

OPTIONAL PEI OUTCOMES WORKSHEET

Depression: Individual Cognitive Behavioral Therapy (CBT-Depression)

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 |