

OPTIONAL PEI OUTCOMES WORKSHEET

Trauma: Trauma Focused-Cognitive Behavioral Therapy (TF-CBT)

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					
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UCLA PTSD-RI DSM-5 Parent Clients Ages 7-18		UCLA PTSD-RI DSM-5 Child/Adolescent Clients Ages 7-18		
Admin. Date		Admin. Date		
RAW SCORE		RAW SCORE		
If "Unable to Collect," Enter Number from Below		If "Unable to Collect," Enter Number from Below		

Reasons for "Unable to Collect"

- 1. Administered Wrong Form
- 2. Administration Date Exceeds Acceptable Range 6.
- Client Refused
- 4. Client Unavailable
 - DEPARTMENT OF MENTAL HEALTH hope. recovery. wellbeing.
- . Clinician not Trained in Outcome Measure
- 6. Invalid Outcome Measure
- 7. Lost Contact with Client
- 8. Lost Contact with Parent/Caregiver
- 9. Not Available in Primary Language
- 10. Outcome Measure Unavailable
- 11. Parent/Caregiver Refused
- 12. Parent/Caregiver Unavailable
- 13. Premature Termination
- 14. Therapist did not Administer Tool
- 15. Never Collected (CiMH) (Only for Treatment Cycles Starting Before 2/1/14)