

OPTIONAL PEI OUTCOMES WORKSHEET
Trauma: Prolonged Exposure for PTSD (PE)

Use this worksheet if the date of first EBP treatment session is BEFORE October 1, 2017

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"/>

BEGINNING OF TREATMENT INFORMATION

Date of First EBP Treatment Session (Date BEFORE 10-1-17)

BEGINNING OF TREATMENT QUESTIONNAIRES

**Posttraumatic Stress
Diagnostic Scale®**
Clients Ages 18-65

Admin. Date

Number of
Symptoms Endorsed

Symptoms
Severity Score

Symptom Distress:
Level of Functional
Impairment

If "Unable to
Collect," Enter
Number from
Below

Reasons for "Unable to Collect"

- | | | |
|---|---|---------------------------------------|
| 1. Administered Wrong Form | 4. Client Unavailable | 8. Not Available in Primary Language |
| 2. Administration Date Exceeds Acceptable Range | 5. Clinician not Trained in Outcome Measure | 9. Outcome Measure Unavailable |
| 3. Client Refused | 6. Invalid Outcome Measure | 10. Premature Termination |
| | 7. Lost Contact with Client | 11. Therapist did not Administer Tool |