

OPTIONAL PEI OUTCOMES WORKSHEET
Trauma: Individual Cognitive Behavioral Therapy (CBT-Trauma)

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"/>		

UPDATE TREATMENT QUESTIONNAIRES

UCLA PTSD-RI DSM-5

Parent

Clients Ages 7-18

Admin. Date

RAW SCORE

If "Unable to Collect," Enter Number from

UCLA PTSD-RI DSM-5

Child/Adolescent

Clients Ages 7-18

Admin. Date

RAW SCORE

If "Unable to Collect," Enter Number from

PTSD Checklist for DSM-5

Clients Ages 19+

Admin. Date

RAW SCORE

If "Unable to Collect," Enter Number from

Reasons for "Unable to Collect"

- | | | |
|----------------------------|---|---------------------------------------|
| 1. Administered Wrong Form | 4. Clinician not Trained in Outcome Measure | 9. Outcome Measure Unavailable |
| 2. Client Refused | 5. Invalid Outcome Measure | 10. Parent/Caregiver Refused |
| 3. Client Unavailable | 6. Lost Contact with Client | 11. Parent/Caregiver Unavailable |
| | 7. Lost Contact with Parent/Caregiver | 12. Premature Termination |
| | 8. Not Available in Primary Language | 13. Therapist did not Administer Tool |