

MYMOP INITIAL FORM – to be completed on first Session

Full Name: _____ Date of Birth _____

Unique Reference Number: _____ Gender: _____

Address: _____

_____ Post Code: _____

Today's Date: _____ Practitioner: _____

Choose one or two symptoms (physical or mental) which bother you the most. Write them on the lines. Now consider how bad each symptom has been over the last week.

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	

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

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	

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

Which CT will be most commonly used: