

Date completed:

No months post therapy: B    3    6    12    24    36

Patient initials

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Centre no

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Patient ID

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## EQ5D - EUROPEAN QUALITY OF LIFE QUESTIONNAIRE

Date: 

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FOR EACH OF THE FIVE ACTIVITIES BELOW PLEASE INDICATE WHICH STATEMENTS BEST DESCRIBE YOUR OWN HEALTH STATE TODAY.

(Please tick **ONE** box)

### 1. Mobility

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


### 2. Self Care

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


### 3. Usual Activities

- I have no problems performing my usual activities (e.g. work, study, housework, family/leisure activities)
- I have some problems performing my usual activities
- I am unable to perform my usual activities


### 4. Pain/Discomfort

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


### 5. 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 state today is:

Better 

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      Much the same 

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      Worse 

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Patient initials

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Centre no

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Patient ID

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## EQ5D - EUROPEAN QUALITY OF LIFE QUESTIONNAIRE

Date: 

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In your opinion, please indicate on this scale how good or bad your health is today.

Please do this by drawing a line from the box below to whichever point on the scale indicates how good or bad your current state is:

**HOW DO YOU  
FEEL  
TODAY?**

**BEST IMAGINABLE  
HEALTH STATE**

100  
-  
-  
-  
90  
-  
-  
-  
80  
-  
-  
-  
70  
-  
-  
-  
60  
-  
-  
-  
50  
-  
-  
-  
40  
-  
-  
-  
30  
-  
-  
-  
20  
-  
-  
-  
10  
-  
-  
-  
0

**WORST IMAGINABLE  
HEALTH STATE**