

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

Client ID	<input type="text"/>		
Client Last Name	<input type="text"/>	Client First Name	<input type="text"/>
Provider ID	<input type="text"/>	Therapist ID/NPI #	<input type="text"/>

**UPDATE 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. Clinician not Trained in Outcome Measure | 7. Not Available in Primary Language  |
| 2. Client Refused          | 5. Invalid Outcome Measure                  | 8. Outcome Measure Unavailable        |
| 3. Client Unavailable      | 6. Lost Contact with Client                 | 9. Premature Termination              |
|                            |   | 10. Therapist did not Administer Tool |