

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

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

- | | | |
|--|--|---|
| <input type="checkbox"/> Began New EBP | <input type="checkbox"/> Linked to MHS at Another Agency | <input type="checkbox"/> Case Closed |
| <input type="checkbox"/> Continued in Concurrent EBP | <input type="checkbox"/> Began Non-PEI MHS | <input type="checkbox"/> Linked to Non-MHS in Community |

If Client DID NOT COMPLETE EBP, Please Check One for Disposition

- | | | |
|---|--|--|
| <input type="checkbox"/> New EBP with Different Focus | <input type="checkbox"/> Deceased | <input type="checkbox"/> Foster Care/Residential Placement |
| <input type="checkbox"/> New EBP with Same Focus | <input type="checkbox"/> Psychiatric Hospitalization | <input type="checkbox"/> Continued in Concurrent EBP |
| <input type="checkbox"/> Arrested | <input type="checkbox"/> Moved | <input type="checkbox"/> Linked to Non-MHS in Community |
| <input type="checkbox"/> Detained by DCFS | <input type="checkbox"/> Unable to Contact | <input type="checkbox"/> Linked to MHS at Another Agency |
| <input type="checkbox"/> Medical Hospitalization | <input type="checkbox"/> Withdrew | <input type="checkbox"/> Began Non-PEI MHS |

END 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"/>

Continue to page 2... ..

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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END OF TREATMENT QUESTIONNAIRES

Disorganization Symptoms (D)

D. 1. Odd Behavior or Appearance

D. 2. Bizarre Thinking

D. 3. Trouble with Focus and Attention

D. 4. Personal Hygiene

D TOTAL SCORE

General Symptoms (G)

G. 1. Sleep Disturbance

G. 2. Dysphoric Mood

G. 3. Motor Disturbances

G. 4. Impaired Tolerance to Normal Stress

G TOTAL SCORE

If "Unable to Collect," Enter Number from Below

TOTAL OF ALL SCORES

Reasons for "Unable to Collect"

- | | | |
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