

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

**ADMINISTRATIVE INFORMATION**

Client ID	<input style="width:95%;" type="text"/>		
Client Last Name	<input style="width:95%;" type="text"/>	Client First Name	<input style="width:95%;" type="text"/>
Provider ID	<input style="width:95%;" type="text"/>	Therapist ID/NPI #	<input style="width:95%;" type="text"/>

**UPDATE TREATMENT QUESTIONNAIRES**

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

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

**UCLA PTSD-RI Parent**  
Clients Ages 3-18

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

Admin. Date	<input style="width:95%;" type="text"/>	Admin. Date	<input style="width:95%;" type="text"/>	Admin. Date	<input style="width:95%;" type="text"/>	Admin. Date	<input style="width:95%;" type="text"/>
Intrapersonal Distress (ID)	<input style="width:95%;" type="text"/>	Intrapersonal Distress (ID)	<input style="width:95%;" type="text"/>	<b>RAW SCORE</b>	<input style="width:95%;" type="text"/>	<b>RAW SCORE</b>	<input style="width:95%;" type="text"/>
Somatic (S)	<input style="width:95%;" type="text"/>	Somatic (S)	<input style="width:95%;" type="text"/>	If "Unable to Collect," Enter Number from Below	<input style="width:95%;" type="text"/>	If "Unable to Collect," Enter Number from Below	<input style="width:95%;" type="text"/>
Interpersonal Relations (IR)	<input style="width:95%;" type="text"/>	Interpersonal Relations (IR)	<input style="width:95%;" type="text"/>				
Social Problems (SP)	<input style="width:95%;" type="text"/>	Social Problems (SP)	<input style="width:95%;" type="text"/>				
Behavioral Dysfunction (BD)	<input style="width:95%;" type="text"/>	Behavioral Dysfunction (BD)	<input style="width:95%;" type="text"/>				
Critical Items (CI)	<input style="width:95%;" type="text"/>	Critical Items (CI)	<input style="width:95%;" type="text"/>				
<b>TOTAL SCORE</b>	<input style="width:95%;" type="text"/>	<b>TOTAL SCORE</b>	<input style="width:95%;" type="text"/>				
If "Unable to Collect," Enter Number from Below	<input style="width:95%;" type="text"/>	If "Unable to Collect," Enter Number from Below	<input style="width:95%;" type="text"/>				

**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 |