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 best health you can imagine. 0 means the worst 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 box below.

YOUR HEALTH TODAY =