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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 0 represents very bad and 10 indicates very good. Feel free to use decimals (e.g., 7.2, etc.). *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)

0----------10
Very Bad Very Good

Interpersonally
(Family, close relationships)

0----------10
Very Bad Very Good

Socially
(Work, school, friendships)

0----------10
Very Bad Very Good

Overall
(General sense of well-being)

0----------10
Very Bad Very Good

The Heart and Soul of Change Project

www.heartandsoulofchange.com

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