Outcome Rating Scale (ORS)

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)

I-------------------------------------------------------------I

Interpersonally
(Family, close relationships)

I-------------------------------------------------------------I

Socially
(Work, school, friendships)

I-------------------------------------------------------------I

Overall
(General sense of well-being)

I-------------------------------------------------------------I

The Heart and Soul of Chang Project

_________________________________________
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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 mark on the line nearest to the description that best fits your experience.

Relationship
I did not feel heard, understood, and respected.  I ________________________________
I felt heard, understood, and respected.  I ________________________________

Goals and Topics
We did not work on or talk about what I wanted to work on and talk about.  I ________________________________
We worked on and talked about what I wanted to work on and talk about.  I ________________________________

Approach or Method
The therapist’s approach is not a good fit for me.  I ________________________________
The therapist’s approach is a good fit for me.  I ________________________________

Overall
There was something missing in the session today.  I ________________________________
Overall, today’s session was right for me.  I ________________________________

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