

## Child and Adolescent Trauma Screen (CATS) Scoring

Child's Name: \_\_\_\_\_

Caregiver's Name: \_\_\_\_\_

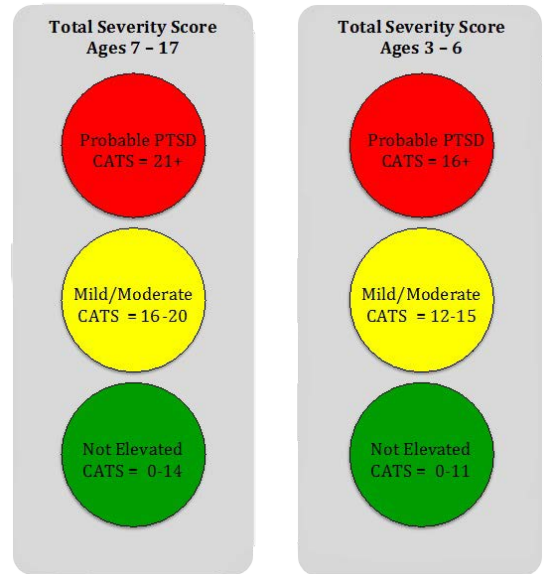
Provider's Name: \_\_\_\_\_

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

### CAREGIVER Report

Trauma Exposure: \_\_\_\_\_

Total PTSD Severity Score: \_\_\_\_\_ Add ALL items, 1-20



Criteria	# of Symptoms (Only count items rated 2 or 3)	# Symptoms Required	DSM-5 Criteria Met?	
<b>Re-experiencing</b> Items 1-5		1+	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>Avoidance</b> Items 6-7		1+	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>Negative Mood/ Cognitions</b> Items 8-14		2+	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>Arousal</b> Items 15-20		2+	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>Functional Impairment</b> Set of 1-5 Yes/No Questions		1+	<input type="checkbox"/> Yes	<input type="checkbox"/> No

\*Age 6 & Under - Only need 1 symptom of avoidance OR negative mood/cognitions

### CHILD Report

Trauma Exposure: \_\_\_\_\_

Total PTSD Severity Score: \_\_\_\_\_ Add ALL items, 1-20

Criteria	# of Symptoms (Only count items rated 2 or 3)	# Symptoms Required	DSM-5 Criteria Met?	
<b>Re-experiencing</b> Items 1-5		1+	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>Avoidance</b> Items 6-7		1+	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>Negative Mood/ Cognitions</b> Items 8-14		2+	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>Arousal</b> Items 15-20		2+	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>Functional Impairment</b> Set of 1-5 Yes/No Questions		1+	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Most Distressing Trauma: \_\_\_\_\_

## RE-EXPERIENCING

B1



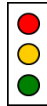
Upsetting  
Memories of  
Trauma

B2



Nightmares

B3



Acts/Feels as  
if trauma is  
happening

B4



Emotional  
Reactions to  
Trauma Reminders

B5



Physical  
Reactions to  
Trauma  
Reminders

### Symptom Severity

2 – 3 = Red Light



1 = Yellow Light

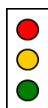


0 = Green Light



## AVOIDANCE / WITHDRAWAL

C1



Avoid Trauma-  
Related Thoughts /  
Feelings

C2



Avoid Trauma  
Reminders

## NEGATIVE MOOD / BELIEFS

D1



Trouble  
Remembering  
Trauma Details

D2



Negative beliefs &  
expectations

D3



Blames self or  
others not  
responsible

D4



Negative emotions  
(fear, anger, guilt)

D5



Less interest in  
activities

D6



Feels distant from  
Others

D7



Inability to  
experience  
positive emotions

## HYPER-AROUSAL

E1



Irritable/ Angry  
Outbursts

E2



Reckless/ Harmful  
behavior

E3



On-guard/  
Watchful

E4



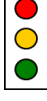
Jumpy/ On-Edge

E5



Problems  
Concentrating

E6



Trouble  
Sleeping