

Child and Adolescent Trauma Screen (CATS) Scoring Ages 3-6

Client ID: _____

Therapist ID: _____

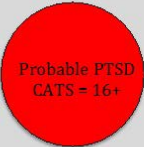
Assessment Date: _____

CAREGIVER Report


Trauma Exposure: _____

Total PTSD Severity Score: _____ *Add ALL items, 1-16*


Total Severity Score
Ages 3 - 6



Probable PTSD
CATS = 16+



Mild/Moderate
CATS = 12-15



Not Elevated
CATS = 0-11

Criteria	# of Symptoms <small>(Only count items rated 2 or 3)</small>	# 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 8-11		1+	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Arousal Items 12-16		1+	<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

**Age 6 & Under - Only need 1 symptom of avoidance OR negative mood/cognitions*