

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.

Individually:
(Personal well-being)

I-----Examination Copy Only-----I

Interpersonally:
(Family, close relationships)

I-----Examination Copy Only-----I

Socially:
(Work, School, Friendships)

I-----Examination Copy Only-----I

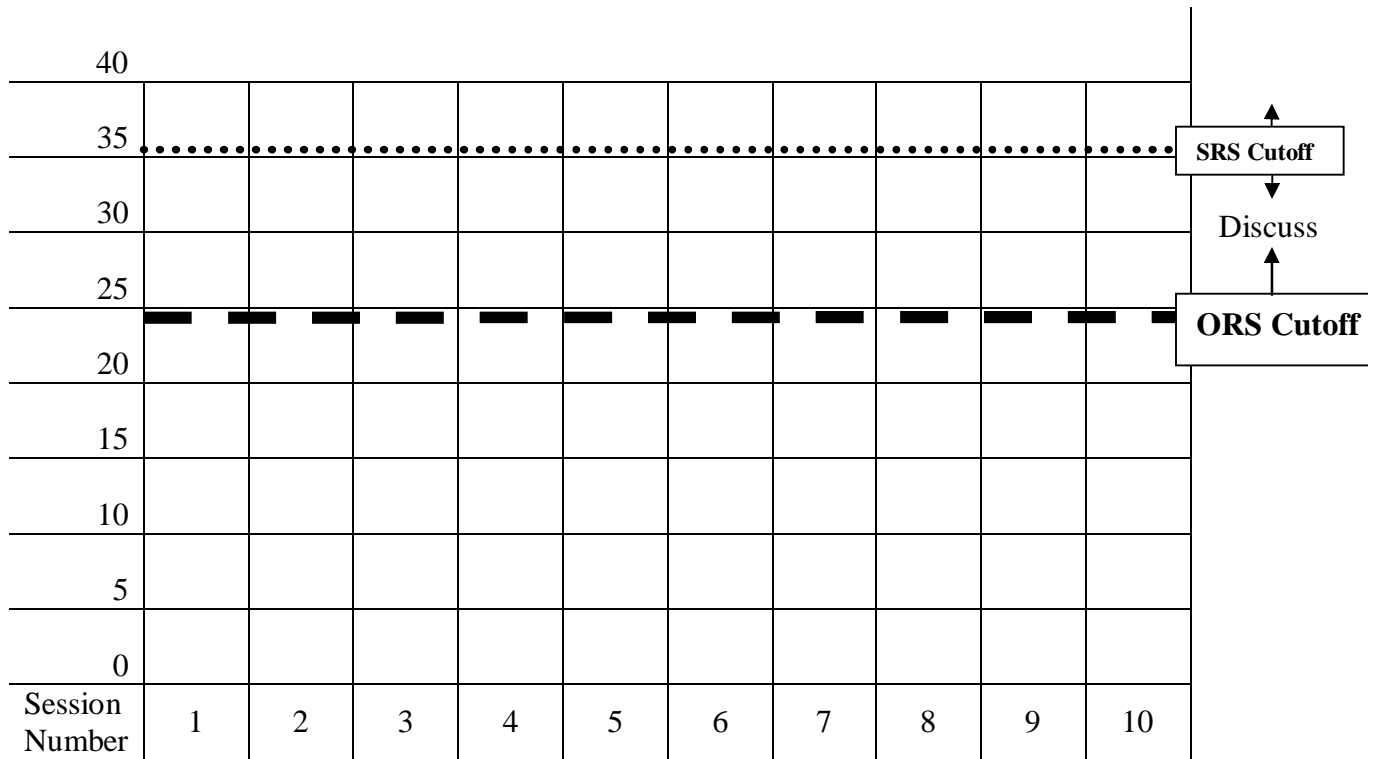
Overall:
(General sense of well-being)

I-----Examination Copy Only-----I

Institute for the Study of Therapeutic Change

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Session Rating Scale (SRS V.3.0)

Name _____	Age (Yrs): _____
ID# _____	Sex: M / F
Session # _____	Date: _____

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

Relationship:

I did not feel heard,
understood, and
respected

I-----Examination Copy Only-----I

I felt heard,
understood, and
respected

Goals and Topics:

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

I-----Examination Copy Only-----I

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

Approach or Method:

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

I-----Examination Copy Only-----I

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

Overall:

There was something
missing in the session
today

I-----Examination Copy Only-----I

Overall, today's
session was right for
me

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