

## 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: \_\_\_\_\_

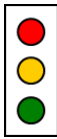
### RE-EXPERIENCING

1



Upsetting  
Memories of  
Trauma

2



Nightmares

3



Acts/Feels as  
if trauma is  
happening

4



Emotional  
Reactions to  
Trauma Reminders

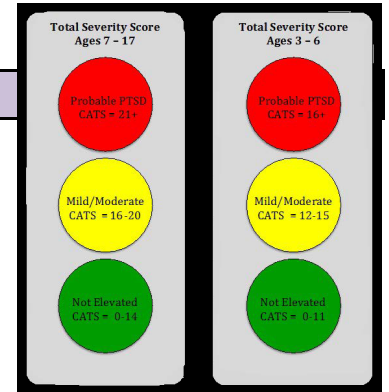
5



Physical  
Reactions to  
Trauma  
Reminders

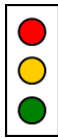
#### Symptom Severity

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



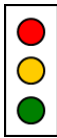
### AVOIDANCE / WITHDRAWAL

6



Avoid Trauma-  
Related Thoughts /  
Feelings

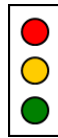
7



Avoid Trauma  
Reminders

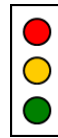
### NEGATIVE MOOD / BELIEFS

8



Trouble  
Remembering  
Trauma Details

9



Negative beliefs &  
expectations

10



Blames self or  
others not  
responsible

11



Negative emotions  
(fear, anger, guilt)

12



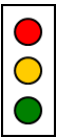
Less interest in  
activities

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