OPTIONAL PEI OUTCOMES WORKSHEET

Trauma: Individual Cognitive Behavioral Therapy (CBT-Trauma)

ADMINISTRATIVE INFORMATION

Client ID			
Client Last Name		Client First Name	
Provider ID		Therapist ID/NPI #	

UPDATE TREATMENT QUESTIONNAIRES

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

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

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

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

Outcome Questionnaire®
Clients Ages 19+

Admin. Date	
Symptom Distress (SD)	
Interpersonal Relations (IR)	
Social Role (SR)	
TOTAL SCORE	
If "Unable to Collect," Enter Number from Below	

UCLA PTSD-RI Adult Short Form
Clients Ages 21+

Admin. Date	
RAW SCORE	
If "Unable to Collect," Enter Number from Below	

UCLA PTSD-RI Parent
Clients Ages 3-18

Admin. Date	
RAW SCORE	
If "Unable to Collect," Enter Number from Below	

UCLA PTSD-RI Child/Adolescent
Clients Ages 6-20

Admin. Date	
RAW SCORE	
If "Unable to Collect," Enter Number from Below	

Reasons for "Unable to Collect"

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