

Therapist ID: _____

Today's Date: _____

Client ID: _____

Child and Adolescent Trauma Screen (CATS) Scoring

CATS 3-6 Years Score: 0-11	CATS 3-6 Years Score: 12-15	CATS 3-6 Years Score: 16+
Normal, not clinically elevated.	Mild/Moderate trauma-related distress	Probable PTSD
CATS 7-17 Years Score: 0-14	CATS 7-17 Years Score: 15-20	CATS 7-17 Years Score: 21+
Normal, not clinically elevated.	Mild/Moderate trauma-related distress	Probable PTSD

SELF 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?	
			Yes	No
Re-experiencing Items 1-5		1+	<input type="checkbox"/>	<input type="checkbox"/>
Avoidance Items 6-7		1+	<input type="checkbox"/>	<input type="checkbox"/>
Negative Mood/Cognitions Items 8-14		2+	<input type="checkbox"/>	<input type="checkbox"/>
Arousal Items 15-20		2+	<input type="checkbox"/>	<input type="checkbox"/>
Functional Impairment Items 21-25		1+	<input type="checkbox"/>	<input type="checkbox"/>

CAREGIVER Report

Trauma Exposure: _____

Total PTSD Severity Score (Add ALL items: 1-20 for ages 7-17 and 1-16 for ages 3-6): _____

Criteria	# of Symptoms (Only count items rated 2 Or 3)	# Symptoms Required	DSM-5 Criteria Met?	
			Yes	No
Re-experiencing Items 1-5 (all ages)		1+	<input type="checkbox"/>	<input type="checkbox"/>
Avoidance * Items 6-7 (all ages)		1+	<input type="checkbox"/>	<input type="checkbox"/>
Negative Mood/Cognitions * Items 8-11 (ages 3-6) Items 8-14 (ages 7-17)		2+	<input type="checkbox"/>	<input type="checkbox"/>
Arousal Items 12-16 (ages 3-6) Items 15-20 (ages 7-17)		2+	<input type="checkbox"/>	<input type="checkbox"/>
Functional Impairment Items 17-21 (ages 3-6) Items 21-25 (ages 7-17)		1+	<input type="checkbox"/>	<input type="checkbox"/>

* Ages 3-6 only need 1 symptom of avoidance OR negative mood/cognitions

Therapist ID: _____

Today's Date: _____

Client ID: _____

Most Distressing Trauma:

Symptom Severity	
2-3 = Red Light	
1 = Yellow Light	
0 = Green Light	

RE-EXPERIENCING				
B1	B2	B3	B4	B5
Upsetting memories of trauma	Nightmares	Acts/feels as if trauma is happening	Emotional reactions to trauma reminders	Physical reactions to trauma reminders

AVOIDANCE/WITHDRAWAL	
C1	C2
Avoid trauma-related thoughts/feelings	Avoid trauma reminders

NEGATIVE MOOD/FEELINGS						
D1	D2	D3	D4	D5	D6	D7
Trouble remembering trauma details	Negative beliefs & expectations	Blame self or others not responsible	Negative emotions (fear, anger, guilt)	Less interest in activities	Feels distant from others	Inability to experience positive emotions

HYPER-AROUSAL					
E1	E2	E3	E4	E5	E6
Irritable/angry outbursts	Reckless/harmful behavior	On-guard/watchful	Jumpy/on-edge	Problems concentrating	Trouble sleeping