Child and Adolescent Trauma Screen (CATS)

SCORING

Child's Name: _____ **Assessment Date:** _____

Caregiver's Name: _____

Provider's Name: _____

CAREGIVER Report

Trauma Exposure: _____

Total PTSD Severity Score: _____

Criteria	**# of Symptoms** (Only count items rated 2 or 3)	**# Symptoms Required**	**DSM-5 Criteria Met?**	
Re-experiencing Items 1-5		1+	☐ Yes	☐ No
Avoidance Items 6-7		1+	☐ Yes	☐ No
Negative Mood/ Cognitions Items 8-15		2+	☐ Yes	☐ No
Arousal Items 16-20		2+	☐ Yes	☐ No
Functional Impairment Set of 1-5 Yes/No Questions		1+	☐ Yes	☐ No

CHILD Report

Trauma Exposure: _____

Total PTSD Severity Score: _____

Criteria	**# of Symptoms** (Only count items rated 2 or 3)	**# Symptoms Required**	**DSM-5 Criteria Met?**	
Re-experiencing Items 1-5		1+	☐ Yes	☐ No
Avoidance Items 6-7		1+	☐ Yes	☐ No
Negative Mood/ Cognitions Items 8-15		2+	☐ Yes	☐ No
Arousal Items 16-20		2+	☐ Yes	☐ No
Functional Impairment Set of 1-5 Yes/No Questions		1+	☐ Yes	☐ No