

Oregon Change Index (OCI) Outcome Measurement Tool

Client CPMS or OMAP # _____	Modality <input type="checkbox"/> Individual <input type="checkbox"/> Group <input type="checkbox"/> Couple <input type="checkbox"/> Family
Age <input type="checkbox"/> under 18 <input type="checkbox"/> 18 or over	County _____ Provider Type <input type="checkbox"/> Agency <input type="checkbox"/> Panel Provider
Provider ID Number: _____	Study Codes: _____

Outcome Tracking Instructions: Looking back *over the last week*, (including today), help us understand *how you have been doing* by answering the seven¹ 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.

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

Service Date: _____	Low	High
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?	○ ○ ○ ○ ○ ○ ○ ○ ○ ○ ○	
Is the therapy being helpful to you?	_____	_____

¹ 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.