

Quality of Life (QoL) assessment tools



Pt Initials: ___ __

		Study No:
EQ5D QoL assessment to	ols	Date: / dd mm
Baseline □	90 Day □	

EQ5D

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

01/05/21 Version 1.0



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Please turn over for the final page...





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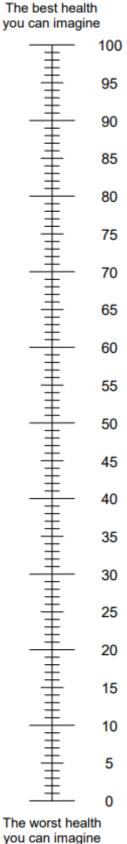
We would like to know how good or bad your health is TODAY.

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





you can imagine



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