

CLIENT LEVEL OUTCOME TOOL

For Use at Intake - Start of Services

VOUCHER ID: _____

PROVIDER: _____

CLIENT DOB:
MONTH / YEAR

INTERVIEW CONDUCTED? Yes No Date of Interview: _____

If no, why not? Choose only one response.

- Client was impaired or unable to provide consent Client refused to be interviewed Client was not reached for an interview

COUNTY OF RESIDENCE? _____

At what type of facility are you currently employed?

- Registered Family Day Care Licensed Before & After School Program
 Licensed Group Family Day Care Other _____
 Licensed Day Care Center

Approximately how many years have you worked in childcare at any provider?

- Less than 2 years 6 - 10 years
 2 - 5 years More than 10 years

HEALTH & WELLNESS

Poor Fair Good Very Good Excellent

How would you rate your overall **physical** health right now?

How would you rate your overall **mental** health right now?

Thinking about your mental health, which includes stress, depression, and problems with emotions, how many days during the past 30 days was your mental health not good?

days

In the past 30 days, approximately how many days did your health - physical or mental - keep you from doing your usual activities, such as self-care, work, or recreation?

days

In the past 30 days, have you done one of the following:

Yes No

Spent time in a hospital for mental health care?

Spent time in a facility for detox or treatment for a substance use disorder?

Gone to an emergency room for a mental health or emotional problem?

Please indicate your disagreement / agreement with each of the following statements.

	Strongly Disagree	Disagree	Undecided	Agree	Strongly Agree	No Response	N/A
I am able to take care of my needs.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I am able to handle things when they go wrong.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I am able to do things that I want to do.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

STABILITY IN HOUSING

In the past 30 days, I have had a safe place to live. Yes No

In the past 30 days, I have been satisfied with the conditions of my living space. Yes No

EDUCATION & EMPLOYMENT

What is the highest level of education you have finished, whether or not you received a degree?

- Less than 12th grade
- 12th grade / High School diploma or equivalent
- Vocational / Technical Diploma
- Some College or University
- Bachelor's Degree (BA/BS)
- Graduate Work / Graduate Degree
- No Response

Are you currently employed?

- Employed Full Time (35+ hours per week)
- Employed Part Time
- Disabled
- Student
- Retired
- Unemployed
- Other

Are you currently enrolled in school or a job training program? Yes No

If employed...
During the last 30 days, I have been satisfied with my employment. Yes No

SOCIAL CONNECTEDNESS

Please indicate your disagreement / agreement with each of the following statements.

	Strongly Disagree	Disagree	Undecided	Agree	Strongly Agree	No Response	N/A
I am happy with the friendships I have.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I have people with whom I can do enjoyable things.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I feel I belong in my community.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
In a crisis, I would have the support I need from family or friends.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>