OPTIONAL PEI OUTCOMES WORKSHEET

Trauma: Individual Cognitive Behavioral Therapy (CBT-Trauma)

ADMINISTRATIVE INFORMATION

Client ID			
Client Last Name		Client First Name	
Provider ID		Therapist ID/Staff Code	
	UPDATE TREAT	MENT QUESTIONNAIRES	
Youth Outcome Questionnaire® (Parent)	Youth Outcome Questionnaire® (Self-Report)	Outcome Questionnaire® Clients Ages 19+	UCLA PTSD-RI DSM-5 Parent
Clients Ages 4-17	Clients Ages 12-18	Admin. Date	Clients Ages 7-18
Admin. Date	Admin. Date	Symptom Distress (SD)	Admin. Date
ntrapersonal Distress (ID)	Intrapersonal Distress (ID)	Interpersonal Relations (IR)	RAW SCORE
Somatic (S)	Somatic (S)	Social Role (SR)	If "Unable to Collect," Enter Number from Below
nterpersonal Relations (IR)	Interpersonal Relations (IR)	TOTAL SCORE	below
Social Problems SP)	Social Problems (SP)	If "Unable to Collect," Enter Number from	LIGIA PTCD DI DCAA F
Behavioral Dysfunction (BD)	Behavioral Dysfunction (BD)	Below	UCLA PTSD-RI DSM-5 Child/Adolescent Clients Ages 7-18
Critical Items (CI)	Critical Items (CI)	PTSD Checklist for DSM-5 Clients Ages 19+	Admin. Date
f "Unable to Collect," Enter Number from	If "Unable to Collect," Enter Number from	Admin. Date	If "Unable to Collect," Enter
Below	Below	If "Unable to Collect," Enter Number from	Number from Below

Reasons for "Unable to Collect"

Below

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