

OPTIONAL PEI OUTCOMES WORKSHEET

Anxiety: Individual Cognitive Behavioral Therapy (CBT-Anxiety)

ADMINISTRATIVE INFORMATION

Client ID

Client Last Name

Provider ID

Client First Name

Therapist ID/NPI #

UPDATE TREATMENT QUESTIONNAIRES

Generalized Anxiety Disorder-7
Clients Ages 18+

Admin. Date

TOTAL SCORE

If "Unable to Collect," Enter Number from Below

Reasons for "Unable to Collect"

- | | | |
|----------------------------|---|---------------------------------------|
| 1. Administered Wrong Form | 4. Clinician not Trained in Outcome Measure | 9. Outcome Measure Unavailable |
| 2. Client Refused | 5. Invalid Outcome Measure | 10. Parent/Caregiver Refused |
| 3. Client Unavailable | 6. Lost Contact with Client | 11. Parent/Caregiver Unavailable |
| | 7. Lost Contact with Parent/Caregiver | 12. Premature Termination |
| | 8. Not Available in Primary Language | 13. Therapist did not Administer Tool |