

OPTIONAL PEI OUTCOMES WORKSHEET
Managing and Adapting Practice (MAP)

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"/>		

END OF TREATMENT INFORMATION

Completed Treatment 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

Trauma Focus

UCLA PTSD-RI DSM-5 Parent
Clients Ages 7-18

UCLA PTSD-RI DSM-5 Child/Adolescent
Clients Ages 7-18

Admin. Date	<input type="text"/>	Admin. Date	<input type="text"/>
RAW SCORE	<input type="text"/>	RAW SCORE	<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"/>

Depression Focus

Patient Health Questionnaire-9
Clients Ages 12+

Admin. Date	<input type="text"/>
TOTAL SCORE	<input type="text"/>
If "Unable to Collect," Enter Number from Below	<input type="text"/>

Anxiety Focus

Revised Child Anxiety and Depression Scale-Child
Clients Ages 6-18

Revised Child Anxiety and Depression Scale-Parent
Clients Ages 6-18

Admin. Date	<input type="text"/>	Admin. Date	<input type="text"/>
Separation Anxiety	<input type="text"/>	Separation Anxiety	<input type="text"/>
Generalized Anxiety	<input type="text"/>	Generalized Anxiety	<input type="text"/>
Panic	<input type="text"/>	Panic	<input type="text"/>
Social Phobia	<input type="text"/>	Social Phobia	<input type="text"/>
Obsessive/Compulsive	<input type="text"/>	Obsessive/Compulsive	<input type="text"/>
Depression	<input type="text"/>	Depression	<input type="text"/>
Total Anxiety	<input type="text"/>	Total Anxiety	<input type="text"/>
Total Anxiety & Depression	<input type="text"/>	Total Anxiety & Depression	<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"/>

Disruptive Behaviors Focus

Eyberg Child Behavior Inventory®
Clients Ages 2-16

Sutter-Eyberg Student Behavior Inventory-Revised®
Clients Ages 2-16

Admin. Date	<input type="text"/>	Admin. Date	<input type="text"/>
Intensity Raw Score	<input type="text"/>	Intensity Raw Score	<input type="text"/>
Intensity T-Score	<input type="text"/>	Intensity T-Score	<input type="text"/>
Problem Raw Score	<input type="text"/>	Problem Raw Score	<input type="text"/>
Problem T-Score	<input type="text"/>	Problem T-Score	<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"/>

End of Focus worksheet on Side 2... ..

Reasons for "Unable to Collect"

- Administered Wrong Form
- Administration Date Exceeds Acceptable Range
- Client Refused
- Client Unavailable
- Clinician Not Trained in Outcome Measure
- Invalid Outcome Measure
- Lost Contact with Client
- Lost Contact with Parent/Caregiver
- Not Available in Primary Language
- Not Required (SESBI Only)
- Outcome Measure Unavailable
- Parent/Caregiver Refused
- Parent/Caregiver Unavailable
- Premature Termination
- Teacher Refused (SESBI Only)
- Teacher Unavailable (SESBI Only)
- Therapist did not Administer Tool
- Never Collected (CiMH) (Only for Treatment Cycles Starting Before 2/1/14)

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END OF FOCUS INFORMATION

Focus End Date	<input type="text"/>	Total Number of Sessions for the Focus	<input type="text"/>
Was the Focus Completed?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Starting New Focus?	<input type="checkbox"/> Yes <input type="checkbox"/> No

END OF FOCUS QUESTIONNAIRES

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Clients Ages 7-18

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Depression Focus

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Clients Ages 12+

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Clients Ages 6-18

Revised Child Anxiety and Depression Scale-Parent
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Depression	<input type="text"/>	Depression	<input type="text"/>
Total Anxiety	<input type="text"/>	Total Anxiety	<input type="text"/>
Total Anxiety & Depression	<input type="text"/>	Total Anxiety & Depression	<input type="text"/>
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Problem T-Score	<input type="text"/>	Problem T-Score	<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"/>

End of Treatment worksheet on Side 1... ..

Reasons for "Unable to Collect"

- | | | |
|---|---------------------------------------|---|
| 1. Administered Wrong Form | 6. Invalid Outcome Measure | 13. Parent/Caregiver Unavailable |
| 2. Administration Date Exceeds Acceptable Range | 7. Lost Contact with Client | 14. Premature Termination |
| 3. Client Refused | 8. Lost Contact with Parent/Caregiver | 15. Teacher Refused (SESBI Only) |
| 4. Client Unavailable | 9. Not Available in Primary Language | 16. Teacher Unavailable (SESBI Only) |
| 5. Clinician Not Trained in Outcome Measure | 10. Not Required (SESBI Only) | 17. Therapist did not Administer Tool |
| | 11. Outcome Measure Unavailable | 18. Never Collected (CiMH) (Only for Treatment Cycles Starting Before 2/1/14) |
| | 12. Parent/Caregiver Refused | |