Child and Adolescent Trauma Screen (CATS) Scoring

Youth: ________________________________

Caregiver: ________________________________

Date: ________________________________

Measure Completed by: □ Youth □ Caregiver

Youth PTSD Severity Score: ______

Caregiver PTSD Severity Score: ______

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

Adapted From: NCTSN (The National Child Traumatic Stress Network)