* MYMOP2 *

Full name	Date of birth
Address and postcode	
Today 's date	Practitioner seen

Choose one or two symptoms (physical or mental) which bother you the most. Write them on the lines. Now consider how bad each symptom is, over the last week, and score it by circling your chosen number.

SYMPTOM 1:	0	1	2	3	4	5	6
	As good as it could be						As bad as it could be
SYMPTOM 2:	0	1	2	3	4	5	6

Now choose one activity (physical, social or mental) that is important to you, and that your problem makes difficult or prevents you doing. Score how bad it has been in the last week.

ACTIVITY:	0	1	2	3	4	5	6
	As good as it could be						As bad as it could be
Lastly how would you rate your general feeling of wellbeing during the last week?							
	0	1	2	3	4	5	6
	As good as it could be						As bad as it could be
How long have you had Symptom 1, either all the time or on and off? Please circle:							
0 - 4 weeks 4 - 12 weeks	3 months - 1	year	1 - 5	years	over	5 years	
Are you taking any medication FOR THIS PROBLEM ? Please circle: YES/NO							
1. Please write in name of medication, and how much a day/week							
2. Is cutting down this medication: Please circle:							
Not important a bit i	mportant	very	r importai	nt	not a	pplicable	•
<u>IF NO:</u>							
Is avoiding medication for this problem.							

is avoiuling medicali			
Not important	a bit important	very important	not applicable