

Subject #: _____

PATIENT GLOBAL RATING

Date: _____ / _____ / _____
mm dd yy

Please rate the overall condition of your shoulder *from the time that you began treatment until now* (check only one):

- | | | |
|--|---|---|
| <input type="checkbox"/> A very great deal worse (-7) | <input type="checkbox"/> About the same (0) | <input type="checkbox"/> A very great deal better (+7) |
| <input type="checkbox"/> A great deal worse (-6) | | <input type="checkbox"/> A great deal better (+6) |
| <input type="checkbox"/> Quite a bit worse (-5) | | <input type="checkbox"/> Quite a bit better (+5) |
| <input type="checkbox"/> Moderately worse (-4) | | <input type="checkbox"/> Moderately better (+4) |
| <input type="checkbox"/> Somewhat worse (-3) | | <input type="checkbox"/> Somewhat better (+3) |
| <input type="checkbox"/> A little bit worse (-2) | | <input type="checkbox"/> A little bit better (+2) |
| <input type="checkbox"/> A tiny bit worse (almost the same) (-1) | | <input type="checkbox"/> A tiny bit better (almost the same) (+1) |

Any rating of lower than somewhat worse requires a comment from the therapist (ie..speculate on the cause of status change).