

OPTIONAL PEI OUTCOMES WORKSHEET
Trauma: Seeking Safety (SS)

ADMINISTRATIVE INFORMATION

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

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

☐ Began New EBP ☐ Linked to MHS at Another Agency ☐ Case Closed

☐ Continued in Concurrent EBP ☐ Began Non-PEI MHS ☐ Linked to Non-MHS in Community

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

☐ New EBP with Different Focus ☐ Deceased ☐ Foster Care/Residential Placement

☐ New EBP with Same Focus ☐ Psychiatric Hospitalization ☐ Continued in Concurrent EBP

☐ Arrested ☐ Moved ☐ Linked to Non-MHS in Community

☐ Detained by DCFS ☐ Unable to Contact ☐ Linked to MHS at Another Agency

☐ Medical Hospitalization ☐ Withdrew ☐ Began Non-PEI MHS

END OF TREATMENT QUESTIONNAIRES

Outcome Questionnaire®
Clients Ages 19+

Youth Outcome Questionnaire® (Parent) Clients Ages 4-17		Youth Outcome Questionnaire® (Self-Report) Clients Ages 12-18		UCLA PTSD-RI Parent Clients Ages 3-18	
Admin. Date	<input type="text"/>	Admin. Date	<input type="text"/>	Admin. Date	<input type="text"/>
Intrapersonal Distress (ID)	<input type="text"/>	Intrapersonal Distress (ID)	<input type="text"/>	RAW SCORE	<input type="text"/>
Somatic (S)	<input type="text"/>	Somatic (S)	<input type="text"/>	If "Unable to Collect," Enter Number from Below	<input type="text"/>
Interpersonal Relations (IR)	<input type="text"/>	Interpersonal Relations (IR)	<input type="text"/>		
Social Problems (SP)	<input type="text"/>	Social Problems (SP)	<input type="text"/>		
Behavioral Dysfunction (BD)	<input type="text"/>	Behavioral Dysfunction (BD)	<input type="text"/>		
Critical Items (CI)	<input type="text"/>	Critical Items (CI)	<input type="text"/>		
TOTAL SCORE	<input type="text"/>	TOTAL SCORE	<input type="text"/>		
If "Unable to Collect," Enter Number from Below	<input type="text"/>	If "Unable to Collect," Enter Number from Below	<input type="text"/>		

UCLA PTSD-RI Adult Short Form Clients Ages 21+		UCLA PTSD-RI Child/Adolescent Clients Ages 6-20	
Admin. Date	<input type="text"/>	Admin. Date	<input type="text"/>
RAW SCORE	<input type="text"/>	RAW SCORE	<input type="text"/>
If "Unable to Collect," Enter Number from Below	<input type="text"/>	If "Unable to Collect," Enter Number from Below	<input type="text"/>

Reasons for "Unable to Collect"

- Administered Wrong Form
- Administration Date Exceeds Acceptable Range
- Client Refused
- Client Unavailable
- Clinician not Trained in Outcome Measure
- Invalid Outcome Measure
- Lost Contact with Client
- Lost Contact with Parent/Caregiver
- Not Available in Primary Language
- Outcome Measure Unavailable
- Parent/Caregiver Refused
- Parent/Caregiver Unavailable
- Premature Termination
- Therapist did not Administer Tool