

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

**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**

Began New EBP  Linked to MHS at Another Agency  Case Closed

Continued in Concurrent EBP  Began Non-PEI MHS  Linked to Non-MHS in Community

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

New EBP with Different Focus  Deceased  Foster Care/Residential Placement

New EBP with Same Focus  Psychiatric Hospitalization  Continued in Concurrent EBP

Arrested  Moved  Linked to Non-MHS in Community

Detained by DCFS  Unable to Contact  Linked to MHS at Another Agency

Medical Hospitalization  Withdrew  Began Non-PEI MHS

**END OF TREATMENT QUESTIONNAIRES**

**Youth Outcome  
Questionnaire®  
(Parent)**  
Clients Ages 4-17

Admin. Date	<input type="text"/>
Intrapersonal Distress (ID)	<input type="text"/>
Somatic (S)	<input type="text"/>
Interpersonal Relations (IR)	<input type="text"/>
Social Problems (SP)	<input type="text"/>
Behavioral Dysfunction (BD)	<input type="text"/>
Critical Items (CI)	<input type="text"/>
<b>TOTAL SCORE</b>	<input type="text"/>
If "Unable to Collect," Enter Number from Below	<input type="text"/>

**Youth Outcome  
Questionnaire®  
(Self-Report)**  
Clients Ages 12-18

Admin. Date	<input type="text"/>
Intrapersonal Distress (ID)	<input type="text"/>
Somatic (S)	<input type="text"/>
Interpersonal Relations (IR)	<input type="text"/>
Social Problems (SP)	<input type="text"/>
Behavioral Dysfunction (BD)	<input type="text"/>
Critical Items (CI)	<input type="text"/>
<b>TOTAL SCORE</b>	<input type="text"/>
If "Unable to Collect," Enter Number from Below	<input type="text"/>

**Reasons for "Unable to Collect"**

- |   |   |                                       |
|---|---|---------------------------------------|
| 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 |