****

Arthritis Research UK Epidemiology Unit

Rutherford House

40 Pencroft Way

Manchester Science Park

Manchester

M15 6RZ

**Guide age: To be completed by proxy for children aged 4 – 7 years**

**Health Questionnaire**

**English version for the UK - Script for proxy version of the EQ-5D-Y: 1**

***The purpose of this questionnaire is to explore how a care-giver or someone who knows the child well (proxy), would rate the health of the child. The proxy should not answer on behalf of the child, but rather rate the child’s health as the proxy sees it***

**EQ-5D-Y**

|  |
| --- |
| **Describing the child’s health TODAY** |

|  |  |  |
| --- | --- | --- |
| Under each heading, mark the ONE box that best describes how **you** would describe the health of the child TODAY. | | |
|  | |  |
| Mobility *(walking about)* | |  |
| He/she has no problems in walking about | | ❑ |
| He/she has some problems walking about | | ❑ |
| He/she has a lot of problems walking about | | ❑ |
|  | |  |
| Looking after him/herself | |  |
| He/she has no problems washing or dressing him/herself | | ❑ |
| He/she has some problems washing or dressing him/herself | | ❑ |
| He/she has a lot of problems washing or dressing him/herself | | ❑ |
|  | |  |
| **Doing usual activities** (*for example: going to school, hobbies,*  *sports, playing, doing things with family or friends)* | |  |
| He/she has no problems doing his/her usual activities | | ❑ |
| He/she has some problems doing his/her usual activities | | ❑ |
| He/she has a lot of problems doing his/her usual activities | | ❑ |
|  | |  |
| Having pain or discomfort | |  |
| He/she has no pain or discomfort | | ❑ |
| He/she has some pain or discomfort | | ❑ |
| He/she has a lot of pain or discomfort | | ❑ |
|  | |  |
| Feeling worried, sad or unhappy | |  |
| He/she is not worried, sad or unhappy | | ❑ |
| He/she is a bit worried, sad or unhappy | | ❑ |
| He/she is very worried, sad or unhappy | | ❑ |
| How good is the health of the child TODAY  The best health you can imagine  10  0  20  30  40  50  60  80  70  90  100  5  15  25  35  45  55  75  65  85  95 |

|  |
| --- |
| * We would like to know how good or bad you think the child’s health is TODAY. |
| * This line is numbered 0 to 100. |
| * 100 means the best health you can imagine. 0 means the worst health you can imagine. |
| * Please, mark an X on the line that shows how good or bad you think the child’s health is TODAY. |

The worst health you can imagine