

**OPTIONAL PEI OUTCOMES WORKSHEET**  
**General Focus: *Managing and Adapting Practice (MAP)***

**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"/>

**END OF TREATMENT INFORMATION**

Completed EBP?  Yes  No **If No, Check One for Dropout Reason**

Unable to Contact Family  Family Moved  Family Withdrew  Child Placed out of Home FC/GrpHome

Child Placed in Hospital  Child Arrested/Detained  Other

**END OF TREATMENT QUESTIONNAIRES**

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

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

**Outcome Questionnaire®**  
Clients Ages 19+

Admin. Date	<input type="text"/>	Admin. Date	<input type="text"/>	Admin. Date	<input type="text"/>
Intrapersonal Distress (ID)	<input type="text"/>	Intrapersonal Distress (ID)	<input type="text"/>	Symptom Distress (SD)	<input type="text"/>
Somatic (S)	<input type="text"/>	Somatic (S)	<input type="text"/>	Interpersonal Relations (IR)	<input type="text"/>
Interpersonal Relations (IR)	<input type="text"/>	Interpersonal Relations (IR)	<input type="text"/>	Social Role (SR)	<input type="text"/>
Social Problems (SP)	<input type="text"/>	Social Problems (SP)	<input type="text"/>	<b>TOTAL SCORE</b>	<input type="text"/>
Behavioral Dysfunction (BD)	<input type="text"/>	Behavioral Dysfunction (BD)	<input type="text"/>	If "Unable to Collect," Enter Number from Below	<input type="text"/>
Critical Items (CI)	<input type="text"/>	Critical Items (CI)	<input type="text"/>		
<b>TOTAL SCORE</b>	<input type="text"/>	<b>TOTAL SCORE</b>	<input type="text"/>		
If "Unable to Collect," Enter Number from Below	<input type="text"/>	If "Unable to Collect," Enter Number from Below	<input type="text"/>		

**Reasons for "Unable to Collect"**

- |   |                                       |   |
|---|---------------------------------------|---|
| 1. Administered Wrong Form                      | 6. Invalid Outcome Measure            | 11. Parent/Caregiver Refused  |
| 2. Administration Date Exceeds Acceptable Range | 7. Lost Contact with Client           | 12. Parent/Caregiver Unavailable  |
| 3. Client Refused                               | 8. Lost Contact with Parent/Caregiver | 13. Premature Termination   |
| 4. Client Unavailable                           | 9. Not Available in Primary Language  | 14. Therapist did not Administer Tool   |
| 5. Clinician not Trained in Outcome Measure     | 10. Outcome Measure Unavailable       | 15. Never Collected (CIMH) (Only for Treatment Cycles Starting Before 2/1/14) |