**OUTCOME RATING SCALE (ORS):** Client Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DOB: \_\_\_\_\_\_\_\_\_\_\_

**Individually**

(Personal well-being)

I----------------------------------------------------------------------I

**Interpersonally**

(Family, close relationships)

I----------------------------------------------------------------------I

**Socially**

(Work, school, friendships)

I----------------------------------------------------------------------I

**Overall**

(General sense of well-being)

I----------------------------------------------------------------------I

*International Center for Clinical Excellence*