

OPTIONAL PEI OUTCOMES WORKSHEET
Trauma: Cognitive Behavioral Therapy for Trauma in Schools (CBITS)

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"/>		

BEGINNING OF TREATMENT INFORMATION

Date of First EBP Treatment Session	<input type="text"/>
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BEGINNING OF TREATMENT QUESTIONNAIRES

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

Admin. Date	<input type="text"/>
RAW SCORE	<input type="text"/>
If "Unable to Collect," Enter Number from Below	<input type="text"/>

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

Admin. Date	<input type="text"/>
RAW SCORE	<input type="text"/>
If "Unable to Collect," Enter Number from Below	<input type="text"/>

Reasons for "Unable to Collect"

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|---|---|---------------------------------------|
| 1. Administered Wrong Form | 5. Clinician not Trained in Outcome Measure | 10. Outcome Measure Unavailable |
| 2. Administration Date Exceeds Acceptable Range | 6. Invalid Outcome Measure | 11. Parent/Caregiver Refused |
| 3. Client Refused | 7. Lost Contact with Client | 12. Parent/Caregiver Unavailable |
| 4. Client Unavailable | 8. Lost Contact with Parent/Caregiver | 13. Premature Termination |
| | 9. Not Available in Primary Language | 14. Therapist did not Administer Tool |