

Administration: 1st, 3mo., 6mo., 9mo., 12mo.

ADULT OUTCOMES

NAME: _____ DATE: _____ CLIENT #: _____

DOB: _____ SEX: MALE/FEMALE

INSTRUCTIONS: Read each item and circle the number that best describes your life for the last 30 days.	Not at all	Rarely	Sometimes	Often	Most of the Time	All of the time
1. Your health is good	0	1	2	3	4	5
2. You can do the things you want to do	0	1	2	3	4	5
3. You feel secure and peaceful	0	1	2	3	4	5
4. You feel good about yourself	0	1	2	3	4	5
5. You feel happy	0	1	2	3	4	5
6. You are free from legal trouble	0	1	2	3	4	5
7. You have a positive attitude about yourself	0	1	2	3	4	5
8. You can think clearly and make good decisions	0	1	2	3	4	5
9. Your family/friends are supportive	0	1	2	3	4	5
10. You are able to handle problems/challenges	0	1	2	3	4	5

Total: _____