



Name: _____ Date: _____

Global Rating of Change

Instructions:

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

-7 A very great deal worse

+7 A very great deal better

-6 A great deal worse

+ 6 A great deal better

-5 Quite a bit worse

+5 Quite a bit better

-4 Moderately worse

+4 Moderately better

-3 Somewhat worse

+3 Somewhat better

-2 A little bit worse

+ 2 A little bit better

-1 A tiny bit worse (almost the same)

+ 1 A tiny bit better (almost the same)

PT Comments: