INTRODUCTION
A growing body of research supports the utility of monitoring and using client feedback about treatment progress (Anker, Duncan, Sparks, 2009; Lambert, 2010). One increasingly popular method of soliciting client feedback is the Outcome Rating Scale (ORS), an ultra brief (4-item) measure of client functioning (Miller & Duncan, 2000). The ORS assesses psychological functioning along four dimensions: symptom distress, interpersonal relationships, social role functioning, and overall well-being. The ORS offers the reliability and validity of longer measures, but with more feasibility for use in clinical settings (Miller, Duncan, Brown, Sparks, & Clau. 2003). When used in conjunction with the Session Rating Scale, an ultra brief alliance measure, the ORS has been shown to improve therapy outcomes (Anker, et al., 2009; Miller, Duncan, Brown, Sorrell, & Chalk, 2006; Reese, Norsworthy, Rowlands, 2009).

Only one study to date has investigated the reliability and validity of the ORS among a non-clinical sample (Bringhurst, Watson, Miller, and Duncan, 2006). The purpose of the present study was to investigate five psychometric characteristics of the ORS: internal consistency, test-retest reliability, factor structure, convergent validity, and discriminant validity.

METHODS
- **Participants**
  - 211 participants (50% female)
  - Recruited from a university fitness center as part of a study concerning exercise program adherence.
  - Mean age = 21 (SD = 6.57)
  - 38 participants returned for follow-up at 4-weeks

- **Measures**
  - Outcome Rating Scale (Miller & Duncan, 2000)
  - Quality of Life Scale (QOLS; Burckhardt & Anderson, 2003)
  - International Physical Activity Questionnaire (IPAQ; Booth, 2000)

RESULTS
- **Mean ORS total score = 30.53 (SD = 5.83) and 29.24 (SD = 5.44) for the 1st and 2nd administrations, with no significant differences between males and females (t = -51, p > .05).**
- **Cronbach’s coefficient alpha for ORS = .83 and .80.**
- **Test-retest reliability coefficient for total ORS was r = .53.**
- **Exploratory factor analysis revealed one factor (68% of variance).**
- **ORS total scores were moderately correlated with self-reported quality of life (QLS scores; r = .61, r² = .37; r = .66, r² = .44), indicating convergent validity.**
- **ORS total scores were relatively unrelated to physical activity (IPAQ scores; r = .13, r² = .02; r = .03, r² = .00) indicating discriminant validity.**

DISCUSSION
- **ORS scores for this study were comparable to previous research with a non-treatment seeking college students (Bringhurst, et. al, 2006).**
- **Internal consistency was in the good range, though below previous estimates (.97, Bringhurst, et. al., 2006; .93, Miller, et. al., 2003).**
- **ORS scores demonstrated good convergent validity with overall quality of life and discriminate validity with physical activity.**
- **Factor analysis supported a one-factor model of the ORS, as expected for a scale with only four items.**
- **Limitations:**
  - A non-clinical, student sample limits generalizability.
  - 18% of participants returned for the follow-up, weakening test-retest estimates.
  - Use of a more clinically relevant psychological functioning scale would have increased the significance of the concurrent validity estimates.
  - **Suggestions for further research include psychometric studies that directly address or correct these limitations.**