

MYMOP Follow Up – To be completed at the last session

Full Name: _____

Unique Reference Number: _____

Today's Date: _____

Number of Sessions attended: _____

Which CT was most commonly used:

Please circle the number to show how severe your symptom(s) have been in the last week

This should be **YOUR opinion**, no-one else's.

Symptom 1	As good as it could be						As bad as it could be	
_____	0	1	2	3	4	5	6	

Symptom 2	As good as it could be						As bad as it could be	
_____	0	1	2	3	4	5	6	

Activity	As good as it could be						As bad as it could be	
_____	0	1	2	3	4	5	6	

Lastly, how would you rate your general feeling of wellbeing during the last week?

General well being	As good as it could be						As bad as it could be	
_____	0	1	2	3	4	5	6	

The treatment you are receiving may not be the only aspect affecting your problem. If there is anything that you think is important, such as changes you have made yourself, or other things happening in your life, please write it here: (write overleaf if you need more space)
