

# **EQ - 5D**

**Health Questionnaire**

*(English version for the UK)  
(validated for use in Eire)*

By placing a tick in one box in each group below, please indicate which statements best describe your own health state today.

**Mobility**

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

**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

**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

**Pain/Discomfort**

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

**Anxiety/Depression**

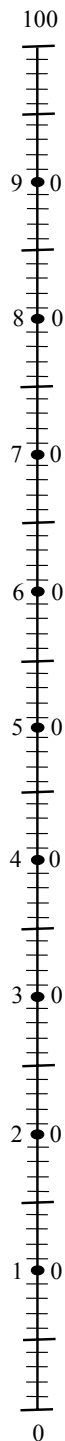
- I am not anxious or depressed
- I am moderately anxious or depressed
- I am extremely anxious or depressed

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 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 today.

**Your own  
health state  
today**

Best  
imaginable  
health state



Worst  
imaginable  
health state

Because all replies are anonymous, it will help us to understand your answers better if we have a little background data from everyone, as covered in the following questions.

1. Have you experienced serious illness? Yes No  
*in you yourself*    
*in your family*    
*in caring for others*   PLEASE TICK APPROPRIATE BOXES
2. What is your age in years ?
3. Are you: Male Female PLEASE TICK APPROPRIATE BOX
4. Are you: PLEASE TICK APPROPRIATE BOX  
*a current smoker*   
*an ex-smoker*   
*a never smoker*
5. Do you now, or did you ever, work in health or social services? Yes No PLEASE TICK APPROPRIATE BOX
- If so, in what capacity? .....
6. Which of the following best describes your main activity? PLEASE TICK APPROPRIATE BOX  
*in employment or self employment*   
*retired*   
*housework*   
*student*   
*seeking work*   
*other (please specify)*  .....
7. Did your education continue after the minimum school leaving age? Yes No PLEASE TICK APPROPRIATE BOX
8. Do you have a Degree or equivalent professional qualification? Yes No PLEASE TICK APPROPRIATE BOX
9. If you know your postcode, would you please write it here