

**OPTIONAL PEI OUTCOMES WORKSHEET**  
**Trauma: Trauma Focused-Cognitive Behavioral Therapy (TF-CBT)**

**ADMINISTRATIVE INFORMATION**

|                  |                      |                    |                      |
|------------------|----------------------|--------------------|----------------------|
| Client ID        | <input type="text"/> | Client First Name  | <input type="text"/> |
| Client Last Name | <input type="text"/> | Therapist ID/NPI # | <input type="text"/> |
| Provider ID      | <input type="text"/> |                    |                      |

**END OF TREATMENT INFORMATION**

Completed EBP?  Yes  No

Date of Last EBP Treatment Session  Total Number of EBP Treatment Sessions

**END OF TREATMENT QUESTIONNAIRES**

**UCLA PTSD-RI DSM-5  
Parent  
Clients Ages 7-18**

Admin. Date

**RAW SCORE**

If "Unable to Collect," Enter Number from Below

**UCLA PTSD-RI DSM-5  
Child/Adolescent  
Clients Ages 7-18**

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 | 11. Parent/Caregiver Refused  |
| 2. Administration Date Exceeds Acceptable Range | 6. Invalid Outcome Measure                  | 12. Parent/Caregiver Unavailable  |
| 3. Client Refused                               | 7. Lost Contact with Client                 | 13. Premature Termination   |
| 4. Client Unavailable                           | 8. Lost Contact with Parent/Caregiver       | 14. Therapist did not Administer Tool   |
|   | 9. Not Available in Primary Language        | 15. Never Collected (CiMH) (Only for Treatment Cycles Starting Before 2/1/14) |
|   | 10. Outcome Measure Unavailable             |   |