

CHILD AND ADOLESCENT TRAUMA SCREEN 2 (CATS-2)

SELF REPORT (7-17 YEARS)

NAME: _____ DATE: _____

Stressful or scary events happen to many people. Below is a list of stressful and scary events that sometimes happen. Mark YES if it happened to you. Mark NO if it didn't happen to you.

- | | YES | NO |
|---------------------------------------------------------------------------------------------------------------------------------------|-----------------------|-----------------------|
| 1. Serious natural disaster like a flood, tornado, hurricane, earthquake, or fire. | <input type="radio"/> | <input type="radio"/> |
| 2. Serious accident or injury like a car/bike crash, dog bite, or sports injury. | <input type="radio"/> | <input type="radio"/> |
| 3. Threatened, hit or hurt badly in my family. | <input type="radio"/> | <input type="radio"/> |
| 4. Threatened, hit or hurt badly in school or the community. | <input type="radio"/> | <input type="radio"/> |
| 5. Attacked, stabbed, shot at or robbed by threat. | <input type="radio"/> | <input type="radio"/> |
| 6. Seeing someone in my family threatened, hit or hurt badly. | <input type="radio"/> | <input type="radio"/> |
| 7. Seeing someone in school or the community threatened, hit or hurt badly. | <input type="radio"/> | <input type="radio"/> |
| 8. Someone doing sexual things to me or making me do sexual things to them when I couldn't say no. Or when I was forced or pressured. | <input type="radio"/> | <input type="radio"/> |
| 9. On line or in social media, someone asking or pressuring me to do something sexual. Like take or send pictures. | <input type="radio"/> | <input type="radio"/> |
| 10. Someone bullying me in person. Saying very mean things that scare me. | <input type="radio"/> | <input type="radio"/> |
| 11. Someone bullying me online. Saying very mean things that scare me. | <input type="radio"/> | <input type="radio"/> |
| 12. Someone close to me dying suddenly or violently. | <input type="radio"/> | <input type="radio"/> |
| 13. Stressful or scary medical procedure. | <input type="radio"/> | <input type="radio"/> |
| 14. Being around war. | <input type="radio"/> | <input type="radio"/> |
| 15. Other stressful or scary event?
<u>Describe:</u>
_____ | <input type="radio"/> | <input type="radio"/> |
| 16. Which event(s) are bothering you the most?
_____ | | |

Turn the page and answer the next questions **about all the scary or stressful events that happened to you.**

Mark 0, 1, 2 or 3 for how often you had the following thoughts, feelings, or problems in the last four weeks: 0 = Never / 1 = Sometimes / 2 = Often / 3 = Almost always

1. Upsetting thoughts or memories about what happened pop into my head.	0	1	2	3
2. Bad dreams reminding me of what happened.	0	1	2	3
3. Pictures in my head of what happened. Feels like it is happening right now.	0	1	2	3
4. Feeling very upset when I am reminded of what happened.	0	1	2	3
5. Strong feelings in my body when I am reminded of what happened (sweating, heart beating fast, upset stomach).	0	1	2	3
6. Trying not to think about what happened. Or to not have feelings about it.	0	1	2	3
7. Staying away from anything that reminds me of what happened (people, places, things, situations, talks).	0	1	2	3
8. Not being able to remember part of what happened.	0	1	2	3
9. Having negative thoughts, such as:				
a. I won't have a good life.	0	1	2	3
b. I can't trust other people.	0	1	2	3
c. The world is unsafe.	0	1	2	3
d. I am not good enough.	0	1	2	3
10. Blaming for the event(s)				
a. Blaming myself for what happened.	0	1	2	3
b. Blaming someone else for what happened although it wasn't their fault.	0	1	2	3
11. Upsetting feelings (afraid, angry, guilty, ashamed) a lot of the time.	0	1	2	3
12. Not wanting to do things I used to do.	0	1	2	3
13. Not feeling close to people.	0	1	2	3
14. Not being able to have happy feelings.	0	1	2	3
15. Managing strong feelings				
a. It is very hard to calm down when I am upset.	0	1	2	3
b. Feeling mad. Having fits of anger and taking it out on others.	0	1	2	3
16. Doing unsafe things.	0	1	2	3
17. Being overly careful (checking to see who is around me).	0	1	2	3
18. Being jumpy.	0	1	2	3
19. Problems paying attention.	0	1	2	3
20. Trouble falling or staying asleep.	0	1	2	3

Please mark YES or NO if the problems you marked interfered with:

	YES	NO		YES	NO
1. Getting along with others	<input type="radio"/>	<input type="radio"/>	4. Family relationships	<input type="radio"/>	<input type="radio"/>
2. Hobbies/Fun	<input type="radio"/>	<input type="radio"/>	5. General happiness	<input type="radio"/>	<input type="radio"/>
3. School or work	<input type="radio"/>	<input type="radio"/>			

DIMENSIONAL SCORING

Child's Name: _____ Date of Assessment: _____ Index Traumatic Event(s): _____

Scoring for posttraumatic stress symptom intensity (DSM-5 PTSD)

Sum of symptom items #1 to #20. Only count the highest score for #9; #10 and #15.

DSM-5 PTSD Sum = _____

CATS 7-17 Years Score <15 Normal. Not clinically elevated.	CATS 7-17 Years Score 15-20 Moderate trauma-related distress.	CATS 7-17 Years Score ≥ 21* Elevated distress. Positive Screening threshold. *	CATS 7-17 Years Score ≥ 25* High trauma-related distress. Probable PTSD. *
-------------------------------------------------------------------------------------------	-------------------------------------------------------------------------------------------	------------------------------------------------------------------------------------------------------------	--------------------------------------------------------------------------------------------------------

*Validation study: Sachser et al., 2022

CATEGORICAL SCORING

Child's Name: _____ Date of Assessment: _____ Index Traumatic Event(s): _____

DSM-5 PTSD

DSM-5 Criteria:	# of Symptoms (Only count items rated 2 or 3)	# Symptoms Required	DSM-5 Criteria Met?	
Re-experiencing Items 1-5		1+	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Avoidance Items 6-7		1+	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Negative Mood/Cognitions Items 8-14 (highest of #9, #10)		2+	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Hyperarousal Items 15-20 (highest of #15)		2+	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Functional Impairment Set of 1-5 Yes/No questions		1+	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Probable DSM-5 PTSD Diagnosis*			<input type="checkbox"/> Yes	<input type="checkbox"/> No

*CATS-2 is constructed as a screening instrument. Elevated scores may be sufficient to suggest a trauma focused treatment, but because it relies on self-report, clinicians should be cautious to use it as a diagnostic tool.