

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 below.

YOUR HEALTH TODAY =

