

OPTIONAL PEI OUTCOMES WORKSHEET
Stepped Care**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 Treatment Session	<input type="text"/>
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BEGINNING OF TREATMENT QUESTIONNAIRES**Outcome Questionnaire®**
Clients Ages 19+

Admin. Date	<input type="text"/>
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Symptom Distress (SD)	<input type="text"/>
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Interpersonal Relations (IR)	<input type="text"/>
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Social Role (SR)	<input type="text"/>
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<u>TOTAL SCORE</u>	<input type="text"/>
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If "Unable to Collect," Enter Number from Below	<input type="text"/>
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Reasons for "Unable to Collect"

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