BEGINNING OF TREATMENT

LOS ANGELES COUNTY DEPARTMENT OF MENTAL HEALTH
Quality, Outcomes, & Training Division

BEGINNING OF TREATMENT

OPTIONAL PEI OUTCOMES WORKSHEET

First Break/TAY: Portland Identification and Early Referral (PIER)

ADMINISTRATIVE INFORMATION

Client ID

Client Last Name

Client First Name

Provider ID

Therapist ID/NPI #

BEGINNING OF TREATMENT INFORMATION

Date of First EBP Treatment Session

BEGINNING OF TREATMENT QUESTIONNAIRES

Scale of Prodromal Symptoms (Clients Ages 12-35) Admin. Date

Positive Symptoms (P)

P. 1. Unusual Thought Content/Delusional Ideas

P. 2. Suspiciousness/Persecutory Ideas

P. 3. Grandiosity

P. 4. Perceptual Abnormalities/Hallucinations

P. 5 Disorganized Communication

P TOTAL SCORE

Negative Symptoms (N)

N. 1. Social Anhedonia

N. 2. Avolition

N. 3. Expression of Emotion

N. 4. Experience of Emotions and Self

N. 5. Ideational Richness

N. 6. Occupational Functioning

N TOTAL SCORE

Disorganization Symptoms (D)

D. 1. Odd Behavior or Appearance

D. 2. Bizarre Thinking

D. 3. Trouble with Focus and Attention

D. 4. Personal Hygiene

D TOTAL SCORE

General Symptoms (G)

G. 1. Sleep Disturbance

G. 2. Dysphoric Mood

G. 3. Motor Disturbances

G. 4. Impaired Tolerance to Normal Stress

G TOTAL SCORE

TOTAL OF ALL SCORES

If "Unable to Collect," Enter Number from Below

Global Assessment of Functioning-Modified Admin. Date

SCORE

If "Unable to Collect," Enter Number from Below

Reasons for "Unable to Collect"

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

LOS ANGELES COUNTY DEPARTMENT OF MENTAL HEALTH
hope. recovery. wellbeing.

WELLNESS • RECOVERY • RESILIENCE