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 #	

UPDATE 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. Client Refused
3. Client Unavailable
4. Clinician not Trained in Outcome Measure
5. Invalid Outcome Measure
6. Lost Contact with Client
7. Not Available in Primary Language
8. Outcome Measure Unavailable
9. Premature Termination
10. Therapist did not Administer Tool