

# PRIVATE AND CONFIDENTIAL

## EQ-5D

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Gender: F/M

Surgery: \_\_\_\_\_ Dr: \_\_\_\_\_

Date: \_\_\_\_\_

**UNDER EACH HEADING, PLEASE SELECT THE STATEMENT THAT BEST DESCRIBES YOUR HEALTH TODAY.**

**Mobility:**

**Self Care:**

**Usual Activities (e.g. work, study, housework, family or leisure activities):**

**Pain/Discomfort:**

**Anxiety/Depression:**

We would like to know how good or bad your health is TODAY. On a scale of 0 to 100 (where 100 means the best health you can imagine and 0 means the worst health you can imagine), please input a number appropriate to you.

**THANK YOU FOR COMPLETING THIS QUESTIONNAIRE**

### STAFF USE ONLY

Participants NHS Number:

Researchers Name:

NHS Site Number:

NHS Site Name:

Postcode: