

**OPTIONAL PEI OUTCOMES WORKSHEET**  
**Depression: Group CBT for Major Depression (Group CBT)**

**ADMINISTRATIVE INFORMATION**

|                  |                      |                    |                      |
|------------------|----------------------|--------------------|----------------------|
| Client ID        | <input type="text"/> |                    |                      |
| Client Last Name | <input type="text"/> | Client First Name  | <input type="text"/> |
| Provider ID      | <input type="text"/> | Therapist ID/NPI # | <input type="text"/> |

**BEGINNING OF TREATMENT INFORMATION**

Date of First EBP Treatment Session

**BEGINNING OF TREATMENT QUESTIONNAIRES**

**Patient Health  
Questionnaire-9**  
Clients Ages 12+

Admin. Date

**TOTAL SCORE**

If "Unable to Collect," Enter Number from Below

**Reasons for "Unable to Collect"**

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