

CHILD AND ADOLESCENT TRAUMA SCREEN 2 (CATS-2)

CAREGIVER REPORT (AGES 7-17)

CHILD'S NAME: _____ CAREGIVER NAME: _____ DATE: _____

Stressful or scary events happen to many children. Below is a list of stressful and scary events that sometimes happen. Mark YES if it happened to the child to the best of your knowledge. Mark NO if it didn't happen to the child.

	YES	NO
1. Serious natural disaster like a flood, tornado, hurricane, earthquake, or fire.	<input type="radio"/>	<input type="radio"/>
2. Serious accident or injury like a car/bike crash, dog bite, or sports injury.	<input type="radio"/>	<input type="radio"/>
3. Threatened, hit or hurt badly within the family.	<input type="radio"/>	<input type="radio"/>
4. Threatened, hit or hurt badly in school or the community.	<input type="radio"/>	<input type="radio"/>
5. Attacked, stabbed, shot at or robbed by threat.	<input type="radio"/>	<input type="radio"/>
6. Seeing someone in the family threatened, hit or hurt badly.	<input type="radio"/>	<input type="radio"/>
7. Seeing someone in school or the community threatened, hit or hurt badly.	<input type="radio"/>	<input type="radio"/>
8. Someone doing sexual things to the child or making the child do sexual things to them when he/she couldn't say no. Or when the child was forced or pressured.	<input type="radio"/>	<input type="radio"/>
9. On line or in social media, someone asking or pressuring the child to do something sexual. Like take or send pictures.	<input type="radio"/>	<input type="radio"/>
10. Someone bullying the child in person. Saying very mean things that scare him/her.	<input type="radio"/>	<input type="radio"/>
11. Someone bullying the child online. Saying very mean things that scare him/her.	<input type="radio"/>	<input type="radio"/>
12. Someone close to the child dying suddenly or violently.	<input type="radio"/>	<input type="radio"/>
13. Stressful or scary medical procedure.	<input type="radio"/>	<input type="radio"/>
14. Being around war.	<input type="radio"/>	<input type="radio"/>
15. Other stressful or scary event? <u>Describe:</u> _____	<input type="radio"/>	<input type="radio"/>
16. Which event(s) are your child bothering the most now? _____		

Turn the page and answer the next questions **about all the scary or stressful events that happened to the child.**

Mark 0, 1, 2 or 3 for how often the child has had the following thoughts, feelings, or problems in the last four weeks: 0 = Never / 1 = Sometimes / 2 = Often / 3 = Almost always

1. Upsetting thoughts or memories about what happened pop into the child's head. Or the child re-enacting what happened in play.	0	1	2	3
2. Bad dreams related to what happened.	0	1	2	3
3. Acting, playing, or feeling as if what happened is happening right now.	0	1	2	3
4. Feeling very upset when reminded of what happened.	0	1	2	3
5. Strong physical reactions when reminded of what happened (sweating, heart beating fast, upset stomach).	0	1	2	3
6. Trying not to think about or have feelings about what happened.	0	1	2	3
7. Avoiding anything that is a reminder of what happened (people, places, things, situations, talks).	0	1	2	3
8. Not being able to remember an important part of what happened.	0	1	2	3
9. Having negative thoughts, such as:				
a. I won't have a good life.	0	1	2	3
b. I can't trust other people.	0	1	2	3
c. The world is unsafe.	0	1	2	3
d. I am not good enough.	0	1	2	3
10. Blame for the event(s)				
a. Blaming self for what happened.	0	1	2	3
b. Blaming others for what happened even though it wasn't their fault.	0	1	2	3
11. Upsetting feelings (afraid, angry, guilty, ashamed) a lot of the time.	0	1	2	3
12. Not wanting to do things he/she used to do. Losing interest in activities he/she used to enjoy.	0	1	2	3
13. Not feeling close to people.	0	1	2	3
14. Showing or having less happy feelings.	0	1	2	3
15. Managing strong feelings				
a. Having a hard time calming down when upset.	0	1	2	3
b. Being irritable. Or having angry outbursts and taking it out on others.	0	1	2	3
16. Risky behavior or behavior that could be harmful. Doing unsafe things.	0	1	2	3
17. Being overly alert or on guard.	0	1	2	3
18. Being jumpy or easily startled.	0	1	2	3
19. Problems with concentration.	0	1	2	3
20. Trouble falling or staying asleep.	0	1	2	3

Please mark YES or NO if the problems you marked interfered with:

	YES	NO		YES	NO
1. Getting along with others	<input type="radio"/>	<input type="radio"/>	4. Family relationships	<input type="radio"/>	<input type="radio"/>
2. Hobbies/Fun	<input type="radio"/>	<input type="radio"/>	5. General happiness	<input type="radio"/>	<input type="radio"/>
3. School or work	<input type="radio"/>	<input type="radio"/>			

DIMENSIONAL SCORING

Child's Name: _____ **Date of Assessment:** _____ **Index Traumatic Event(s):** _____

Scoring for posttraumatic stress symptom intensity (DSM-5 PTSD)

Sum of symptom items #1 to #20. Only count the highest score for #9; #10 and #15.

DSM-5 PTSD Sum = _____

<p>CATS 7-17 Years</p> <p>Score <15</p> <p>Normal. Not clinically elevated.</p>	<p>CATS 7-17 Years</p> <p>Score 15-20</p> <p>Moderate trauma-related distress.</p>	<p>CATS 7-17 Years</p> <p>Score ≥ 21*</p> <p>Elevated distress. Positive Screening threshold. *</p>	<p>CATS 7-17 Years</p> <p>Score ≥ 25*</p> <p>High trauma-related distress. Probable PTSD. *</p>
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*Validation study: Sachser et al., 2022

Scoring for posttraumatic stress symptom intensity (ICD-11 PTSD)

Sum of symptom items #2, #3, #6, #7, #17, #18.

ICD-11 PTSD Sum = _____

<p>CATS 7-17 Years</p> <p>Score <5</p> <p>Normal. Not clinically elevated.</p>	<p>CATS 7-17 Years</p> <p>Score 5-6</p> <p>Moderate trauma-related distress.</p>	<p>CATS 7-17 Years</p> <p>Score ≥ 7*</p> <p>Elevated distress. Positive Screening threshold. *</p>	<p>CATS 7-17 Years</p> <p>Score ≥ 9*</p> <p>High trauma-related distress. Probable PTSD. *</p>
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*Validation study: Sachser et al., 2022

Scoring for posttraumatic stress symptom intensity (ICD-11 CPTSD)

Sum of symptom items #2, #3, #6, #7, #9b, #9d, #10a, #13, #14, #15a, #17, #18.

ICD-11 CPTSD Sum = _____

<p>CATS 7-17 Years</p> <p>Score ≤9*</p> <p>Normal. Not clinically elevated. *</p>	<p>CATS 7-17 Years</p> <p>Score 10-12*</p> <p>Moderate trauma-related distress. *</p>	<p>CATS 7-17 Years</p> <p>Score ≥ 13*</p> <p>Elevated distress. Positive Screening threshold. *</p>	<p>CATS 7-17 Years</p> <p>Score ≥ 16*</p> <p>High trauma-related distress. Probable CPTSD. *</p>
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* clinical approximation, cut-off validation pending.

CATEGORICAL SCORING

Child's Name: _____ Date of Assessment: _____ Index Traumatic Event(s): _____

DSM-5 PTSD

DSM-5 Criteria:	# of Symptoms (Only count items rated 2 or 3)	# 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 8-14 (highest of #9 and #10)		2+	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Hyperarousal Items 15-20 (highest of #15)		2+	<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
Probable DSM-5 PTSD Diagnosis*			<input type="checkbox"/> Yes	<input type="checkbox"/> No

ICD-11 PTSD and CPTSD

ICD-11 Criteria:	# of Symptoms (Only count items rated 2 or 3)	# Symptoms Required	ICD-11 Criteria Met?	
Re-experiencing Items 2,3		1+	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Avoidance Items 6, 7		1+	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Hyperarousal Items 17,18		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
Probable ICD-11 PTSD Diagnosis*			<input type="checkbox"/> Yes	<input type="checkbox"/> No

CPTSD Criteria (only if ICD-11 PTSD is fulfilled)				
Emotion Regulation Items 14,15a		1+	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Negative Self-Concept Items 9d, 10a		1+	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Disturbed Relationships Items 9b, 13		1+	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Probable ICD-11 CPTSD Diagnosis*			<input type="checkbox"/> Yes	<input type="checkbox"/> No

*CATS-2 is constructed as a screening instrument. Elevated scores may be sufficient to suggest a trauma focused treatment, but because it relies on self-report, clinicians should be cautious to use it as a diagnostic tool.