

OPTIONAL PEI OUTCOMES WORKSHEET

Severe Behaviors/Conduct Disorders: Multisystemic Therapy (MST)

ADMINISTRATIVE INFORMATION

Client ID	<input type="text"/>		
Client Last Name	<input type="text"/>	Client First Name	<input type="text"/>
Provider ID	<input type="text"/>	Therapist ID/NPI #	<input type="text"/>

BEGINNING OF TREATMENT INFORMATION

Date of First EBP Treatment Session

BEGINNING OF TREATMENT QUESTIONNAIRES

**Youth Outcome
Questionnaire®
(Parent)**
Clients Ages 4-17

Admin. Date	<input type="text"/>
Intrapersonal Distress (ID)	<input type="text"/>
Somatic (S)	<input type="text"/>
Interpersonal Relations (IR)	<input type="text"/>
Social Problems (SP)	<input type="text"/>
Behavioral Dysfunction (BD)	<input type="text"/>
Critical Items (CI)	<input type="text"/>
TOTAL SCORE	<input type="text"/>
If "Unable to Collect," Enter Number from Below	<input type="text"/>

**Youth Outcome
Questionnaire®
(Self-Report)**
Clients Ages 12-18

Admin. Date	<input type="text"/>
Intrapersonal Distress (ID)	<input type="text"/>
Somatic (S)	<input type="text"/>
Interpersonal Relations (IR)	<input type="text"/>
Social Problems (SP)	<input type="text"/>
Behavioral Dysfunction (BD)	<input type="text"/>
Critical Items (CI)	<input type="text"/>
TOTAL SCORE	<input type="text"/>
If "Unable to Collect," Enter Number from Below	<input type="text"/>

Reasons for "Unable to Collect"

- | | | |
|---|---|---------------------------------------|
| 1. Administered Wrong Form | 5. Clinician not Trained in Outcome Measure | 10. Outcome Measure Unavailable |
| 2. Administration Date Exceeds Acceptable Range | 6. Invalid Outcome Measure | 11. Parent/Caregiver Refused |
| 3. Client Refused | 7. Lost Contact with Client | 12. Parent/Caregiver Unavailable |
| 4. Client Unavailable | 8. Lost Contact with Parent/Caregiver | 13. Premature Termination |
| | 9. Not Available in Primary Language | 14. Therapist did not Administer Tool |

