LOS ANGELES COUNTY DEPARTMENT OF MENTAL HEALTH
Quality, Outcomes, & Training Division

OPTIONAL PEI OUTCOMES WORKSHEET
Trauma: Seeking Safety (SS)

ADMINISTRATIVE INFORMATION

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

BEGINNING OF TREATMENT INFORMATION

Date of First EBP Treatment Session

BEGINNING OF TREATMENT QUESTIONNAIRES

**Youth Outcome Questionnaire®
(Parent)**
Clients Ages 4-17

Admin. Date

Intrapersonal Distress (ID)

Somatic (S)

Interpersonal Relations (IR)

Social Problems (SP)

Behavioral Dysfunction (BD)

Critical Items (CI)

TOTAL SCORE

If "Unable to Collect," Enter Number from Below

**Youth Outcome Questionnaire®
(Self-Report)**
Clients Ages 12-18

Admin. Date

Intrapersonal Distress (ID)

Somatic (S)

Interpersonal Relations (IR)

Social Problems (SP)

Behavioral Dysfunction (BD)

Critical Items (CI)

TOTAL SCORE

If "Unable to Collect," Enter Number from Below

Outcome Questionnaire®
Clients Ages 19+

Admin. Date

Symptom Distress (SD)

Interpersonal Relations (IR)

Social Role (SR)

TOTAL SCORE

If "Unable to Collect," Enter Number from Below

**UCLA PTSD-RI
Adult Short Form**
Clients Ages 21+

Admin. Date

RAW SCORE

If "Unable to Collect," Enter Number from Below

**UCLA PTSD-RI
Parent**
Clients Ages 3-18

Admin. Date

RAW SCORE

If "Unable to Collect," Enter Number from Below

**UCLA PTSD-RI
Child/Adolescent**
Clients Ages 6-20

Admin. Date

RAW SCORE

If "Unable to Collect," Enter Number from Below

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

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hope. recovery. wellbeing.

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