

# Self-Completed Overview of Recovery Experience (SCORE) Board: Name: \_\_\_\_\_

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**Briefly describe your WHAM goals & task(s) in the column on the right. In the bottom row, ✓ when a goal is accomplished.**

\*Interaction Types: **Individual** (face-to-face), **Group**, **Phone**, **Electronic video**, **Text**, **Other**

Interaction # & Type*	1 __	2 __	3__	4 __	5 __	6 __	7 __	8 __	9__	10__	11__	12__	13__	WHAM Goal #
Date														
Re-arrest Risk (0-10)														
Outcome Rating Scale (ORS, 0-40)														Tasks = What:
Craving or Recurring Experiences (CORE) Rating (0-10)														How Much:
Session/Relationship/Group Session Rating Scale (0-40)														How Often:
Write an "O" in the column row below to show each of your ORS scores.														When:
40														Adult SRS/GSRS/RRS Clinical Cutoff = 36
35														
30														Adult ORS Clinical Cutoff = 25
25														
20														WHAM Goal #
15														
10														Tasks = What:
5														How Much:
0														How Often:
WHAM Goal # _____														When:
WHAM Goal # _____														

