



## Measure Yourself Medical Outcome Profile (MYMOP)

**Name:** \_\_\_\_\_

**Appointment Data:** \_\_\_\_\_

Choose one or two symptoms (physical or mental) which bother you most. Consider how bad each symptom is, and score it by circling your chosen number (0 – as good as it could be, 6 – as bad as it could be):

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 your problem makes difficult or prevents you doing it. Score how bad it has been in the last week.

ACTIVITY:            0    1    2    3    4    5    6

Lastly, how would you rate your general wellbeing during last week?

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 medication FOR THIS PROBLEM? Please circle: YES / NO

If YES, please write the name of medication, and how much a day / week:

Do you take any supplements/vitamins? If YES, please list them below:

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## Measure Yourself Medical Outcome Profile (MYMOP)

### Food Diary

#### Day 1

Meal	Time/Location	Detail
Breakfast		
Lunch		
Dinner		
Snacks		
Beverages		

#### Day 2

Meal	Time/Location	Detail
Breakfast		
Lunch		
Dinner		
Snacks		
Beverages		

#### Day 3

Meal	Time/Location	Detail
Breakfast		
Lunch		
Dinner		
Snacks		
Beverages		