

BETWEEN SESSION UPDATE

Name of Patient _____ Date _____

Form completed by _____

Outcome Rating Scale (ORS)

Looking back over the last week, including today, help me 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.*

Individually
(Personal well-being)

|-----|

Interpersonally
(Family, close relationships)

|-----|

Socially
(Work, school, friendships)

|-----|

Overall
(General sense of well-being)

|-----|

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Major events or changes (good or bad):

Any new problems or challenges?

Any ongoing problems or challenges?

Any Improvements?
