

Patient's Global Impression of Change (PGIC)

Name: _____ Date: _____ DOB: _____

Chief Complaint: _____

Since beginning treatment at this clinic, how would you describe the change (if any) in ACTIVITY, LIMITATIONS, SYMPTOMS, EMOTIONS and OVERALL QUALITY OF LIFE, related to your painful condition? (tick only ONE box).

- | | | |
|--|--------------------------|---|
| No change (or condition is worse) | <input type="checkbox"/> | 1 |
| Almost the same, hardly any change at all | <input type="checkbox"/> | 2 |
| A little better, but no noticeable change | <input type="checkbox"/> | 3 |
| Somewhat better, but the change has not made any real difference | <input type="checkbox"/> | 4 |
| Moderately better, and a slight but noticeable change | <input type="checkbox"/> | 5 |
| Better, and a definite improvement that has made a real and worthwhile difference | <input type="checkbox"/> | 6 |
| A great deal better, and a considerable improvement that has made all the difference | <input type="checkbox"/> | 7 |

In a similar way, please circle the number below that matches your degree of change since beginning care at this clinic:

Much Better	No Change					Much Worse				

0	1	2	3	4	5	6	7	8	9	10

Patient's Signature: _____ Date: _____

Reference: Hurst H, Bolton, J. Assessing the clinical significance of change scores recorded on subjective outcome measures. J Manipulative Physiol Ther 2004; 27: 26-35.