



Measure Your Outcome Profile - MYOP First Appt.

The purpose of this questionnaire is to measure the outcomes of your treatment with us here at the Wholistic Medical Centre. Having completed this initial form, you will be asked at each visit to us to complete a short follow up form.

The forms are specifically designed for patients to complete so that the scores given are an accurate account of your progress from your own perspective.

Full name	Date of birth
Address	
	Postcode
Today' s date	Practitioner seen

Choose one or two symptoms (physical or mental) which bother you the most, and for which you are seeking help from us, and write them in the appropriate spaces.

Now consider how bad each symptom is, over the last week, and score it by circling your chosen number. As good as it could be = 0 As bad as it could be = 6

	Good						Bad
SYMPTOM 1	0	1	2	3	4	5	6
SYMPTOM 2:	0	1	2	3	4	5	6

Now choose one activity (physical, social or mental) that is important to you, and that the above problem(s) makes difficult or prevents you doing and score how it has been over the last week

	Good						Bad
ACTIVITY	0	1	2	3	4	5	6

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

	Good						Bad
WELLBEING	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

Are you taking any prescribed medication to treat the above? Please circle **YES/NO**

IF YES: Please write in **name of medication** below and **how much** a day/week

Is cutting down this medication important to you?: Please circle:

Not important a bit important very important not applicable

IF NO: Is avoiding medication for this problem?

Not important a bit important very important not applicable

Thank you for completing this questionnaire