

Global Rating of Change Scale

Name:

Date:

Instructions

Please rate the overall change in your condition from the time that you began treatment until now. Choose only one.

- | | |
|--|---|
| <input type="checkbox"/> -7 A very great deal worse | <input type="checkbox"/> +7 A very great deal better |
| <input type="checkbox"/> -6 A great deal worse | <input type="checkbox"/> +6 A great deal better |
| <input type="checkbox"/> -5 Quite a bit worse | <input type="checkbox"/> +5 Quite a bit better |
| <input type="checkbox"/> -4 Moderately worse | <input type="checkbox"/> +4 Moderately better |
| <input type="checkbox"/> -3 Somewhat worse | <input type="checkbox"/> +3 Somewhat better |
| <input type="checkbox"/> -2 A little bit worse | <input type="checkbox"/> +2 A little bit better |
| <input type="checkbox"/> -1 A tiny bit worse (almost the same) | <input type="checkbox"/> +1 A tiny bit better (almost the same) |

Additional Notes