

**OPTIONAL PEI OUTCOMES WORKSHEET**

***Severe Behaviors/Conduct Disorders: Multisystemic Therapy (MST)***

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"/>
BEGINNING OF TREATMENT INFORMATION			
Date of First EBP Treatment Session	<input type="text"/>		
BEGINNING OF TREATMENT QUESTIONNAIRES			

Pediatric Symptom Checklist-35 (PSC-35)  
(Ages 11-17)

PLEASE NOTE: PSC-35 scores are entered elsewhere in accordance with DMH's PSC-35 data collection protocol.

Entry in PEI OMA is limited to Date of First EPB Session.

TOTAL 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 | 10. Outcome Measure Unavailable       |
| 2. Administration Date Exceeds Acceptable Range | 6. Invalid Outcome Measure                  | 11. Parent/Caregiver Refused          |
| 3. Client Refused                               | 7. Lost Contact with Client                 | 12. Parent/Caregiver Unavailable      |
| 4. Client Unavailable                           | 8. Lost Contact with Parent/Caregiver       | 13. Premature Termination             |
|   | 9. Not Available in Primary Language        | 14. Therapist did not Administer Tool |

