

PATIENT'S GLOBAL IMPRESSION OF CHANGE (PGIC) SCALE

Date: _____

Name: _____ DOB: _____

Chief Complaint (Presenting Problem): _____

Since beginning treatment at this facility, how would you describe the change (if any) in ACTIVITY LIMITATIONS, SYMPTOMS, EMOTIONS and OVERALL QUALITY OF LIFE, related to your post-concussive condition?

Choose ONE.

- ☐ No change (or condition has gotten 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)

Patient's

Signature: _____