

Patient Name _____

Date: _____

Global Rating of Change (GROC)

Please rate the overall recovery from your low back pain *FROM THE TIME THAT YOU BEGAN HAVING PAIN UNTIL NOW*:

Check only ONE

- | | | |
|--|---|---|
| <input type="checkbox"/> A very great deal worse | <input type="checkbox"/> About the same | <input type="checkbox"/> A very great deal better |
| <input type="checkbox"/> A great deal worse | | <input type="checkbox"/> A great deal better |
| <input type="checkbox"/> Quite a bit worse | | <input type="checkbox"/> Quite a bit better |
| <input type="checkbox"/> Moderately worse | | <input type="checkbox"/> Moderately better |
| <input type="checkbox"/> Somewhat worse | | <input type="checkbox"/> Somewhat better |
| <input type="checkbox"/> A little bit worse | | <input type="checkbox"/> A little bit better |
| <input type="checkbox"/> A tiny bit worse | | <input type="checkbox"/> A tiny bit better |

From: Jaeschke R, Singer J, Guyatt GH. Measurement of health status. Ascertaining the minimal clinically important difference. Control Clin Trials 1989: 407-15.