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**Outcome Rating Scale (ORS)**

|  |
| --- |
| Navn \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Alder (År):\_\_\_\_  ID# \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Køn:\_\_\_\_\_\_\_\_\_  Session # \_\_\_\_ Dato: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

|  |
| --- |
| Når du ser tilbage på den tid, der er gået siden sidste samtale (inklusiv i dag), skal du vurdere, hvordan du har haft det på følgende områder af dit liv. En markering til venstre for midten markerer, at du har haft det dårligt, mens en markering til højre for midten markerer, at du har haft det godt. |

**OBS TERAPEUTER:** FOR AT SIKRE, AT SCORINGEN AF SKEMAET BLIVER PRÆCIS, SKAL DU CHEKKE, AT LINERNE ER 10 CM LANGE, NÅR DU UDSKRIVER SKEMAET. DU MÅ JUSTERE LINIERNE, INDTIL DE HAR DEN KORREKTE LÆNGDE PÅ UDSKRIFTEN. SLET DEREFTER DENNE MEDDELELSE.

**Individuelt:**

(Personligt velbefindende)

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

**Nære relationer:**

(Familie, nære venner, osv.)

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

**Socialt:**

(Arbejde, skole, bekendte)

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

**Generelt:**

(Generel følelse af velbefindende)

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

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|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 40 | | | | | | | | | | |
| 35 |  |  |  |  |  |  |  |  |  | **SRS Cutoff** |
| 30 |  |  |  |  |  |  |  |  |  | Drøftelse |
| 25 |  |  |  |  |  |  |  |  |  | ORS Cutoff |
| 20 |  |  |  |  |  |  |  |  |  |  |
| 15 |  |  |  |  |  |  |  |  |  |  |
| 10 |  |  |  |  |  |  |  |  |  |  |
| 5 |  |  |  |  |  |  |  |  |  |  |
| 0 |  |  |  |  |  |  |  |  |  |  |
| Session Number | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |

**Session Rating Scale (SRS V.3.0)**

|  |
| --- |
| Navn \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Alder (År):\_\_\_\_  ID# \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Køn:\_\_\_\_\_\_\_\_\_  Session # \_\_\_\_ Dato: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

|  |
| --- |
| Du bedes vurdere dagens samtale, ved at sætte et mærke på hver af de fire linier. Du skal placere din vurdering tættest på den beskrivelse, som passer bedst på din oplevelse. |

# Relation:

Jeg følte mig *ikke* hørt, forstået og respekteret.

Jeg følte mig hørt, forstået og respekteret.

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

**Mål og emner:**

Vi arbejdede med og

talte om det jeg gerne ville arbejde med

og tale om

Vi arbejdede *ikke* med eller talte *ikke* om det jeg gerne ville arbejde med og tale om

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

**Tilgang eller metode:**

Terapeutens måde

at arbejde på passer *ikke* til mig.

Terapeutens måde

at arbejde på passer

til mig.

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

**Generelt:**

Alt i alt var dagens session passende for mig.

Der manglede noget i dagens session

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

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**Child Outcome Rating Scale (CORS)**

|  |
| --- |
| Navn \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Alder (År):\_\_\_\_  Køn: \_\_\_\_\_\_\_\_  Session # \_\_\_\_ Dato: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

|  |
| --- |
| Hvordan har du det? Hvordan går det i dit liv? Sæt et mærke på linien for at vise, hvordan det går. Jo tættere mærket er på det smilende ansigt, jo bedre går det. Jo tættere mærket er på det sure ansigt, jo flere ting er ikke så gode. |

**Mig**

(Hvordan har jeg det?)

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





**Familie**

(Hvordan går det i min familie?)

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



**Skole**

(Hvordan går det i skolen?)

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



**Livet som helhed**

(Hvordan går det med livet i det hele taget?)

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





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**Child Session Rating Scale (CSRS)**

|  |
| --- |
| Navn \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Alder (År):\_\_\_\_  Køn: \_\_\_\_\_\_\_\_\_\_\_\_\_  Session # \_\_\_\_ Dato: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

|  |
| --- |
| Hvad synes du om vores tid sammen i dag? Sæt et mærke på linierne for at vise hvad du mener. |

# Lyttede

\_\_\_\_\_\_\_\_\_\_\_

lyttede på mig.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_ lyttede ikke altid på mig.

****I----------------------------------------------------------------------I



Det, vi lavede og talte om, var ikke særlig vigtigt for mig**.**

**Hvor vigtigt**

Det, vi lavede og talte om, var vigtigt for mig.

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

****



**Det vi lavede**

Jeg kunne godt lide det, vi lavede i dag.

Jeg kunne ikke lide det, vi lavede i dag.

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

****



**Generelt**

Jeg håber, vi gør noget af det samme næste gang, som vi gjorde i dag.

Jeg ville ønske, vi kunne gøre noget anderledes.

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

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**Young Child Outcome Rating Scale (YCORS)**

|  |
| --- |
| Navn \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Alder (År):\_\_\_\_  Køn: \_\_\_\_\_\_\_\_  Session # \_\_\_\_ Dato: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

|  |
| --- |
| Vælg det af ansigterne, som viser, hvordan du har det. Eller du kan selv tegne et ansigt nedenunder, så det passer helt præcist til dig. |

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**Young Child Session Rating Scale (YCSRS)**

|  |
| --- |
| Navn \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Alder (År):\_\_\_\_  Køn: \_\_\_\_\_\_\_\_\_\_\_\_  Session # \_\_\_\_ Dato: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

|  |
| --- |
| Vælg det af ansigterne, som viser, hvordan det var for dig at være her idag. Eller du kan selv tegne et nedenunder, så det passer helt præcist til dig. |

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