

## Outcome Rating Scale (ORS)

Name \_\_\_\_\_ Age (Yrs): \_\_\_\_

ID# \_\_\_\_\_ Sex: M / F

Session # \_\_\_\_ Date: \_\_\_\_\_

*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.*

### Overall:

(General sense of well-being)

I-----I

### Individually:

(Personal well-being)

I-----I

### Interpersonally:

(Family, close relationships)

I-----I

### Socially:

(Work, school, friendships)

I-----I

Institute for the Study of Therapeutic Change

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