



EQ-5D-5L Questionnaire (English)

Participant details	
Participant Initials:	
Participant ID:	
Date completed:	DD/MM/YY

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

1. MOBILITY

I have no problems in walking about	
I have slight problems in walking about	
I have moderate problems in walking about	
I have severe problems in walking about	
I am unable to walk about	

2. SELF-CARE

I have no problems washing or dressing myself	
I have slight problems washing or dressing myself	
I have moderate problems washing or dressing myself	
I have severe problems washing or dressing myself	
I am unable to wash or dress myself	

3. USUAL ACTIVITIES (e.g. work, study, housework, family or leisure activities)

I have no problems doing my usual activities	
I have slight problems doing my usual activities	
I have moderate problems doing my usual activities	
I have severe problems doing my usual activities	
I am unable to do my usual activities	

Participant ID	
Participant initials	

4. PAIN / DISCOMFORT

I have no pain or discomfort	
I have slight pain or discomfort	
I have moderate pain or discomfort	
I have severe pain or discomfort	
I have extreme pain or discomfort	

5. ANXIETY / DEPRESSION

I am not anxious or depressed	
I am slightly anxious or depressed	
I am moderately anxious or depressed	
I am severely anxious or depressed	
I am extremely anxious or depressed	

6. 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.

Mark an X on the scale to indicate how your health is TODAY.

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

SCORE →

Best health
you can
imagine

Worst health
you can
imagine