The development of the MYMOP pictorial version

Anthony Day

Abstract
The MYMOP is a well accepted quality of life instrument that is particularly suitable for assessing the effect of complementary therapies; however, some groups of patients find it difficult to use. A pictorial version was developed using faces instead of the numerical rating scale – it is called MYMOP pictorial. This version appears to be more acceptable to patients but has not been formally validated.

Keywords
Quality of life, outcome measure.

Introduction
The MYMOP questionnaire (Measure Yourself Medical Outcome Profile) was developed by Paterson in primary care as a user-friendly tool to measure changes in patients’ perception of their own symptoms and wellbeing. It is particularly suitable for measuring the effects of complementary therapies, because it takes a patient-centred approach. It was validated and found to be more sensitive to change than the SF-36. Further qualitative evaluation has led to minor amendments, such as the addition of a question about medication use.

On the first occasion, MYMOP must be administered by an observer according to the standardised instructions available on the dedicated website: http://www.hsrc.ac.uk/mymop/entrymymop.htm. Subsequently it can be completed by the patient without assistance.

The patient is asked to nominate their main symptom (symptom 1) and score its severity over the previous week on a seven point discrete scale, with zero representing ‘As good as it could be’ and six ‘As bad as it could be’. The patient then has the option of nominating and scoring a second, related symptom (symptom 2). Next the patient is asked to nominate an activity that is important to them, and they are asked to score its severity. Next the patient is asked to score their feeling of overall wellbeing. There is then a question asking how long the symptom has been present. Finally, the patient is asked what medication he or she is taking for the condition, and whether they feel it is important for them to cut down on this. This section is not scored.

A different form is used at follow up. It retains the same chosen symptoms and activity and, in addition, offers the patient the opportunity to state whether any new symptom has arisen and whether anything else, apart from the treatment, could have caused the improvement.

Experience of using MYMOP suggests that, along with other seven point scales, an improvement in mean score of between 0.5 and 1 is likely to represent a minimal clinically important difference.

MYMOP is attractive in that it allows patients to choose the symptoms that are important to them, and evaluates how the problem affects patients’ quality of life in terms of its impact on an important activity and on their general feeling of wellbeing. MYMOP gives a clear numerical assessment of how much the patient feels they have benefited from treatment.

Problems
In my experience, some patients find it difficult to grasp the essential aspects of the form and require considerable help. Some patients appear to have little enthusiasm for it. This is particularly noticeable in patients who are elderly, in those with low literacy and low confidence in completing forms, and in those whose first language is not English.

I therefore decided to attempt to modify the form to make it easier to use and more attractive, so that patients could complete it themselves with
less help. This might improve its validity as well as saving staff time, and reducing any influence the staff might have on the patient’s choice of symptom and scoring. In addition, it might make MYMOP suitable for use by children.

**Development of MYMOP pictorial**

Work in Stoke Mandeville Hospital’s Pain Management Department found that young children prefer pictorial scales, adolescents and young adults prefer numerical and analogue scales, but middle aged and elderly adults also prefer pictorial scales. Following advice from staff in the department, I studied the Paediatric Pain Assessment Tool that was developed for the Accident and Emergency department. This instrument asks the patient to score their pain by selecting one of five faces expressing degrees of happiness and distress.

To match the format of the MYMOP, I thought it necessary to increase the number of faces, but I could only find one more. The proposed form was discussed with colleagues and the originator of MYMOP, resulting in minor modifications: the faces were spaced equally, each face was made to correspond with one digit, and the wording and layout of the form were altered to correspond exactly with the original. Reducing the scale from seven to six points was not considered to be a problem. The resulting six point scale is shown in Appendix A (MYMOP pictorial, for administration on the first occasion), and Appendix B (MYMOP pictorial, for subsequent follow up administration).

**Comment**

It is strongly recommended that this form should be referred to by using the specific title *MYMOP pictorial* to avoid confusion with the original version. It appears to be popular with the patients and seems to be completed accurately, needing less help from staff. However, before the form is generally accepted, it should be subject to fresh tests for validity and reproducibility, which are beyond the available resources.

**Acknowledgements**

The author is grateful for Dr Charlotte Paterson’s contribution to this work.

**Reference list**

Appendix A

MYMOP pictorial

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.

<table>
<thead>
<tr>
<th>SYMPTOM 1</th>
<th>0</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
</tr>
</thead>
<tbody>
<tr>
<td>As GOOD as it could be</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>As BAD as it could be</td>
<td></td>
<td></td>
<td></td>
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<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>SYMPTOM 2</th>
<th>0</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
</tr>
</thead>
<tbody>
<tr>
<td>As GOOD as it could be</td>
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<tr>
<td>As BAD as it could be</td>
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</tbody>
</table>

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.

<table>
<thead>
<tr>
<th>ACTIVITY</th>
<th>0</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
</tr>
</thead>
<tbody>
<tr>
<td>As GOOD as it could be</td>
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<td>As BAD as it could be</td>
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</tbody>
</table>

Lastly, how would you rate your general feeling of wellbeing during the last week?

<table>
<thead>
<tr>
<th>WELLBEING</th>
<th>0</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
</tr>
</thead>
<tbody>
<tr>
<td>As GOOD as it could be</td>
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<td>As BAD as it could be</td>
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</tr>
</tbody>
</table>

How long have you had Symptom 1, either all the time, or on and off? Please circle

0-4 weeks  4-12 weeks  3months-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 the name of the medication, and how much you take a day or a 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
Appendix B

MYMOP pictorial 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!

If an important new symptom has appeared please describe it and mark how bad it is below by circling your choice. Otherwise do not use this section.

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 the name of the medication, and how much you take a day or a week
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http://aim.bmj.com/content/22/2/68

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