

# Oregon Change Index (OCI) Outcome Measurement Tool

3.1

<b>Client</b> _____	<b>Modality</b> <input type="checkbox"/> Individual <input type="checkbox"/> Group <input type="checkbox"/> Couple <input type="checkbox"/> Family
<b>Age</b> <input type="checkbox"/> under 18 <input type="checkbox"/> 18 or over	<b>Date of First Session:</b> _____

**Outcome Tracking Instructions:** Looking back *over the last week*, (including today), help me understand *how you have been doing* by answering the eight<sup>1</sup> questions below. Place marks in the circles to the left to represent low levels, and to the right to indicate high levels. Either pen or pencil is OK.

If you are in couples or family therapy, please interpret “you” as “us” as well as the “your” as “our”. Fill out the form together.

Treatment Plan Goal #1:
Treatment Plan Goal # 2:

<i>Service Date:</i> _____	<b>Poor</b>	<b>Excellent</b>
How are your relationships with family?	○ ○ ○ ○ ○ ○ ○ ○ ○ ○ ○ ○	
How are your relationships with friends?	○ ○ ○ ○ ○ ○ ○ ○ ○ ○ ○ ○	
How are you functioning at work or school or other activities?	○ ○ ○ ○ ○ ○ ○ ○ ○ ○ ○ ○	
How are you feeling overall?	○ ○ ○ ○ ○ ○ ○ ○ ○ ○ ○ ○	
How is your progress with treatment plan goal #1?	○ ○ ○ ○ ○ ○ ○ ○ ○ ○ ○ ○	
How is your progress with treatment plan goal #2?	○ ○ ○ ○ ○ ○ ○ ○ ○ ○ ○ ○	
How are you feeling about your relationship with your therapist?	○ ○ ○ ○ ○ ○ ○ ○ ○ ○ ○ ○	
Is the therapy being helpful to you?	_____ _____ _____ _____	

<sup>1</sup> The first four questions of the Oregon Change Index, ABHA ©2002 are derived from the ORS, developed by Scott D. Miller and Barry L. Duncan ©2000 and are used with their permission.