

EuroQol EQ-5D

To be completed by the PATIENT

Directions: Answer every question by filling in the correct circle or writing in the information. If you need to change an answer, completely erase the incorrect mark and fill in the correct circle. If you are unsure about how to answer a question, please give the best answer you can. Mark only one answer for each question.

Today's Date (MM/DD/YY)

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Shade circles like this: ●
Not like this: ⊗ ⊕

By filling in one circle in each group below, please indicate which statement best describes your own health state today. Do not fill more than one circle in each group.

01. Mobility

- I have no problems in walking about
- I have some problems in walking about
- I am confined to bed

02. Self-care

- I have no problems with self-care
- I have some problems washing or dressing myself
- I am unable to wash or dress myself

03. Usual activities (e.g. work, study, housework, family or leisure activities)

- I have no problems with performing my usual activities
- I have some problems with performing my usual activities
- I am unable to perform my usual activities

04. Pain/discomfort

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

05. Anxiety/depression

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

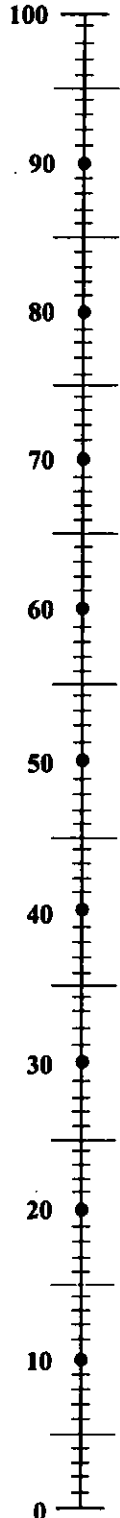
(For Internal Use Only)

Identification Number

Event

To help people say how good or bad a health state is, we have drawn a scale (rather like a thermometer) on which the best state you can imagine is marked 100 and the worst state you can imagine is marked by 0.

We would like you to indicate on this scale how good or bad your own health is today, in your opinion. Please do this by drawing a line from the box below to whichever point on the scale indicates how good or bad your health state is.



Your own health state today

FOR PHYSICIAN OFFICE USE ONLY

06: Score

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