* MYMOP2 Follow up *

Full name				Toda	Today's date			
					•			
Please circle the number to she	ow how severe y	our pr	oblem ha	as been	IN THE I	_AST W	EEK.	
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 h	as appeared ple	ase de	escribe it	and ma	rk how b	ad it is b	elow.	
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	g may not be the	only t	hing affe	cting yo	ur proble	em. If the	ere is anything els	
that you think is important, suc	h as changes yo	u have	made y	ourself,	or other	things ha	appening in your	
life, please write it here (write o	overleaf if you ne	ed mo	re space):				
Are you taking medication FOI IF YES:	R THIS PROBLE	M? I	Please ci	rcle:	YES	/NO		
Please write in name of medica	ation, and how m	uch a	day / we	ek				