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.

ATTENTION CLINICIAN: TO INSURE SCORING ACCURACY PRINT OUT THE MEASURE TO INSURE THE ITEM LINES ARE 10 CM IN LENGTH. ALTER THE FORM UNTIL THE LINES PRINT THE CORRECT LENGTH. THEN ERASE THIS MESSAGE.

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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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.

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Relationship

I did not feel heard, understood, and respected. I---------------------------------------------------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.
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.
The therapist’s approach is a good fit for me.

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Overall

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

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Child Outcome Rating Scale (CORS)

Name ________________________ Age (Yrs):____
Sex:  M / F_________
Session # ___  Date: ________________________
Who is filling out this form? Please check one: Child_______ Caretaker_______
If caretaker, what is your relationship to this child? __________________________

How are you doing? How are things going in your life? Please make a mark on the scale to let us know. The closer to the smiley face, the better things are. The closer to the frowny face, things are not so good. *If you are a caretaker filling out this form, please fill out according to how you think the child is doing.*

Me
(How am I doing?)
I--------------------------------------------------I

Family
(How are things in my family?)
I--------------------------------------------------I

School
(How am I doing at school?)
I--------------------------------------------------I

Everything
(How is everything going?)
I--------------------------------------------------I

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Child Session Rating Scale (CSRS)

Name ________________________ Age (Yrs): ____
Sex: M / F
Session # ____ Date: ________________________

How was our time together today? Please put a mark on the lines below to let us know how you feel.

Listening

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

What we did and talked about were not really that important to me.

Listening

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

What we did and talked about were really important to me.

How Important

What we did and talked about were not really that important to me.

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

I did not like what we did today.

What We Did

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

I liked what we did today.

I wish we could do something different.

Overall

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

I hope we do the same kind of things next time.

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