

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

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

- | | | |
|--|--|---|
| <input type="checkbox"/> Began New EBP | <input type="checkbox"/> Linked to MHS at Another Agency | <input type="checkbox"/> Case Closed |
| <input type="checkbox"/> Continued in Concurrent EBP | <input type="checkbox"/> Began Non-PEI MHS | <input type="checkbox"/> Linked to Non-MHS in Community |

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

- | | | |
|---|--|--|
| <input type="checkbox"/> New EBP with Different Focus | <input type="checkbox"/> Deceased | <input type="checkbox"/> Foster Care/Residential Placement |
| <input type="checkbox"/> New EBP with Same Focus | <input type="checkbox"/> Psychiatric Hospitalization | <input type="checkbox"/> Continued in Concurrent EBP |
| <input type="checkbox"/> Arrested | <input type="checkbox"/> Moved | <input type="checkbox"/> Linked to Non-MHS in Community |
| <input type="checkbox"/> Detained by DCFS | <input type="checkbox"/> Unable to Contact | <input type="checkbox"/> Linked to MHS at Another Agency |
| <input type="checkbox"/> Medical Hospitalization | <input type="checkbox"/> Withdrew | <input type="checkbox"/> 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 |