



## **OPTIONAL PEI OUTCOMES WORKSHEET**

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

ADMINISTRATIVE INFORMATION				
Client ID				
Client Last Name		Client First Nam	ne	
Provider ID		Therapist ID/NF	PI #	
END OF TREATMENT INFORMATION				
Date of Last (EBP Treatment) Session		Total Number of	EBP Treatment Sessions	
Completed EBP? Yes No If YES, Client's Treatment Success? Significant Partial				
If Client COMPLETED EBP, Please Check One for Disposition				
		at Another Agency	Case Closed	
□ Continued in Concurrent EBP □ If Client DID NOT COMPLETE EBP, P	Began Non-PEI I <b>ease Check C</b>		Linked to Non-MHS in Cor	nmunity
	Deceased		□ Foster Care/Residential PI	acement
□ New EBP with Same Focus	Psychiatric Hos	spitalization	Continued in Concurrent E	BP
□ Arrested □	Moved		Linked to Non-MHS in Cor	nmunity
/	Unable to Con	tact	Linked to MHS at Another	Agency
	Withdrew		Began Non-PEI MHS	
END OF TREATMENT QUESTIONNAIRES				
Scale of Prodromal Symptoms Clients Ages 12-35 Admin. Date				
Positive Symptoms (P)	l		Negative Symptoms (N)	
P. 1. Unusual Thought Content/Delusional Ideas		N. 1. Social Ar	hedonia	
P. 2. Suspiciousness/Persecutory Ideas		N. 2. Avolition		
P. 3. Grandiosity		N. 3. Expression	on of Emotion	
P. 4. Perceptual Abnormalities/Hallucinations		N. 4. Experien	ce of Emotions and Self	
P. 5 Disorganized Communication		N. 5. Ideation	al Richness	
<u>P TOTAL SCORE</u>		N. 6. Occupat	ional Functioning	
			N TOTAL SCORE	
Continue to page 2				
		"Unable to Collect"		
. Administered Wrong Form	4. Client Unav	ailable	<ol><li>Not Available in Prima</li></ol>	arv Language

- 1
- Administration Date Exceeds Acceptable Range 5. 2.
- 3. **Client Refused**





- Clinician not Trained in Outcome Measure
- Invalid Outcome Measure 6.
- 7. Lost Contact with Client

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- Outcome Measure Unavailable 9.
  - 10. Premature Termination
  - 11. Therapist did not Administer Tool

Rev. 9/3/2020

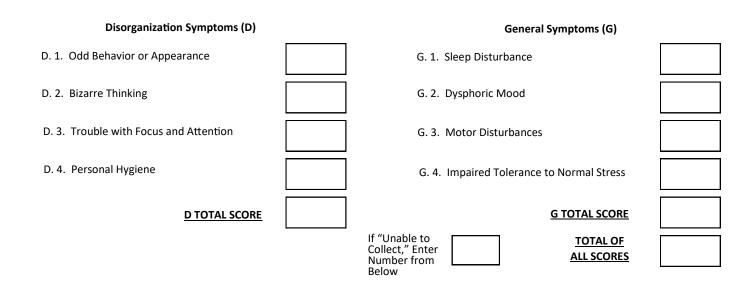




## **OPTIONAL PEI OUTCOMES WORKSHEET**

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

**END OF TREATMENT QUESTIONNAIRES** 



## **Reasons for "Unable to Collect"**

- Administered Wrong Form 1.
- 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. Not Available in Primary Language Outcome Measure Unavailable
- 9.
- 10. Premature Termination
- 11. Therapist did not Administer Tool

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