



Outcome Rating Scale (ORS)

Name: _____ Date: _____

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. Marks to the left represent low levels and marks to the right indicate high levels.

Place a check mark by clicking on the box of the number that represents how you feel in the four areas of your life.

Individually

(Personal well-being)

1-0-----1-----2-----3-----4-----5-----6-----7-----8-----9-----10-1
Low High

Interpersonally

(Family, close relationships)

1-0-----1-----2-----3-----4-----5-----6-----7-----8-----9-----10-1
Low High

Socially

(Work, school, friendships)

1-0-----1-----2-----3-----4-----5-----6-----7-----8-----9-----10-1
Low High

Overall

(General sense of well-being)

1-0-----1-----2-----3-----4-----5-----6-----7-----8-----9-----10-1
Low High