

## Client Outcome Measure (COM-A)

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

Therapist: \_\_\_\_\_

Date: \_\_\_\_\_

### Instructions:

Please help us understand what has changed since you and your family **began** counseling. Please use this scale to answer the questions below

**5 Very much better**

- Most all of the things you tried to change in counseling were successful, your family gets along very much better

**4 A lot better**

- Many but not all of the things you tried to change in counseling were successful, your family gets along a lot better

**3 Some better**

- Some of the things you tried to change in counseling were successful, your family gets along some better

**2 Only a little better**

- Few of the things you tried to change in counseling were successful, your family gets along only a little better

**1 Things are no different**

- The things you tried to change in counseling are no different, your family does not get along any better

**0 Things are worse**

- The things you tried to change in counseling are worse, your family gets along worse than before counseling

***Please put the number from the scale above on the line next to the following questions to indicate your answer. Remember - answer according to how much has changed since you began counseling.***

\_\_\_\_\_ 1. In general, how much has the family changed since you began counseling?

\_\_\_\_\_ 2. How much has the family changed its communication skills?

\_\_\_\_\_ 3. How much has your behavior changed?

\_\_\_\_\_ 4. How much have your parents improved their parenting skills?

\_\_\_\_\_ 5. How much have your parents changed their ability to supervise you?

\_\_\_\_\_ 6. How much change has occurred in the family conflict level?

**Please stop here. THANK YOU for your help**

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Case Number: \_\_\_\_\_

Site: \_\_\_\_\_