LOS ANGELES COUNTY DEPARTMENT OF MENTAL HEALTH
Quality, Outcomes, & Training Division

OPTIONAL PEI OUTCOMES WORKSHEET
Crisis: Crisis Oriented Recovery Services (CORS)

ADMINISTRATIVE INFORMATION

Client ID

Client Last Name   Client First Name

Provider ID   Therapist ID/NPI #

BEGINNING OF TREATMENT INFORMATION

Date of First EBP Treatment Session

BEGINNING OF TREATMENT QUESTIONNAIRES

Outcome Questionnaire®
Clients Ages 19+

Admin. Date

Symptom
Distress (SD)

Interpersonal
Relations (IR)

Social Role (SR)

TOTAL SCORE

If "Unable to
Collect," Enter
Number from
Below

Reasons for "Unable to Collect"

1. Administered Wrong Form
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
9. Outcome Measure Unavailable
10. Premature Termination
11. Therapist did not Administer Tool

LOS ANGELES COUNTY
DEPARTMENT OF
MENTAL HEALTH
hope. recovery. wellbeing.

WELLNESS · RECOVERY · RESILIENCE

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