

Outcome Rating Scale

Name: _____ Date: _____ dd / mm / yyyy

Age: _____ Sex: _____

Who is filling out this form? (Please check one)

☐ Self ☐ Other

If other, what is your relationship to this person?:

Instructions: Reflecting on the past seven days, including today, use this scale to rate how you've been doing in various elements of your life. The mark to the left represents the lowest level while the mark to the right represents the highest level. If you're completing this form for someone else, take a moment to reflect upon how you think they have been doing.

Individually (personal well-being) - Scale 0-10

☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐

0 1 2 3 4 5 6 7 8 9 10

Interpersonally (family, close relationships) - Scale 0-10

☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐

0 1 2 3 4 5 6 7 8 9 10

Socially (work, school friends) - Scale 0-10

☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐

0 1 2 3 4 5 6 7 8 9 10

Overall (general sense of well-being) - Scale 0-10

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0 1 2 3 4 5 6 7 8 9 10

Additional Notes