

OPTIONAL PEI OUTCOMES WORKSHEET
Depression: Problem Solving Therapy (PST)**ADMINISTRATIVE INFORMATION**

Client ID			
Client Last Name		Client First Name	
Provider ID		Therapist ID/NPI #	

BEGINNING OF TREATMENT INFORMATIONDate of First EBP Treatment Session **BEGINNING 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 |

