

OPTIONAL PEI OUTCOMES WORKSHEET
Trauma: Alternatives for Families-Cognitive Behavioral Therapy (AF-CBT)

ADMINISTRATIVE INFORMATION

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

BEGINNING OF TREATMENT INFORMATION

Date of First EBP Treatment Session	<input type="text"/>
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BEGINNING OF TREATMENT QUESTIONNAIRES

**UCLA PTSD-RI DSM-5
Parent**
Clients Ages 7-18

Admin. Date	<input type="text"/>
RAW SCORE	<input type="text"/>
If "Unable to Collect," Enter Number from Below	<input type="text"/>

**UCLA PTSD-RI DSM-5
Child/Adolescent**
Clients Ages 7-18

Admin. Date	<input type="text"/>
RAW SCORE	<input type="text"/>
If "Unable to Collect," Enter Number from Below	<input type="text"/>

Reasons for "Unable to Collect"

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

