



EQ-5D-5L

Health Questionnaire English version for the USA

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MOBILITY

I am unable to walk

NEXT >



Please tap 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

Please tap the ONE box that best describes your health TODAY.

MOBILITY

I have no problems walking

I have slight problems walking

I have severe problems walking

I am unable to walk

This question is mandatory. Please provide an answer.

OK

Please tap the ONE box that best describes your health TODAY.

MOBILITY

I have no problems walking

I have slight problems walking

Do you want to quit this questionnaire? If so, all your answers will be saved. Please confirm you want to quit.

CANCEL QUIT

I have severe problems walking

I am unable to walk

Please tap the ONE box that best describes your health TODAY.

MOBILITY

I have no problems walking

I have a few problems walking

I have quite a few problems walking

I have a lot of problems walking

I am unable to walk

Help

Once you have selected an answer:

- Select the **NEXT** button to proceed to the next screen;
- Select the **PREVIOUS** button to proceed to the previous screen;
- Select the **CLEAR** button to clear your answer.

This question is mandatory. You will not be able to select the **NEXT** button if you did not provide any answer.

You can put the questionnaire on hold by selecting the **QUIT** button at the top of the screen. All your answers will be saved.

To go back to the questionnaire please select the **CLOSE** button.

CLOSE

Please tap the ONE box that best describes your health TODAY.

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

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Please tap the ONE box that best describes your health TODAY.

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

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Please tap the ONE box that best describes your health TODAY.

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

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Please tap the ONE box that best describes your health TODAY.

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

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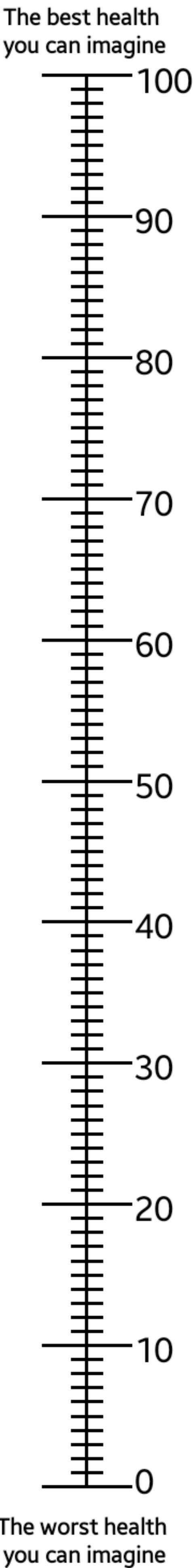
< PREVIOUS

NEXT >



- 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.
- Please tap on the scale to indicate how your health is TODAY.

YOUR HEALTH TODAY =

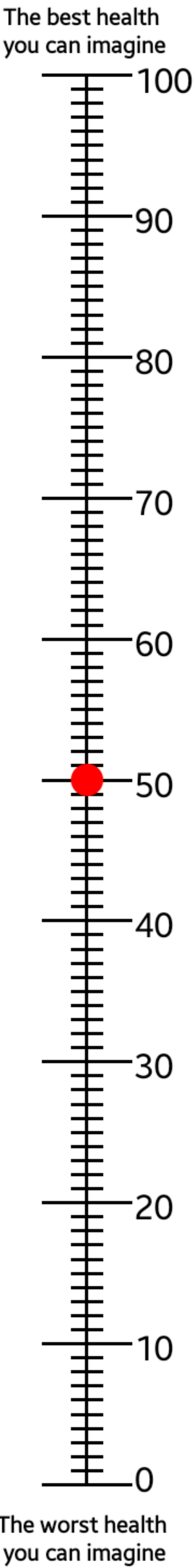


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- We would like to know how good or bad your health is TODAY.
- This scale is numbered from 0 to 100.
- 100 means the best health you can imagine.
0 means the worst health you can imagine.
- Please tap on the scale to indicate how your health is TODAY.

YOUR HEALTH TODAY =

50



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Thank you for completing the questionnaire.

If you want to review or change your answers, please select the **PREVIOUS** button below.

Once you select the **FINISH** button you will no longer be able to review or change your answers.

Please note: If you are having any severe symptoms, health issues or other concerns, please be sure to discuss these with your doctor or nurse. The answers you provide to the questions are not being directly shared with the members of your healthcare team.

 >  0001 >  0001-001 >  Baseline >  Questionnaire completed

Logged as 0001-001

Thank you! You have completed all the questionnaires.

EXIT



Technical information
this screen will not be displayed

Layout file	F.EQ-5D-5L.json (version 1)
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