

Self-Completed Overview of Recovery Experience (SCORE) Board: Name: _____

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Briefly describe your 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__	Goal # _____:
Date														
Re-arrest Risk (0-10)														
Outcome Rating Scale (ORS, 0-40)														Tasks = What:
Craving/Challenge Rating (0-10)														How Much:
Session/Relationship/Group Session Rating Scale (0-40)														How Often:
Write an "O" in the column 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														Goal # _____:
15														
10														Tasks = What:
5														How Much:
0														How Often:
Goal # _____														When:
Goal # _____														



