

## 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? _____		

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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.*

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**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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