Patients' Global Impression of Change (PGIC) scale.

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 ONE box).

No change (or condition has got worse) ☐ 1
Almost the same, hardly any change at all ☐ 2
A little better, but no noticeable change ☐ 3
Somewhat better, but the change has not made any real difference ☐ 4
Moderately better, and a slight but noticeable change ☐ 5
Better, and a definite improvement that has made a real and worthwhile difference ☐ 6
A great deal better, and a considerable improvement that has made all the difference ☐ 7

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

<table>
<thead>
<tr>
<th>Much Better</th>
<th>No Change</th>
<th>Much Worse</th>
</tr>
</thead>
<tbody>
<tr>
<td>0 1 2 3 4 5 6 7 8 9 10</td>
<td></td>
<td></td>
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Patient's signature: ___________________________ Date: _______________