

OPTIONAL PEI OUTCOMES WORKSHEET

Depression: Individual Cognitive Behavioral Therapy (CBT-Depression)

ADMINISTRATIVE INFORMATION

Client ID

Client Last Name

Provider ID

Client First Name

Therapist ID/NPI #

UPDATE 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. Clinician not Trained in Outcome Measure | 7. Not Available in Primary Language |
| 2. Client Refused | 5. Invalid Outcome Measure | 8. Outcome Measure Unavailable |
| 3. Client Unavailable | 6. Lost Contact with Client | 9. Premature Termination |
| | | 10. Therapist did not Administer Tool |