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**Schaal voor Resultaatbeoordeling (ORS)**

|  |
| --- |
| Naam: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Leeftijd (jaar): \_\_\_\_\_ Geslacht: \_\_\_\_\_\_\_\_\_\_ Sessie #:\_\_\_\_Datum: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Vult u dit formulier voor uzelf in? ja / nee Indien voor een ander: wat is uw relatie met deze persoon? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

|  |
| --- |
| Hoe is het met u gegaan de afgelopen week, of sinds het laatste behandelcontact - inclusief vandaag -? Zet op elke lijn een kruisje. Links is ‘laag’ en rechts is ‘hoog’. *Als u dit formulier voor een andere persoon invult, vult u in op basis van hoe u denkt dat hij of zij het doet.* |

**CLINICUS LET OP: PRINT ONDERSTAANDE FORMULIEREN (ORS, SRS, CORS EN CSRS) EERST UIT. OM ZEKER TE ZIJN VAN EEN CORRECTE SCORING MOET HET LIJNTJE PER ITEM 10 CM BREED ZIJN. PAS DE FORMULIEREN AAN TOTDAT AAN DIE VOORWAARDE IS VOLDAAN.**

**Individueel**

(persoonlijk welbevinden)

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

**Relationeel**

(familie, intieme vrienden)

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

**Sociaal**

(werk, opleiding, sociale contacten)

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

**Algeheel**

(algemeen welbevinden)

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

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|  |
| --- |
|  40 |
| 35 |  |  |  |  |  |  |  |  |  | **SRS Afsnijden** |
| 30 |  |  |  |  |  |  |  |  |  |  |
| 25 |  |  |  |  |  |  |  |  |  | ORS Afsnijden |
| 20 |  |  |  |  |  |  |  |  |  |  |
| 15 |  |  |  |  |  |  |  |  |  |  |
| 10 |  |  |  |  |  |  |  |  |  |  |
|  5 |  |  |  |  |  |  |  |  |  |  |
|  0 |  |  |  |  |  |  |  |  |  |  |
| Sessie Nummer | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |

**Schaal voor Sessiebeoordeling (SRS V.3.0)**

|  |
| --- |
| Namm: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Leeftijd (jaar): \_\_\_\_ID# \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Geslacht: \_\_\_\_\_\_\_Sessie # \_\_\_\_ Datum: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

|  |
| --- |
| Zet op elke lijn een kruisje bij de beschrijving die het beste past bij uw gevoel. |

# Relatie

Ik voelde me gehoord, begrepen en gerespecteerd.

Ik voelde me *niet* gehoord, begrepen en gerespecteerd.

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

We hebben *niet* gewerkt of gepraat over de dingen waaraan ik wilde werken of waarover ik wilde praten.

 over wilde praten wanted to work on and talk about

**Doelen en Onderwerpen**

We hebben gewerkt of gepraat over de dingen waaraan ik wilde werken of waarover ik wilde praten.

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

**Aanpak en/of Werkwijze**

De manier van werken van mijn behandelaar paste goed bij mij.

De manier van werken van mijn behandelaar paste *niet* goed bij mij.

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

**Algeheel**

Over het geheel genomen vond ik het behandelcontact van vandaag in orde.

Er miste iets in het behandelcontact vandaag.

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

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### Schaal voor Resultaatbeoordeling voor Kinderen (CORS)

|  |
| --- |
| Naam \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Leeftijd:(jaar): \_\_\_\_Geslacht: \_\_\_\_\_\_\_\_\_Sessie # \_\_\_\_ Datum: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Wie vult dit formulier in? Controleer een: Kind\_\_\_\_\_\_\_ Ander persoon\_\_\_\_\_\_\_  Als andere persoon, wat is uw relatie tot dit kind?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

|  |
| --- |
| We willen graag weten hoe het met jou gaat en hoe de dingen in jouw leven gaan. Zet op elke lijn een kruisje. Hoe dichter het kruisje bij het lachende gezichtje, hoe beter het gaat. Dichter bij het verdrietige gezichtje betekent dat het minder goed gaat*. Bent u de ouder of verzorger, vult u dan het formulier is zoals u denkt hoe het kind het doet.* |

**Ik**

 (Hoe gaat het met mij?)

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



 **Thuis**

 (Hoe gaan de dingen thuis?)

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

**School**

(Hoe gaat het met mij op school?)

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



 **Alles**

 (Hoe gaat alles bij elkaar?)

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

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### Schaal voor Sessiebeoordeling voor Kinderen (CSRS)

|  |
| --- |
| Naam \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Leeftijd:(jaar): \_\_\_\_Geslacht: \_\_\_\_\_\_\_\_\_Sessie # \_\_\_\_ Datum: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

|  |
| --- |
| Hoe vond je het om vandaag hier te zijn? Zet een kruisje op elke lijn om ons te laten weten hoe je het vond. |

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

luisterde niet altijd naar me.

# Luisteren

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

luisterde naar me.

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

Wat we hebben gedaan en waar we over hebben gepraat was niet zo belangrijk voor mij.

Wat we hebben gedaan en waar we over hebben gepraat was belangrijk voor mij.

 **Hoe belangrijk**

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

Ik vond wat we vandaag hebben gedaan niet fijn

 **Wat we hebben gedaan**

Ik vond wat we vandaag hebben gedaan fijn.

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

Ik zou willen dat we iets anders konden gaan doen.

**Alles bij elkaar**

Ik hoop dat we de volgende keer dezelfde soort dingen gaan doen.

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

The

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**Young Child Outcome Rating Scale: Hoe gaat het met jou?**

|  |
| --- |
| Naam \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Leeftijd:(jaar): \_\_\_\_Geslacht: \_\_\_\_\_\_\_\_\_Sessie # \_\_\_\_ Datum: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

|  |
| --- |
| Kies het gezichtje dat laat zien hoe het nu met je gaat. Je mag ook zelf een gezichtje tekenen dat precies bij jou past. |

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**Young Child Session Rating Scale: Hoe vond je het vandaag hier?**

|  |
| --- |
| Naam \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Leeftijd:(jaar): \_\_\_\_Geslacht: \_\_\_\_\_\_\_\_\_Sessie # \_\_\_\_ Datum: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

|  |
| --- |
| Kies het gezichtje dat laat zien hoe jij het vond om vandaag hier te zijn. Je mag ook zelf een gezichtje tekenen dat precies bij jou past. |

 Better Outcomes Now

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