

**BEGINNING  
OF  
TREATMENT**

**OPTIONAL PEI OUTCOMES WORKSHEET**  
**Trauma: Seeking Safety (SS)**

**BEGINNING  
OF  
TREATMENT**

**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"/>

**BEGINNING OF TREATMENT INFORMATION**

Date of First EBP Treatment Session	<input type="text"/>
-------------------------------------	----------------------

**BEGINNING OF TREATMENT QUESTIONNAIRES**

**UCLA PTSD-RI DSM-5**

**Parent**

Clients Ages 7-18

Admin. Date	<input type="text"/>
-------------	----------------------

<b>RAW SCORE</b>	<input type="text"/>
------------------	----------------------

If "Unable to Collect," Enter Number from	<input type="text"/>
---	----------------------

**UCLA PTSD-RI DSM-5**

**Child/Adolescent**

Clients Ages 7-18

Admin. Date	<input type="text"/>
-------------	----------------------

<b>RAW SCORE</b>	<input type="text"/>
------------------	----------------------

If "Unable to Collect," Enter Number from	<input type="text"/>
---	----------------------

**PTSD Checklist for DSM-5**

Clients Ages 19+

Admin. Date	<input type="text"/>
-------------	----------------------

<b>RAW SCORE</b>	<input type="text"/>
------------------	----------------------

If "Unable to Collect," Enter Number from	<input type="text"/>
---	----------------------

**Reasons for "Unable to Collect"**

- |   |   |                                       |
|---|---|---------------------------------------|
| 1. Administered Wrong Form                      | 5. Clinician not Trained in Outcome Measure | 10. Outcome Measure Unavailable       |
| 2. Administration Date Exceeds Acceptable Range | 6. Invalid Outcome Measure                  | 11. Parent/Caregiver Refused          |
| 3. Client Refused                               | 7. Lost Contact with Client                 | 12. Parent/Caregiver Unavailable      |
| 4. Client Unavailable                           | 8. Lost Contact with Parent/Caregiver       | 13. Premature Termination             |
|   | 9. Not Available in Primary Language        | 14. Therapist did not Administer Tool |