

Child and Adolescent Trauma Screen (CATS) Scoring

Child's Name: _____ **Assessment Date:** _____

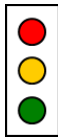
Caregiver's Name: _____ **Provider's Name:** _____

Measure Completed by: Child Caregiver **PTSD Severity Score:** _____

Most Distressing Trauma: _____

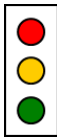
RE-EXPERIENCING

B1



Upsetting
Memories of
Trauma

B2



Nightmares

B3



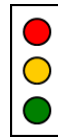
Acts/Feels as
if trauma is
happening

B4



Emotional
Reactions to
Trauma Reminders

B5



Physical
Reactions to
Trauma
Reminders

Symptom Severity

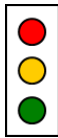
2 – 3 = Red Light

1 = Yellow Light

0 = Green Light

AVOIDANCE / WITHDRAWAL

C1



Avoid Trauma-
Related Thoughts /
Feelings

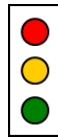
C2



Avoid Trauma
Reminders

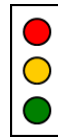
NEGATIVE MOOD / BELIEFS

D1



Trouble
Remembering
Trauma Details

D2



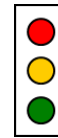
Negative beliefs &
expectations

D3



Blames self or
others not
responsible

D4



Negative emotions
(fear, anger, guilt)

D5



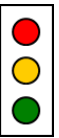
Less interest in
activities

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



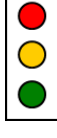
Jumpy/ On-Edge

E5



Problems
Concentrating

E6



Trouble
Sleeping