



University of the West of England



University of BRISTOL

**KING'S**  
*College*  
**LONDON**

North Bristol **NHS**  
NHS Trust

Royal National Hospital **NHS**  
for Rheumatic Diseases  
RNH Foundation Trust



## Physiotherapy for Hypermobility Trial (PHyT)

### Baseline Questionnaire - MYMPOP

ID:					DoB:					1	9		
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Today's Date:						2	0		
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Please find enclosed a questionnaire that will help us to identify any changes in your condition

Please complete this with your physiotherapist at your initial physiotherapy appointment

**Thank you so much for completing this questionnaire**

**\* MYMOP2 \***

<b>ID:</b>				
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<b>DoB:</b>					<b>1</b>	<b>9</b>		
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<b>Today's Date:</b>					<b>2</b>	<b>0</b>		
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Choose one or two symptoms (physical or mental) which bother you the most. Write them on the lines. Now consider how bad each symptom is, over the last week, and score it by circling your chosen number.

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

Now choose one activity (physical, social or mental) that is important to you, and that your problem makes difficult or prevents you doing. Score how bad it has been in the last week.

ACTIVITY: ..... 0 1 2 3 4 5 6  
 ..... As good as it could be ..... As bad as it could be

Lastly how would you rate your general feeling of wellbeing during the last week?  
 0 1 2 3 4 5 6  
 As good as it could be As bad as it could be

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:

1. Please write in name of medication, and how much a day/week

2. Is cutting down this medication: 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

**MYMOP. Measure Yourself Medical Outcome Profile**