OPTIONAL PEI OUTCOMES WORKSHEET

Trauma: Cognitive Behavioral Intervention for Trauma in Schools (CBITS)

ADMINISTRATIVE INFORMATION

Client ID		7					
Client Last Name			Client First Nar	me			
Provider ID			Therapist ID/NF	기#			
UPDATE TREATMENT QUESTIONNAIRES							
Youth Outcom Questionnaire (Parent) Clients Ages 4-2	Questionnai (Self-Repo	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	Admin. Date		Admin. Date		Admin. Date		
Intrapersonal Distress (ID)	Intrapersonal Distress (ID)		RAW SCORE		RAW SCORE		
Somatic (S)	Somatic (S)		If "Unable to Collect," Enter		If "Unable to Collect," Enter		
Interpersonal Relations (IR)	Interpersonal Relations (IR)		Number from Below		U Number from Below		
Social Problems (SP)	Social Problems (SP)						
Behavioral Dysfunction (BD)	Behavioral Dysfunction (BD)						
Critical Items (CI)	Critical Items (CI)						
TOTAL SCORE	TOTAL SCORE						
If "Unable to Collect," Enter Number from Below	If "Unable to Collect," Enter Number from Below						

Reasons for "Unable to Collect"

- 1. Administered Wrong Form
- 2. Client Refused
- 3. Client Unavailable

- . Clinician not Trained in Outcome Measure
- 5. Invalid Outcome Measure
- 6. Lost Contact with Client
- 7. Lost Contact with Parent/Caregiver
- 8. Not Available in Primary Language
- 9. Outcome Measure Unavailable
- 10. Parent/Caregiver Refused
- 11. Parent/Caregiver Unavailable
- 12. Premature Termination
- 13. Therapist did not Administer Tool



