## MYMOP: Measure Yourself Medical Outcome Profile - Initial Profile Form

Today's date									
Full nameDate of birth									
Address									
Choose one or two comp the lines below. Write yo complaint is, over the las	our symptom	s, not yo	our me	dical dia	agnosis.	Now c	onsid		
PRIMARY COMPLAINT	As good a		1	2	3	4	5	6 As bad as it could be	
SECONDARY COMPLA	As good a		1	2	3	4	5	6 As bad as it could be	
How long have you had your Primary Complaint, either all the time or on and off? Please circle:									
0 - 4 weeks 4 - 12	weeks	3 mont	hs - 1	year	1 - 5	5 years		over 5 years	
Now choose one activity problem makes difficult of ACTIVITY	As good a	ou doing 0 as				as been	in the		
Lastly how would you rate WELLBEING:	As good a	0 as	ig of w	ellbeing 2	during 3	the last 4	5	6 As bad as it could be	
Are you taking any medication FOR THIS PROBLEM? Please circle: YES / NO									
IF YES:  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 important very important not applicable							icable		
IF NO: Is avoiding medication for this problem: Not important a bit important				very important			not applicable		
Please Note: After your 3 <sup>rd</sup> treatment in the clinic, you will be receiving a Follow-Up Form with a									

This research form has been adapted from the MYMOP2 – Measure Yourself Medical Outcome Profile form.

## MYMOP: Measure Yourself Medical Outcome Profile – Initial Profile Form self-addressed envelope for you to return the Follow-up Form to the college. Your completion and return of the follow-up form will be greatly appreciated. Thank you!