

Table 2. EQ-5D-5L Questionnaire

Under each heading, please check the **ONE** box that best describes your health **TODAY**

Mobility

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

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

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

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 am extreme pain or discomfort

Anxiety/ depression

- I am not anxious or depressed
- I am slight anxious or depressed
- I am moderate anxious or depressed
- I am severe 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 image
0 means the worst health you can imagine
- Mark an **X** on the scale to indicate how your health is **TODAY**

