1. **General Information**:

**Date of assessment:** \_ \_ / \_ \_ \_ / \_ \_ \_ \_

Day Month Year

1. **EQ-5D questionnaire**
   1. Mobility: (Please indicate which statement best describes your own health state today)
      1. □ I have no problem in walking about.
      2. □ I have some problems in walking about.
      3. □ I am confined to bed.
   2. Self-Care: (Please indicate which statement best describes your own health state today)
      1. □ I have no problem with self-care.
      2. □ I have some problems washing or dressing myself.
      3. □ I am unable to wash or dress myself.
   3. Usual Activities: (Please indicate which statement best describes your own health state today)
      1. □ I have no problem with performing my usual activities.
      2. □ I have some problems with performing my usual activities.
      3. □ I am unable to perform my usual activities.
   4. Pain / Discomfort: (Please indicate which statement best describes your own health state today)
      1. □ I have no pain or discomfort.
      2. □ I have moderate pain or discomfort.
      3. □ I have extreme pain or discomfort.
   5. Anxiety / Depression: (Please indicate which statement best describes your own health state today)
      1. □ I am not anxious or depressed.
      2. □ I am not moderately anxious or depressed.
      3. □ I am extremely anxious or depressed.
   6. Overall State:

(We would like to indicate how good or bad your own health is today, in your opinion. The best state you can imagine is 100 and the worst state you can imagine is 0.)

Score:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| --- | --- | --- | --- |
| My signature indicates that to the best of my knowledge all information entered on Form 1 is correct. | | | Date |
|  |  |  | |
|  |  | **\_\_ \_\_ \_\_/\_\_ \_\_/\_\_ \_\_ \_\_ \_\_** | |
| *Investigator’s Signature* |  | mmm dd yyyy | |