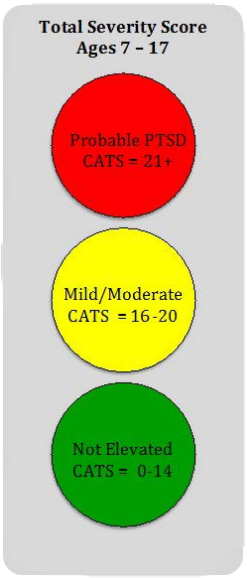
Child and Adolescent Trauma Screen (CATS) Scoring



Client ID: _____

Therapist ID: _____

Assessment Date: _____

CAREGIVER 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?	
Re-experiencing Items 1-5		1+	☐ Yes	☐ No
Avoidance Items 6-7		1+	☐ Yes	☐ No
Negative Mood/ Cognitions Items 8-14		2+	☐ Yes	☐ No
Arousal Items 15-20		2+	☐ Yes	☐ No
Functional Impairment Set of 1-5 Yes/No Questions		1+	☐ Yes	☐ No

CHILD 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?	
Re-experiencing Items 1-5		1+	☐ Yes	☐ No
Avoidance Items 6-7		1+	☐ Yes	☐ No
Negative Mood/ Cognitions Items 8-14		2+	☐ Yes	☐ No
Arousal Items 15-20		2+	☐ Yes	☐ No
Functional Impairment Set of 1-5 Yes/No Questions		1+	☐ Yes	☐ No