EQ-5D-5 LEVEL

Patient Name:_____   **DOB:**_____

Encounter: Consult / Quarterly   **Type:** Meta / 1 / 2 / Pre   **Date:**_____

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   ❑

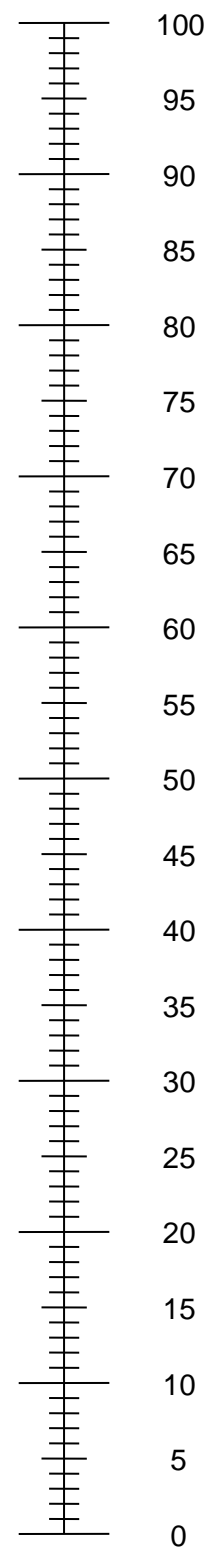I have extreme pain or discomfort   ❑

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   ❑

EQ-5D-5 LEVEL

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

- This scale is numbered from 0 to 100.

- 100 means the <u>best</u> health you can imagine.
  0 means the <u>worst</u> 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.

The best health
you can imagine

100

95

90

85

80

75

70

65

60

YOUR HEALTH TODAY =

55

50

45

40

35

30

25

20

15

10

5

0

The worst health
you can imagine