**Outcome Rating Scale (ORS)**

|  |
| --- |
| Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Age (Yrs):\_\_\_\_ Gender\_\_\_\_\_\_\_\_\_\_\_\_\_Session # \_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Who is filling out this form? Please check one: Self\_\_\_\_\_\_\_ Other\_\_\_\_\_\_\_ If other, what is your relationship to this person? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

|  |
| --- |
| Looking back over the last week, including today, help us understand how you have been feeling by rating how well you have been doing in the following areas of your life, where marks to the left represent low levels and marks to the right indicate high levels. *If you are filling out this form for another person*, *please fill out according to how you think he or she is doing.* |

**Individually**

(Personal well-being)

I----------------------------------------------------------------------I

**Interpersonally**

(Family, close relationships)

I----------------------------------------------------------------------I

**Socially**

(Work, school, friendships)

I----------------------------------------------------------------------I

**Overall**

(General sense of well-being)

I----------------------------------------------------------------------I

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|  |
| --- |
| Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Age (Yrs):\_\_\_\_ID# \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Gender:\_\_\_\_\_\_\_Session # \_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

|  |
| --- |
| Please rate today’s session by placing a mark on the line nearest to the description that best fits your experience.  |

# Relationship

I did not feel heard, understood, and respected.

I felt heard, understood, and respected.

I-------------------------------------------------------------------------I

**Goals and Topics**

We did *not* work on or talk about what I wanted to work on and talk about.

We worked on and talked about what I wanted to work on and talk about.

I------------------------------------------------------------------------I

**Approach or Method**

The therapist’s approach is not a good fit for me.

The therapist’s approach is a good fit for me.

I-------------------------------------------------------------------------I

**Overall**

Overall, today’s session was right for me.

There was something missing in the session today.

I------------------------------------------------------------------------I

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