Health Questionnaire (EQ-5D-5L)

Under each heading, please tick the ONE box that best describes your health TODAY.

MOBILITY

- ☐₁ I have no problems in walking about
- ☐₂ I have slight problems in walking about
- ☐₃ I have moderate problems in walking about
- ☐₄ I have severe problems in walking about
- ☐₅ I am unable to walk about

SELF-CARE

- ☐₁ I have no problems washing or dressing myself
- ☐₂ I have slight problems washing or dressing myself
- ☐₃ I have moderate problems washing or dressing myself
- ☐₄ I have severe problems washing or dressing myself
- ☐₅ I am unable to wash or dress myself

USUAL ACTIVITIES *(e.g. work, study, housework, family or leisure activities)*

- ☐₁ I have no problems doing my usual activities
- ☐₂ I have slight problems doing my usual activities
- ☐₃ I have moderate problems doing my usual activities
- ☐₄ I have severe problems doing my usual activities
- ☐₅ I am unable to do my usual activities

PAIN / DISCOMFORT

- ☐₁ I have no pain or discomfort
- ☐₂ I have slight pain or discomfort
- ☐₃ I have moderate pain or discomfort
- ☐₄ I have severe pain or discomfort
- ☐₅ I have extreme pain or discomfort

ANXIETY / DEPRESSION

- ☐₁ I am not anxious or depressed
- ☐₂ I am slightly anxious or depressed
- ☐₃ I am moderately anxious or depressed
- ☐₄ I am severely anxious or depressed
- ☐₅ I am extremely anxious or depressed

Health Questionnaire (EQ-5D-5L)

- We would like to know how good or bad your health is **TODAY**.

- This scale is numbered from 0 to 100.

- 100 means the <u>best</u> health you can imagine.
  0 means the <u>worst</u> health you can imagine.

- Mark an X on the scale to indicate how your health is **TODAY**

- Now, please write the number you marked on the scale in the

  below.

YOUR HEALTH TODAY =

The best health
you can imagine

100
95
90
85
80
75
70
65
60
55
50
45
40
35
30
25
20
15
10
5
0

The worst health
you can imagine