



FINDHORN
FLOWER
ESSENCES

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"FINDHORN FLOWER ESSENCES" IS A TRADING NAME OF "NATURE SPIRITS Ltd."

COMPANY REGISTRATION No: 203950 SCOTLAND

VAT REGISTRATION No: 717281436

* Consultation

FEEDBACK

Client's Feedback on face to face sessions and choice of essences:

Date:

Student Practitioner Name:

Volunteer Client Name:

Feedback on Session

*Straight to the heart of the matter
with flower blessings*

 LOVE  HEALTH  INTEGRITY  HOPE  VITALITY



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I appreciate that flower and vibrational essence practitioners do not give medical diagnosis or treatment.

I understand that my GP is medically responsible for me and my dependants.

Signed:

Date:

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MYMOP: instructions for administration and scoring

ADMINISTRATION

MYMOP is a patient-generated instrument. It is therefore most important that the patient decides what to measure, as well as measuring it. However many people will need some guidance.

1. The first MYMOP form completed for a problem, is generally completed within the consultation. It could be completed before or after this with someone else offering guidance. However the observed affect of making the consultation more patient-centred may then be lost.
2. Ask the patient to say the symptom which is the most important to them, and which they have attended with for help or treatment. Some people will not know what 'symptom' means. Encourage them to use their own words. If they remain stuck reflect back to them what they have told you in the consultation. Avoid interpreting it, or putting it into your words or diagnoses. For example let them choose 'pain in the face', not 'sinusitis'. Only allow them one symptom. For example not 'pain and tingling in the arm': they can choose 'pain in the arm' for symptom 1 and 'tingling in the arm' for symptom 2. Once they have chosen it you may write it in for them.
3. Symptom 2 is optional, but to be encouraged. It must be part of the same problem, in the patients mind, as symptom 1.
4. Activity is optional, but to be encouraged. They choose an activity of daily living which symptoms 1 and 2 prevent or interfere with. Again this must be what is important to the patient. Encourage them that it may be something which seems minor to someone else : like being able to brush their hair, or enjoy going out for a meal.
5. You may write these choices down for them. Then ask them to score how bad it has been, over the last week, on a scale of 0 to 6, with 6 being 'as bad as it can be'. Give them the pen and ask them to circle the number as they choose.
6. Then ask them to score the wellbeing question as it is written. If they look puzzled, this may be explained as 'how do you feel in yourself?'
7. Follow-up forms can be completed at any interval, and can be sent by post or completed at a subsequent visit. They should have the chosen wording for symptom 1, symptom 2, and activity from MYMOP 1 written in, unchanged, before scoring. Symptom 3 is optional, and only to be added if it is something important to the patient. The patient may write it in and score it.

8. Scores are 0 to 6 for symptom 1 and wellbeing, and where nominated for symptom 2, activity, symptom 3. In addition a MYMOP profile score may be calculated which is the mean of all nominated scales. For example if only symptom 1 and wellbeing are completed they are summed and divided by two. If all five are completed they are summed and divided by five.

9. MYMOP charts can be drawn by hand, or using computer software.

10. **MYMOP forms should be laid out exactly as given, with no change in wording.** This will ensure that scores and research results using MYMOP will be standardised and can be compared.

11. The current version of MYMOP, as of April 1998, is labelled MYMOP2. The basic MYMOP scores are as before, but it collects additional information about medication, and other things affecting outcome. The medication questions are not integrated into the MYMOP2 scores, but can be described separately. e.g. '50% of patients considered cutting down medication was very important to them, and 60% of those were successful in reduction or cessation' .

MYMOP2 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 the MYMOP form is altered or adapted it should be given a different name and say it has been adapted from the MYMOP form.

SCORING GUIDE

1. Symptom 1 and Wellbeing are obligatory. Any form not having both of these scored is invalid.
2. Symptom 2 and Activity are optional.
3. Only one number should be circled, or otherwise clearly indicated, on each line. If more than one number is scored, or the point indicated is between numbers, it is invalid.
4. On follow-up forms the same wording should be entered as on MYMOP 1. If the wording has been altered the form is invalid.

The only new information should be in Symptom 3, which is optional. Symptom 3 can be changed each time: it alone can have different wording added.

5. If Symptom 2 or Activity were blank on MYMOP 1, any mark against them on follow-up forms, whether in the form of wording or a number scored, should be disregarded. This does not invalidate the scoring of the rest of the form.

6. Symptom 1, Symptom 2, Activity and Wellbeing each have a separate score, between 0 and 6. It is also possible to compute a MYMOP profile score, which is the mean of these scores. For example if Symptom 1 is scored 5, Symptom 2 is not used, Activity is scored 3, and Wellbeing is scored 2, then the MYMOP profile is $10/3 = 3.3$.
If Symptom 3 is used and scored it is included in the profile score.
It is recommended that the MYMOP profile score is accompanied by the other scores, to make it more meaningful

7. The medication questions are not integrated into the MYMOP2 scores, but can be described separately. e.g. '50% of patients considered cutting down medication was very important to them, and 60% of those were successful in reduction or cessation' .

*** MYMOP2 Follow up ***

Full name Today's date

Please circle the number to show how severe your problem has been IN THE LAST WEEK.

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

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
.....

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

WELLBEING: 0 1 2 3 4 5 6
How would you rate your general feeling of wellbeing? As good as it could be As bad as it could be

If an important new symptom has appeared please describe it and mark how bad it is below.

Otherwise do not use this line.

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

The treatment you are receiving may not be the only thing affecting your problem. If there is anything else that you think is important, such as changes you have made yourself, or other things happening in your life, please write it here (write overleaf if you need more space):

Are you taking medication FOR THIS PROBLEM? Please circle: YES/NO

IF YES:

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

.....
.....

*** MYMOP2 ***

Full name Date of birth

Address and postcode.....

Today's date Practitioner seen

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