

Name: _____

DOB: _____

OUTCOME FORM

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

ADULT – 18 yrs. or older	score
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	

CHILD – Under 18 yrs. of age	score
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	

Child Outcome completed by: _____

Relationship to client: _____