

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

**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"/>

**END OF TREATMENT INFORMATION**

Completed EBP?  Yes  No

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

**END OF TREATMENT QUESTIONNAIRES**

**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

**UCLA PTSD-RI  
Child/Adolescent**  
Clients Ages 6-20

Admin. Date	<input type="text"/>	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"/>	<b>RAW SCORE</b>	<input type="text"/>	<b>RAW SCORE</b>	<input type="text"/>
Somatic (S)	<input type="text"/>	Somatic (S)	<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"/>
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"/>				
<b>TOTAL SCORE</b>	<input type="text"/>	<b>TOTAL SCORE</b>	<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"**

- |   |   |   |
|---|---|---|
| 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             |   |