## EQ- 5 D

**Patient initials:** □□ **ID:** □□□

**Date of Birth:** □□ /□□ / 19□□ Date: □□/□□/□□

**Describing your own health today**

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

**Compared with my general level of health over the past 12 months, my health today is:** ☐

Better

Much the same ☐

Worse ☐

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**

100

90

80

70

60

50

40

30

20

10

0