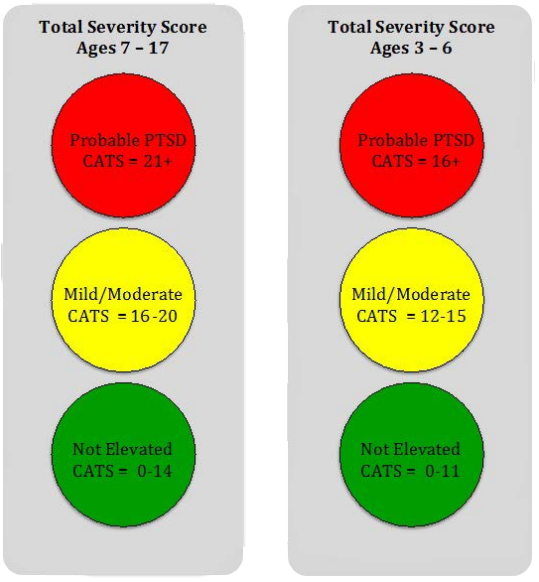


## Child and Adolescent Trauma Screen (CATS) Scoring

**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