

LODESTAR ADDITIONAL OUTCOMES FORM: Sibling

Attach to Intake and Follow-Up forms

Client ID No. _____

Case Manager _____

Client Name _____
Last

M.I. **First**

Reporting Period _____

01 - Intake

- 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

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