



## APPENDIX C

# outcome rating scales and session rating scales

This appendix provides outcome rating scales and session rating scales. These scales are for illustration purposes only. The actual scales, which include 10-centimeter lines for each item, may be downloaded from <http://www.scottdmiller.com>.

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*Note.* Used with permission of Scott D. Miller (<http://www.scottdmiller.com>).

## Outcome Rating Scale (ORS)

Name: \_\_\_\_\_ Age (Years): \_\_\_\_\_ 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 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 centimeters in length. Alter the form until the lines print to the correct length, then erase this message.

**Individually**  
(Personal well-being)

|-----|

**Interpersonally**  
(Family, close relationships)

|-----|

**Socially**  
(Work, school, friendships)

|-----|

**Overall**  
(General sense of well-being)

|-----|

## Session Rating Scale (SRS)

Name: \_\_\_\_\_ Age (Years): \_\_\_\_\_ Sex:  M  F

ID #: \_\_\_\_\_ Session #: \_\_\_\_\_ Date: \_\_\_\_\_

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

I did not feel heard, understood, and respected.	<b>Relationship</b>	I felt heard, understood, and respected.
We did not work on or talk about what I wanted to work on and talk about.	<b>Goals and Topics</b>	We worked on and talked about what I wanted to work on and talk about.
The therapist's approach is not a good fit for me.	<b>Approach or Method</b>	The therapist's approach is a good fit for me.
There was something missing in the session today.	<b>Overall</b>	Overall, today's session was right for me.

## Child Outcome Rating Scale (CORS)









Name: \_\_\_\_\_ Age (Years): \_\_\_\_\_ Sex:  M  F

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.*









	<b>Me</b> (How am I doing?)	
		
	<b>Family</b> (How are things in my family?)	
		
	<b>School</b> (How am I doing at school?)	
		
	<b>Everything</b> (How is everything going?)	
		

## Child Session Rating Scale (CSRS)

Name: \_\_\_\_\_ Age (Years): \_\_\_\_\_ Sex:  M  F

Session #: \_\_\_\_\_ Date: \_\_\_\_\_

How was our time together today? Please put a mark on the lines below to let us know how you feel.

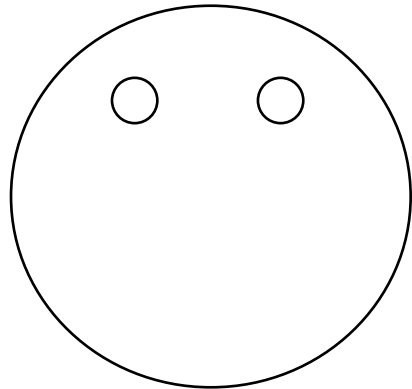
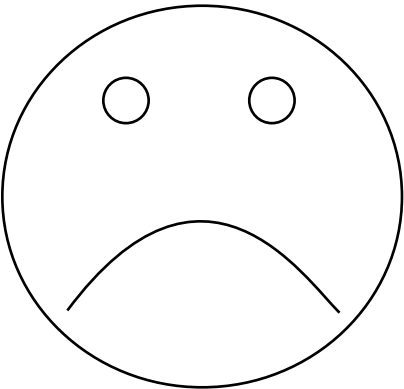
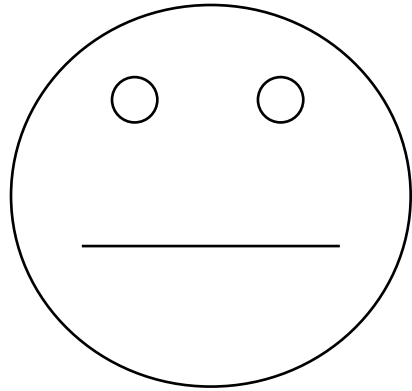
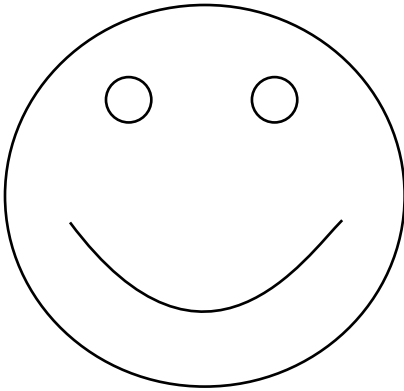
	<b>Listening</b>		
_____ did not always listen to me.	-----	-----	_____ listened to me.
			
What we did and talked about was not really that important to me.	-----	-----	What we did and talked about were important to me.
			
I did not like what we did today.	-----	-----	I liked what we did today.
			
I wish we could do something different.	-----	-----	I hope we do the same kind of things next time.
			

## Young Child Outcome Rating Scale (YCOR5)

Name: \_\_\_\_\_ Age (Years): \_\_\_\_\_ Sex:  M  F

Session #: \_\_\_\_\_ Date: \_\_\_\_\_

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.



## Young Child Session Rating Scale (YCSRS)

Name: \_\_\_\_\_ Age (Years): \_\_\_\_\_ Sex:  M  F

Session #: \_\_\_\_\_ Date: \_\_\_\_\_

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.

