

Outcome Rating Scale (ORS)

Name: _____ Age(Yrs): _____ Sex: M/F

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)

Low I _____ I High

Interpersonally (Family, close relationships)

Low I _____ I High

Socially (Work, school, friendships)

Low I _____ I High

Overall (General sense of well-being)

Low I _____ I High