

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

**UPDATE TREATMENT QUESTIONNAIRES****UCLA PTSD-RI DSM-5****Parent**

Clients Ages 7-18

Admin. Date **RAW SCORE** If "Unable to  
Collect," Enter  
Number from **UCLA PTSD-RI DSM-5****Child/Adolescent**

Clients Ages 7-18

Admin. Date **RAW SCORE** If "Unable to  
Collect," Enter  
Number from **PTSD Checklist for DSM-5**

Clients Ages 19+

Admin. Date **RAW SCORE** If "Unable to  
Collect," Enter  
Number from **Reasons for "Unable to Collect"**

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