# *EQ 5D*

# *(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

10

0

20

30

40

50

60

80

70

90

100

5

15

25

35

45

55

75

65

85

95

The best health
 you can imagine

The worst health
 you can imagine

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 box below.

YOUR HEALTH TODAY =