

## Outcome Rating Scale (ORS)

Client Name \_\_\_\_\_ Client #: \_\_\_\_\_

Date: \_\_\_\_\_

Who is filling out this form?: Youth \_\_\_\_\_ Caretaker \_\_\_\_\_

If caretaker, what is your relationship to this child? \_\_\_\_\_

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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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## Session Rating Scale (SRS V.3.0)

Client Name \_\_\_\_\_ Client #: \_\_\_\_\_

Date: \_\_\_\_\_

Who is filling out this form?: Youth \_\_\_\_\_ Caretaker \_\_\_\_\_

If caretaker, what is your relationship to this child? \_\_\_\_\_

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

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-----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-----I

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

### Overall

There was something  
missing in the session  
today.

I-----I

Overall, today's  
session was right  
for me.

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