Patient Label

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UNIVERSITY of CALIFORNIA • IRVINE HEALTHCARE

EQ-5D-5L EUROQOL GROUP, MEASUREMENT OF HEALTH-RELATED QUALITY OF LIFE

	Provider Signature/Title:	Date:	
(Patient Signature:	Date:	_ Time:
	 I am moderately anxious or depressed I am severely anxious or depressed I am extremely anxious or depressed 		The worst health you can imagine
	am slightly anxious or depressed		_ <u>‡ </u>
	ANXIETY / DEPRESSION I am not anxious or depressed		± 5
88643			10
~	I have extreme pain or discomfort		
	I have severe pain or discomfort		- <u>-</u>
	 I have slight pain or discomfort I have moderate pain or discomfort 		20
	I have no pain or discomfort		<u> </u>
,	PAIN / DISCOMFORT		<u>-</u> 30
(I am unable to do my usual activities		
	I have severe problems doing my usual activities		40
	activities		
	 I have slight problems doing my usual activities I have moderate problems doing my usual 		45
	□ I have no problems doing my usual activities		
(family or leisure activities)	Your Health Today =	55
	USUAL ACTIVITIES (e.g. work, study, housework,		
	☐ I am unable to wash or dress myself	DOX DEIOW.	65
	myself I have severe problems washing or dressing myself	you marked on the scale in the box below.	<u> </u>
(I have moderate problems washing or dressing	Now, please write the number	+ 75 ± 75
ſ	 I have no problems washing or dressing myself I have slight problems washing or dressing myself 	indicate how your health is TODAY.	- <u>+</u> 80
	SELF-CARE	Mark an X on the scale to	
	□ I am unable to walk about	can imagine. O means the worst health you can imagine.	 90
	I have severe problems in walking about	 100 means the best health you 	95 1 1
	 I have slight problems in walking about I have moderate problems in walking about 	 This scale is numbered from 0 to 100. 	<u> </u>
	□ I have no problems in walking about	or bad your health is TODAY.	you can imagine
	MOBILITY	We would like to know how good	The best health
	Under each heading, please tick the ONE box that best d	escribes your health TODAY	

All documentation must indicate the specific date and time of entry and a signature complete with identifying credential, title or classification. 88643 (Rev 10-15-12)