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.