



WELL of GRACE MINISTRIES  
Girls Restored And Christ Exalted

**How I feel most of the time.**

**Outcome Rating Scale**

Name: \_\_\_\_\_ Age (Yrs): \_\_\_\_\_ Date: \_\_\_\_\_

Class Name: \_\_\_\_\_

Looking back over the **last week, including today**, help us understand how you have been feeling by rating how well you have been doing in the following areas of your life. Circle the number (1 through 10) that best represents how you feel. All of your answers will be kept strictly confidential.

	Not at all true for me			Kind of true for me				Completely true for me		
	1	2	3	4	5	6	7	8	9	10
I like myself as a person	1	2	3	4	5	6	7	8	9	10
I get along with my family	1	2	3	4	5	6	7	8	9	10
I get along with other people	1	2	3	4	5	6	7	8	9	10
I have friends at school/work & in the community	1	2	3	4	5	6	7	8	9	10
I am able to resolve problems easily.	1	2	3	4	5	6	7	8	9	10
I have someone I trust to help me with any problem	1	2	3	4	5	6	7	8	9	10
I am happy	1	2	3	4	5	6	7	8	9	10
I like talking about my faith	1	2	3	4	5	6	7	8	9	10

What did you like most? \_\_\_\_\_

What would you change or add? \_\_\_\_\_

\_\_\_\_\_