

**OPTIONAL PEI OUTCOMES WORKSHEET**  
**Trauma: Prolonged Exposure for PTSD (PE)****Use this worksheet if the date of first EBP treatment session is ON or AFTER 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 ON/AFTER 10-1-17) **BEGINNING OF TREATMENT QUESTIONNAIRES****PTSD Checklist for DSM-5**  
Clients Ages 18+Admin. Date **RAW SCORE** 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 |