

# PART II - COGNITIVE MEASURES

EQ-5D-5L


**PARTICIPANT NUMBER**

	Participant id
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**SESSION NUMBER**

	Session number
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**ASSESSMENT DATE**

	mm/dd/yyyy
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**MOBILITY**

- I have no problems in walking about
- I have slight problems in walking about
- I have moderate problems in walking about
- I have severe problems in walking about
- I am unable to walk about

**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

**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 doing my usual activities

**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 am extreme pain or discomfort

**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

**YOUR HEALTH TODAY:**

	VALUE BETWEEN 0 AND 100
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Send 