

Post-traumatic Stress Symptoms Child and Adolescent Trauma Screen-2 (CATS-2)

Youth: _____

Caregiver: _____

Date: _____

Youth PTSD Severity Score: _____

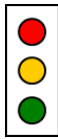
Caregiver PTSD Severity Score: _____

Measure Completed by: Youth Caregiver

Traumas Experienced: _____

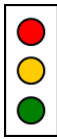
RE-EXPERIENCING

1



Upsetting
Memories of
Trauma

2



Nightmares

3



Acts/Feels as
if trauma is
happening

4



Emotional
Reactions to
Trauma Reminders

5



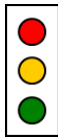
Physical
Reactions to
Trauma
Reminders

Symptom Severity

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

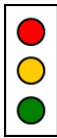
AVOIDANCE / WITHDRAWAL

6



Avoid Trauma-
Related Thoughts /
Feelings

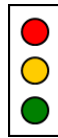
7



Avoid Trauma
Reminders

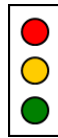
NEGATIVE MOOD / BELIEFS

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

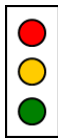
14



Inability to
experience
positive emotions

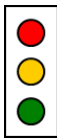
HYPER-AROUSAL

15



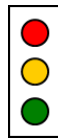
Irritable/ Angry
Outbursts

16



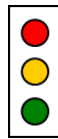
Reckless/ Harmful
behavior

17



On-guard/
Watchful

18



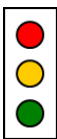
Jumpy/ On-Edge

19



Problems
Concentrating

20



Trouble
Sleeping