

# EQ5D3

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**Q1.Mobility**

- ☐ I have no problems in walking about
- ☐ I have some problems in walking about
- ☐ I am confined to bed

**Q2.Self Care**

- ☐ I have no problems with self-care
- ☐ I have some problems washing or dressing myself
- ☐ I am unable to wash or dress myself

**Q3.Usual Activities (e.g. work, study, housework, family or leisure activities)**

- ☐ I have no problems with performing my usual activities
- ☐ I have some problems with performing my usual activities
- ☐ I am unable to perform my usual activities

**Q4.Pain/Discomfort**

- ☐ have no pain or discomfort
- ☐ I have moderate pain or discomfort
- ☐ I have extreme pain or discomfort

**Q5.Pain/Discomfort**

- ☐ I am not anxious or depressed
- ☐ I am moderately anxious or depressed
- ☐ I am extremely anxious or depressed

Comment:

Answering date:

Day0Month0Year0

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