



**PHYSIOTHERAPY DEPARTMENT  
SOUTH INFIRMARY VICTORIA UNIVERSITY HOSPITAL  
OLD BLACKROCK ROAD  
CORK**

**EQ -5D**

Under each heading, please tick ONE box that best describes your health TODAY.

**MOBILITY**

- 1-I have no problems in walking about
- 2-I have slight problems in walking about
- 3-I have moderate problems in walking about
- 4-I have severe problems in waking about
- 5-I am unable to walk about

**SELF\_CARE**

- 1-I have no problems washing or dressing myself
- 2-I have slight problems washing or dressing myself
- 3-I have moderate problems washing or dressing myself
- 4-I have severe problems washing or dressing myself
- 5-I am unable to wash or dress myself

**USUAL ACTIVITIES (eg work study, housework, family or leisure activities)**

- 1-I have no problems doing my usual activities
- 2-I have slight problems doing my usual activities
- 3-I have moderate problems doing my usual activities
- 4-I have severe problems doing my usual activities
- 5-I am unable to do my usual activities

**PAIN/DISCOMFORT**

- 1-I have no pain or discomfort
- 2-I have slight pain or discomfort
- 3-I have moderate pain or discomfort
- 4-I have severe pain or discomfort
- 5-I have extreme pain or discomfort

**ANXIETY/DEPRESSION**

- 1-I am not anxious or depressed
- 2-I am slightly anxious or depressed
- 3-I am moderately anxious or depressed
- 4-I am severely anxious or depressed
- 5-I am extremely anxious or depressed

Name:

D.O.B:

Date: