

**OPTIONAL PEI OUTCOMES WORKSHEET**

**Depression: Program to Encourage Active, Rewarding Lives for Seniors (PEARLS)**

**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"/>		

**END OF TREATMENT INFORMATION**

Date of Last (EBP Treatment) Session  Total Number of EBP Treatment Sessions

Completed EBP?  Yes  No      If YES, Client's Treatment Success?  Significant  Partial

**If Client COMPLETED EBP, Please Check One for Disposition**

Began New EBP       Linked to MHS at Another Agency       Case Closed

Continued in Concurrent EBP       Began Non-PEI MHS       Linked to Non-MHS in Community

**If Client DID NOT COMPLETE EBP, Please Check One for Disposition**

New EBP with Different Focus       Deceased       Foster Care/Residential Placement

New EBP with Same Focus       Psychiatric Hospitalization       Continued in Concurrent EBP

Arrested       Moved       Linked to Non-MHS in Community

Detained by DCFS       Unable to Contact       Linked to MHS at Another Agency

Medical Hospitalization       Withdrew       Began Non-PEI MHS

**END OF TREATMENT QUESTIONNAIRES**

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

Admin. Date

**TOTAL 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 |