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
• 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 = 

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