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

OPTIONAL PEI OUTCOMES WORKSHEET
Severe Behaviors/Conduct Disorders: *Functional Family Therapy (FFT)*

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

Youth Outcome Questionnaire® (Parent) Clients Ages 4-17		Youth Outcome Questionnaire® (Self-Report) Clients Ages 12-18	
Admin. Date		Admin. Date	
Intrapersonal Distress (ID)		Intrapersonal Distress (ID)	
Somatic (S)		Somatic (S)	
Interpersonal Relations (IR)		Interpersonal Relations (IR)	
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. 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. Lost Contact with Parent/Caregiver
9. Not Available in Primary Language
10. Outcome Measure Unavailable
11. Parent/Caregiver Refused
12. Parent/Caregiver Unavailable
13. Premature Termination
14. Therapist did not Administer Tool

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hope. recovery. wellbeing.

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