

OPTIONAL PEI OUTCOMES WORKSHEET
Specific Track: 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

UCLA PTSD-RI Parent
Clients Ages 3-18

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

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"/>

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 | |