Outcome Rating Scale (ORS)

Name ________________________ Age (Yrs):____ Gender____________
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# _________________________ Gender:_____
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- 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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Child Outcome Rating Scale (CORS)

Name ________________________ Age (Yrs): ____
Gender: _______
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): ___
Gender: _________________________
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 didn't always listen to me.

I listened to me.

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

What we did and talked about were important to me.

---

How Important

I did not like what we did today.

I liked what we did today.

---

What We Did

I wish we could do something different.

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

---

Overall

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Young Child Outcome Rating Scale (YCORS)

Choose one of the faces that shows how things are going for you. Or, you can draw one below that is just right for you.
Choose one of the faces that shows how it was for you to be here today. Or, you can draw one below that is just right for you.
Group Session Rating Scale (GSRS)

Name ________________________ Age (Yrs):____
ID# _______________ Gender________________
Session # ____ Date: ________________________

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

Relationship

I did not feel understood, respected, and/or accepted by the leader and/or the group. I.................................................................I

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

I.................................................................I

I felt understood, respected, and accepted by the leader and the group.

Goals and Topics

I.................................................................I

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

Approach or Method

The leader and/or the group’s approach is not a good fit for me.

I.................................................................I

The leader and group’s approach is a good fit for me.

Overall

There was something missing in group today—I did not feel like a part of the group.

I.................................................................I

Overall, today’s group was right for me—I felt like a part of the group.

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