

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? _____

INSTRUCTIONS: 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.*

Individuality (Personal well-being)



Interpersonally (Family, close relationships)



Socially (Work, school, friendships)



Overall (General sense of wellbeing)



- 1) How satisfied are you with how things are going so far?
- 2) How close is this to what you expect from treatment with EAST?

Developer Reference:

Institute for the Study of Therapeutic Change
www.talkingcure.com
2000, Scott D. Miller and Barry L. Duncan