

OPTIONAL PEI OUTCOMES WORKSHEET

First Break/TAY: Center for the Assessment and Prevention of Prodromal States (CAPPS)

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

Scale of Prodromal Symptoms Clients Ages 12-35

Admin. Date

Positive Symptoms (P)

P. 1. Unusual Thought Content/Delusional Ideas	<input type="text"/>
P. 2. Suspiciousness/Persecutory Ideas	<input type="text"/>
P. 3. Grandiosity	<input type="text"/>
P. 4. Perceptual Abnormalities/Hallucinations	<input type="text"/>
P. 5. Disorganized Communication	<input type="text"/>
<u>P TOTAL SCORE</u>	<input type="text"/>

Negative Symptoms (N)

N. 1. Social Anhedonia	<input type="text"/>
N. 2. Avolition	<input type="text"/>
N. 3. Expression of Emotion	<input type="text"/>
N. 4. Experience of Emotions and Self	<input type="text"/>
N. 5. Ideational Richness	<input type="text"/>
N. 6. Occupational Functioning	<input type="text"/>
<u>N TOTAL SCORE</u>	<input type="text"/>

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Reasons for "Unable to Collect"

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

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BEGINNING OF TREATMENT QUESTIONNAIRES

Disorganization Symptoms (D)

D. 1. Odd Behavior or Appearance	<input type="text"/>
D. 2. Bizarre Thinking	<input type="text"/>
D. 3. Trouble with Focus and Attention	<input type="text"/>
D. 4. Personal Hygiene	<input type="text"/>
<u>D TOTAL SCORE</u>	<input type="text"/>

General Symptoms (G)

G. 1. Sleep Disturbance	<input type="text"/>
G. 2. Dysphoric Mood	<input type="text"/>
G. 3. Motor Disturbances	<input type="text"/>
G. 4. Impaired Tolerance to Normal Stress	<input type="text"/>
<u>G TOTAL SCORE</u>	<input type="text"/>

If "Unable to Collect," Enter Number from Below

TOTAL OF ALL SCORES

Reasons for "Unable to Collect"

- | | | |
|---|---|---------------------------------------|
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