

Patient Global Impression of Change (PGIC)

Today's Date. __/__/____

PLEASE ANSWER ALL QUESTIONS, MARKING ONLY ONE BOX FOR EACH QUESTION.

1. Since beginning treatment, how would you describe the change in activity limitations, emotions, and overall quality of life related to your pain condition?
(CHOOSE ONE)

- ☐ Very Much Improved
- ☐ Much Improved
- ☐ Minimally Improved
- ☐ No Change
- ☐ Minimally Worse
- ☐ Much Worse
- ☐ Very Much Worse