationships</b>		
<i>Short Form Conversion Table</i>		
<b>Raw Summed Score</b>	<b>T-Score</b>	<b>SE*</b>
8	17.9	3.3
9	20.5	2.9
10	22.3	2.6
11	23.7	2.4
12	25.0	2.3
13	26.2	2.2
14	27.2	2.2
15	28.3	2.2
16	29.3	2.2
17	30.3	2.2
18	31.2	2.2
19	32.3	2.2
20	33.3	2.2
21	34.3	2.3
22	35.4	2.3
23	36.5	2.3
24	37.6	2.3
25	38.7	2.3
26	39.8	2.3
27	41.0	2.3
28	42.1	2.2
29	43.3	2.2
30	44.4	2.2
31	45.6	2.2
32	46.8	2.3
33	48.0	2.3
34	49.3	2.3
35	50.6	2.4
36	52.1	2.5
37	53.7	2.7
38	55.7	3.1
39	58.4	3.7
40	63.9	5.5

\*SE = Standard Error on T-score metric