

EQ-5D

Health questionnaire

Please indicate for each of the following topics, the statement that best describes your condition today, by checking the most appropriate box.

Mobility

- I have no problem to get around on foot
- I have problems to get around on foot
- I have to stay in bed

Autonomy

- I have no problem taking care of me
- I have problems to wash or dress me alone
- I am unable to wash or dress me alone

Day activities (eg work, study, housework, family or leisure activities)

- I have no problem in carrying out routine activities
- I have problems in carrying out routine activities
- I am unable to perform routine activities

Pain / discomfort

- I have no pain or discomfort
- I have pain and / or moderate discomfort (s)
- I have pain and / or extreme discomfort (s)

Anxiety depression

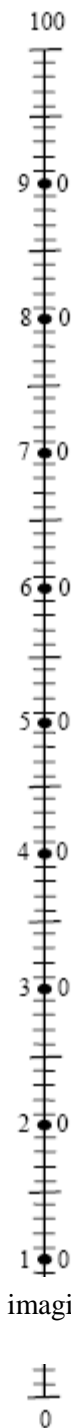
- I am not anxious or depressed
- I am moderately anxious and / or depressed
- I am extremely anxious and / or depressed

To help indicate how a particular state of health is good or bad, we have drawn a scale (like a thermometer) on which 100 is the best health you can imagine and 0 the worst health than you can imagine.

We would like you to indicate on this scale where you stand your health today. For this please draw a line from the box below to the point that, on the scale corresponds to your health today.

Your status
Health
Today

Best imaginable condition



The worst imaginable condition

To the extent that all the answers are anonymous, it would be helpful to have some general information about each respondent to allow better interpretation of the answers. This is why we ask you to answer the following questions:

1. Have you had a serious illness? **Yes No** TICK APPROPRIATE BOXES
- Youself
 - In your family
 - Looking after others
2. How old are you ? TICK APPROPRIATE BOXES
3. Sexe : **Male Female**
4. You smoke **Yes No** TICK APPROPRIATE BOXES
- You stopped tosmoke
- you never smoke
5. Do you work or did you work **Yes No** TICK APPROPRIATE BOXES
- In the sector of health or in
- social services ?
- If Yes, in what capacity?.....
6. Which of the following proposals, which one best describes your main activity? TICK APPROPRIATE BOXES
- Employee or install to their account
- Restated
- Woman (man) at home
- Student
- Seeking employment
- Other (please precised)
-
7. Do you continue your education beyond the compulsory school time? **Yes No** TICK APPROPRIATE BOXES
-
8. Do you have a graduate graduate or qualification equivalent professional? **Yes No** TICK APPROPRIATE BOXES
-
9. If you know the postcode of your location please enter here: