EQ-5D-5L

Health Questionnaire

English version for the UK

Under each heading, please tick the ONE box that best 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 wash or dress myself ☐

USUAL ACTIVITIES *(e.g. work, study, housework, family or leisure 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 ☐
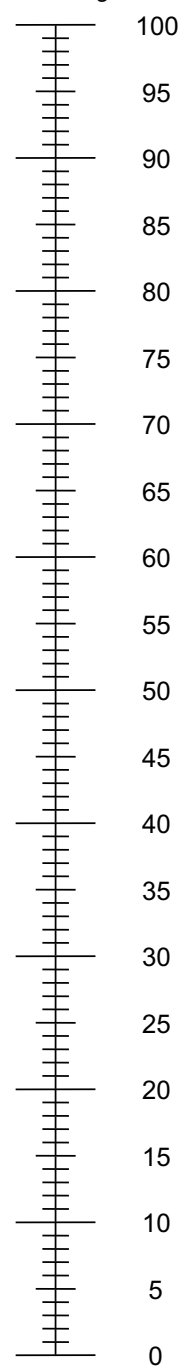
I have extreme pain or discomfort ☐

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 <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 box below.

YOUR HEALTH TODAY =

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

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