

Quality of Life (QoL) assessment tools

# EQ5D

QoL assessment tools

Pt Initials: \_\_\_\_\_  
Study No: \_\_\_\_\_  
Date: \_\_\_ / \_\_\_ / \_\_\_  
          dd    mm    yy

Baseline             90 Day

## EQ5D

Under each heading, please tick the ONE box that best describes your 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

**Quality of Life (QoL) assessment tools**

**Please turn over for the final page...**

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We would like to know how good or bad your health is 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.

**Please mark an X on the scale to indicate how your health is TODAY.**

Now, write the number you marked on the scale in the box below

Your health today =

