

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

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

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

Outcome Questionnaire®
Clients Ages 19+

UCLA PTSD-RI Parent
Clients Ages 3-18

Admin. Date

Intrapersonal Distress (ID)

Somatic (S)

Interpersonal Relations (IR)

Social Problems (SP)

Behavioral Dysfunction (BD)

Critical Items (CI)

TOTAL SCORE

If "Unable to Collect," Enter Number from Below

Admin. Date

Intrapersonal Distress (ID)

Somatic (S)

Interpersonal Relations (IR)

Social Problems (SP)

Behavioral Dysfunction (BD)

Critical Items (CI)

TOTAL SCORE

If "Unable to Collect," Enter Number from Below

Admin. Date

Symptom Distress (SD)

Interpersonal Relations (IR)

Social Role (SR)

TOTAL SCORE

If "Unable to Collect," Enter Number from Below

Admin. Date

RAW SCORE

If "Unable to Collect," Enter Number from Below

UCLA PTSD-RI Adult Short Form
Clients Ages 21+

UCLA PTSD-RI Child/Adolescent
Clients Ages 6-20

Admin. Date

RAW SCORE

If "Unable to Collect," Enter Number from Below

Admin. Date

RAW 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 | 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 |