

Measure Yourself Concerns and Wellbeing (MYCAW)

First form

Full name.....

Date of birth

Date first completed

.....

Please write down one or two concerns or problems which you would most like us to help you with.

1.

2.

Please circle a number to show how severe each concern or problem is now:

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

Concern or problem 1:

| | | | | | | | | |
|---|----------------------------|----------|----------|----------|----------|----------|-----------------------|---|
| | 0 | 1 | 2 | 3 | 4 | 5 | 6 | |
|  | Not bothering me at all | | | | | | bothers me greatly |  |

Concern or problem 2:

| | | | | | | | | |
|---|----------------------------|----------|----------|----------|----------|----------|-----------------------|---|
| | 0 | 1 | 2 | 3 | 4 | 5 | 6 | |
|  | Not bothering me at all | | | | | | bothers me greatly |  |

Wellbeing:

How would you rate your general feeling of wellbeing now ? (How do you feel in yourself?)

| | | | | | | | | |
|---|---------------------------|----------|----------|----------|----------|----------|--------------------------|---|
| | 0 | 1 | 2 | 3 | 4 | 5 | 6 | |
|  | As good as it could be | | | | | | As bad as it could be |  |

Thank you for completing this form.

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Follow up form (face-to-face version)

Today's date

Look at the concerns that you wrote down before.

Please circle a number to show how severe each of those concerns or problems is now:

Concern or problem 1:

0 1 2 3 4 5 6

 Not bothering me at all bothers me greatly 

Concern or problem 2:

0 1 2 3 4 5 6

 Not bothering me at all bothers me greatly 

Wellbeing:

How would you rate your general feeling of wellbeing now? (How do you feel in yourself?)

0 1 2 3 4 5 6

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

Other things affecting your health

The treatment that you have received here may not be the only thing affecting your concern or problem. If there is anything else which you think is important, such as changes which you have made yourself, or other things happening in your life, please write it here.

What has been most important for you?

Reflecting on your time with _____, what were the most important aspects for you?
(write overleaf if you need more space)

Thank you for completing this form.

MYCAW User notes

1. The layout and wording of MYCAW should not be changed. The exception to this is at the top of the first form there is space to add extra identification questions, such as an ID number, or the name of the therapy or session being seen. These can be added under today's date, but check the layout of the rest of the form does not get altered by this. You may add the name of your centre as a header. Any other questions or information you wish to collect should be given on a separate piece of paper.
2. The last question on the follow-up form has a space to enter the name of your centre or appropriate wording.
3. There are two versions of MYCAW. They are very similar but have different wording at the top of the follow-up form. One version is worded so that the follow-up form is completed with some help, and with the original concerns and problems available on a separate sheet: this is labelled 'face to face' version. The second version is worded so that the follow-up form can be self-completed by the patient/client and the follow-up form can be used postally, or sitting in the waiting room, or whatever. This version assumes that the original problems and concerns have been photocopied onto the back of the follow-up form (see below), and it is labelled 'self completion' version.
4. The first form is best completed with some guidance and encouragement. This may be within an assessment or consultation, and usually fits in best near the end of this. The client/patient should be encouraged to choose their own concerns and write them in their own words. You may write their words down if they wish, but they must be given the pen to do the scoring themselves.
5. Make sure that each problem or concern is stated separately. For example 'pain and not sleeping' should be split into two. This is because one may improve but not the other, and then subsequent scoring is difficult.
6. Scoring must involve circling one number, half way between numbers is not allowed!
7. The follow-up form doesn't need to be completed with help or guidance, so it can be sent by post or completed in a waiting room. The follow-up form needs to be accompanied by the front page of the first form: i.e. people need to have their previously chosen concerns in front of them. They should not, however, see what scores they gave the first time. This can best be done in one of two ways:
 - a. If the follow-up form is being done with guidance, the front page of the original first form can be shown to the respondent while he/she fills in the follow-up form (face to face version).
 - b. If the follow up form is being completed without guidance, either in the Centre or posted to the respondents home, then the completed front page of the first form can be photocopied onto the blank side of the follow-up form (or a copy could be stapled on if this is easier). The follow-up form (self completion version) will then have the respondents original concerns in their own handwriting on one side and a form to score them again on the other side.

8. MYCAW may be freely reproduced and used, but please send me a brief summary of any such use so that I can compile a database which will be useful to users. I am very happy to respond to queries or give further information. If you pass on the questionnaire to a new user be sure to give them these user's notes too. Even better provide them with the website address, which will be updated with any changes:

<http://www.pms.ac./mymop>

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