



# LODESTAR ADDITIONAL OUTCOMES FORM

Attach to Intake, Pregnancy Outcome, and Follow-Up forms

Client ID No. \_\_\_\_\_

Case Manager \_\_\_\_\_

Client Name \_\_\_\_\_  
Last

M.I. \_\_\_\_\_

First \_\_\_\_\_

### Reporting Period \_\_\_\_\_

- 01 - Intake
- 03 - Index Child Pregnancy Outcome
- 04 - Non-Index Child Pregnancy Outcome
- ## - Month Follow Up (06, 12, 18, 24, 30, etc.)

### Has the client received dental services in the past six months? \_\_\_\_\_

- 1 - Yes
- 2 - No, too expensive and/or no insurance
- 3 - No, couldn't find a provider
- 4 - No, didn't need to go
- 5 - No (other reason)
- 9 - Unknown

### How often does the client wear a seatbelt when riding in a car? \_\_\_\_\_

- 1 - Never
- 2 - Sometimes
- 3 - Most of the time
- 4 - Always
- 8 - N/A - does not ride in cars
- 9 - Unknown

### How often does the client's baby ride in a car seat while in a car? (Car seat must be strapped down) \_\_\_\_\_

- 1 - Never
- 2 - Sometimes
- 3 - Most of the time
- 4 - Always
- 8 - N/A - Baby not yet born / does not ride in cars
- 9 - Unknown

### During the past six months, how often has the client felt sad, depressed or hopeless? \_\_\_\_\_

- 1 - Never
- 2 - Sometimes
- 3 - Most of the time
- 4 - Always
- 9 - Unknown

### Physical Activity \_\_\_\_\_

In how many of the past seven days did the client do any physical activity (for at least 20 minutes) that made her/him sweat and breathe hard - such as basketball, soccer, running, swimming laps, fast bicycling, fast dancing or similar aerobic activities, including school PE?

- 0 - None
- 1, 2, 3... 7 - Select the number of days
- 8 - Not applicable / incapacitated
- 9 - Unknown

### Breastfeeding

Note: Bottle-feeding a baby expressed breast milk counts as breastfeeding.

#### If pregnant \_\_\_\_\_

- 1 - Plans to exclusively breastfeed
- 2 - Plans to exclusively formula feed
- 3 - Plans to breast and formula feed
- 4 - Undecided
- 8 - Not applicable
- 9 - Unknown

#### For client with baby less than one year of age, for how long was breastfeeding the exclusive milk source? \_\_\_\_\_

- 1 - Currently breastfeeding
- 2 - Less than one week
- 3 - Between one week and two months
- 4 - Between two and six months
- 5 - Longer than six months
- 6 - Breast milk was never exclusively the milk source
- 8 - Not applicable
- 9 - Unknown

#### Stopped breastfeeding (or never breastfed) because: \_\_\_\_\_

- 01 - Client couldn't get enough information / help
- 02 - Client didn't make enough milk
- 03 - Breastfeeding was too painful for client
- 04 - Client felt baby preferred formula
- 05 - Formula was easier
- 06 - Client wanted partner to be able to feed the baby, too
- 07 - A doctor/nurse/midwife said Client should stop
- 08 - Client's boyfriend and/or the father of the baby didn't want her to breastfeed
- 09 - Client's friends/family didn't want her to breastfeed
- 10 - Client needed to go back to work or school
- 11 - Client was embarrassed about breastfeeding
- 12 - Client thought child was too old
- 88 - Not applicable
- 99 - Unknown