

## PATHWAYS COUNSELING CENTER, INC.

Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Today's Date \_\_\_\_\_

### Adult or Child Outcome

Provide the appropriate number behind the question that best describes your life/your child's life in the last 30 days.

Please answer the below questions using this number scale:

0 – Not all                      1 – Rarely                      2 – Sometimes  
 3 – Often                        4 – Most of the Time    5 – All of the Time

| <b>ADULT – 18 yrs. or older</b>               | <b>score</b> |
|---|--------------|
| Your health is good                           |              |
| You can do things you want to do              |              |
| You feel secure and peaceful                  |              |
| You feel good about yourself                  |              |
| You feel happy                                |              |
| You are free from legal trouble               |              |
| You have a positive attitude about yourself   |              |
| You can think clearly and make good decisions |              |
| Your family and/or friends are supportive     |              |
| You are able to handle problems/challenges    |              |
| <b>TOTAL SCORE</b>                            |              |

| <b>CHILD – Under 18 yrs. of age</b>                  | <b>score</b> |
|--|--------------|
| Doing things parents or teachers ask                 |              |
| Attending school or classes                          |              |
| Getting along with others                            |              |
| Feeling worthwhile or useful                         |              |
| Feeling calm or peaceful                             |              |
| Getting along with family                            |              |
| Developing relationships with peers                  |              |
| Controlling emotions and staying out of trouble      |              |
| Completing household chores                          |              |
| Concentrating, paying attention and completing tasks |              |
| <b>TOTAL SCORE</b>                                   |              |

Child Outcome completed by: \_\_\_\_\_

Relationship to client: \_\_\_\_\_