

OPTIONAL PEI OUTCOMES WORKSHEET

Stepped Care

ADMINISTRATIVE INFORMATION

Client ID

Client Last Name

Client First Name

Provider ID

Therapist ID/NPI #

UPDATE QUESTIONNAIRES

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

Reasons for "Unable to Collect"

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