

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"/>		

UPDATE TREATMENT QUESTIONNAIRES

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

Admin. Date

RAW SCORE

If "Unable to Collect," Enter Number from Below

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

Admin. Date

RAW SCORE

If "Unable to Collect," Enter Number from Below

Reasons for "Unable to Collect"

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