

Trauma Patient Reported Measures (PRMs)

Record ID

Date of Survey Completion (EQ5D)

Health Questionnaire (EQ-5D-5L)

Under each heading, please select the ONE of the answers that describes your health TODAY.

MOBILITY

- I have no problems in walking about
- I have slight problems in walking about
- I have moderate problems in walking about
- I have severe problems in walking about
- I am unable to walk about

SELF-CARE

- I have no problems washing or dressing myself
- I have slight problems washing or dressing myself
- I have moderate problems washing or dressing myself
- I have severe problems washing or dressing myself
- I am unable to washing or dressing myself

USUAL ACTIVITIES

- I have no problems doing my usual activities
- I have slight problems doing my usual activities
- I have moderate problems doing my usual activities
- I have severe problems doing my usual activities
- I am unable to do my usual activities

PAIN / DISCOMFORT

- I have no pain or discomfort
- I have slight pain or discomfort
- I have moderate pain or discomfort
- I have severe pain or discomfort
- I have extreme pain or discomfort

ANXIETY / DEPRESSION

- I am not anxious or depressed
- I am slightly anxious or depressed
- I am moderately anxious or depressed
- I am severely anxious or depressed
- I am extremely anxious or depressed

We would like to know how good or bad your health is today

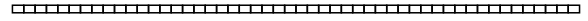
This scale is numbered from 0 to 100

100 means the best health you can imagine

0 means the worst health you can imagine

<h5>The worst health you can imagine</h5>

<h5>The best health you can imagine</h5>



(Place a mark on the scale above)

EQ-5D Summary

Overall Score

Mobility

Self-Care

Usual Activities

Pain/Discomfort

Anxiety/Depression

EQ-VAS Health Score
