

Patient Global Impression of Change (PGIC) – Physical Function Limitations

For the following question, choose the one response that best describes your experience **from the time of starting the study treatment**.

Please choose the response that best describes the overall change in your **physical function limitations**, including trouble walking, difficulties doing physical activities, and needing help taking care of yourself, **from the time of starting the study treatment**.

- ☐ Much better
- ☐ A little better
- ☐ No change
- ☐ A little worse
- ☐ Much worse

Adapted from: Guy W (ed). ECDEU Assessment Manual for Psychopharmacology. Rockville, MD: US Department of Health, Education, and Welfare Public Health Service Alcohol, Drug Abuse, and Mental Health Administration, 1976