

Appendix 5: MYCAW template

**Measure Yourself Concerns and Wellbeing (MYCAW)
First Form**

Information Sharing Consent: **(Need to add this Information)**

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			Bothers me all the ..			
Concern or problem 2:							
	0	1	2	3	4	5	6
	Not bothering			Bothers me all the ..			

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 should be			As bad as it could be				
<u>Is about life.</u>	<u>feeling happy and good</u>			<u>about everything you do in</u>				

On a scale of 0 – 6, with '0' being 'not at all' and '6' being 'completely,' overall...

- 1. How satisfied are you with your life nowadays?
- 2. To what extent do you feel the things you do in your life are worthwhile?
- 3. How happy did you feel yesterday?





Thank you for completing this form.

**Measure Yourself Concerns and Wellbeing (MYCAW)
Follow up form**

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			Bothers me all the ..			
Concern or problem 2:							
	0	1	2	3	4	5	6
	Not bothering			Bothers me all the ..			

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 should be			As bad as it could be				
<u>Is about life.</u>	<u>feeling happy and good</u>			<u>about everything you do in</u>				

On a scale of 0 – 6, with '0' being 'not at all' and '6' being 'completely,' overall...

- | | |
|--|----------------------|
| 1. How satisfied are you with your life nowadays? | <input type="text"/> |
| 2. To what extent do you feel the things you do in your life are worthwhile? | <input type="text"/> |
| 3. How happy did you feel yesterday? | <input type="text"/> |

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 (Link Worker Name / ID), what were the most important aspects for you?

Thank you for completing this form.