

OPTIONAL PEI OUTCOMES WORKSHEET
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"/>

UPDATE FOCUS INFORMATION

Focus Start Date	<input type="text"/>	Focus #	<input type="text"/>
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UPDATE FOCUS QUESTIONNAIRES

Trauma Focus

Depression 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"/>

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

Disruptive Behaviors 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"/>

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"/>

Reasons for "Unable to Collect"

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