

*** MYMOP2 Follow up ***

Full name Today's date

Please circle the number to show how severe your problem has been IN THE LAST WEEK.

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

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
..... As good as it could be As bad as it could be
.....

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

WELLBEING: 0 1 2 3 4 5 6
How would you rate your general feeling of wellbeing? As good as it could be As bad as it could be

If an important new symptom has appeared please describe it and mark how bad it is below.

Otherwise do not use this line.

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

The treatment you are receiving may not be the only thing affecting your problem. If there is anything else 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):

Are you taking medication FOR THIS PROBLEM? Please circle: YES/NO

IF YES:

Please write in name of medication, and how much a day / week

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