

OPTIONAL PEI OUTCOMES WORKSHEET
*Specific Track: **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"/>		

BEGINNING OF FOCUS INFORMATION

Focus Start Date (Focus 2 or Greater)	<input type="text"/>	Focus #	<input type="text"/>
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BEGINNING OF FOCUS QUESTIONNAIRES

Trauma Focus

Depression Focus

**UCLA PTSD-RI
Parent**
Clients Ages 3-18

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

**Patient Health
Questionnaire-9**
Clients Ages 12+

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"/>

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

**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"/>
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"/>

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 | 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 | |