

Child and Adolescent Trauma Screen (CATS) Scoring

Youth: _____ Caregiver: _____

Date: _____

Youth PTSD Severity Score: _____

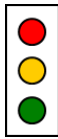
Caregiver PTSD Severity Score: _____

Measure Completed by: Youth Caregiver

Traumas Experienced: _____

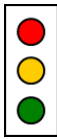
RE-EXPERIENCING

1



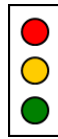
Upsetting Memories of Trauma

2



Nightmares

3



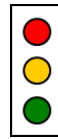
Acts/Feels as if trauma is happening

4



Emotional Reactions to Trauma Reminders

5



Physical Reactions to Trauma Reminders

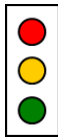
Symptom Severity

2 – 3 = Red Light 
 1 = Yellow Light 
 0 = Green Light 



AVOIDANCE / WITHDRAWAL

6



Avoid Trauma-Related Thoughts / Feelings

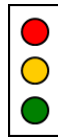
7



Avoid Trauma Reminders

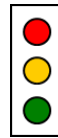
NEGATIVE MOOD / BELIEFS

8



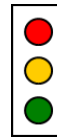
Trouble Remembering Trauma Details

9



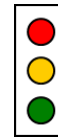
Negative beliefs & expectations

10



Blames self or others not responsible

11



Negative emotions (fear, anger, guilt)

12



Less interest in activities

13



Feels distant from Others

14



Inability to experience positive emotions

HYPER-AROUSAL

15



Irritable/ Angry Outbursts

16



Reckless/ Harmful behavior

17



On-guard/ Watchful

18



Jumpy/ On-Edge

19



Problems Concentrating

20



Trouble Sleeping