

EQ-5D Health Questionnaire			TODAYS DATE:
NAME:	DOB:	SURGERY DATE:	PREOP / POSTOP

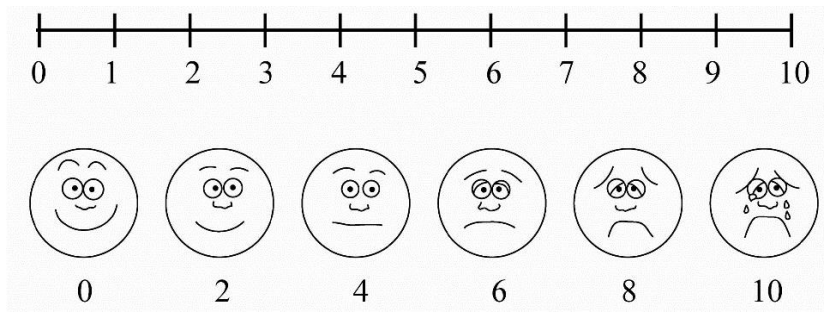
Please indicate which statements best describe your own health state today by placing a check in one box in each group below.

Mobility	
<input type="checkbox"/>	I have no problems in walking about
<input type="checkbox"/>	I have some problems in walking about
<input type="checkbox"/>	I am confined to bed
Self-Care	
<input type="checkbox"/>	I have no problems with self-care
<input type="checkbox"/>	I have some problems with washing or dressing myself
<input type="checkbox"/>	I am unable to wash or dress myself
Usual Activities (e.g. work, study, housework, family or leisure activities)	
<input type="checkbox"/>	I have no problems with performing my usual activities
<input type="checkbox"/>	I have some problems with performing my usual activities
<input type="checkbox"/>	I am unable to perform my usual activities
<input type="checkbox"/>	I am unable to perform my usual activities
Pain / Discomfort	
<input type="checkbox"/>	I have no pain or discomfort
<input type="checkbox"/>	I have moderate pain or discomfort
<input type="checkbox"/>	I have extreme pain or discomfort
Anxiety / Depression	
<input type="checkbox"/>	I am not anxious or depressed
<input type="checkbox"/>	I am moderately anxious or depressed
<input type="checkbox"/>	I am extremely anxious or depressed

Visual Analogue Scale: Please indicate on this scale how good or bad your own health state is today.

The best health state you can imagine is marked 0 and the worst health state you can imagine is marked 10. Please draw a line from the box to the point on the scale that indicates how good or bad your health state is today.

Your own health state today



Now, please write the number you marked on the scale in the box below.

YOUR HEALTH TODAY =

Best Imaginable Health State

Worst Imaginable Health State

TODAYS DATE:

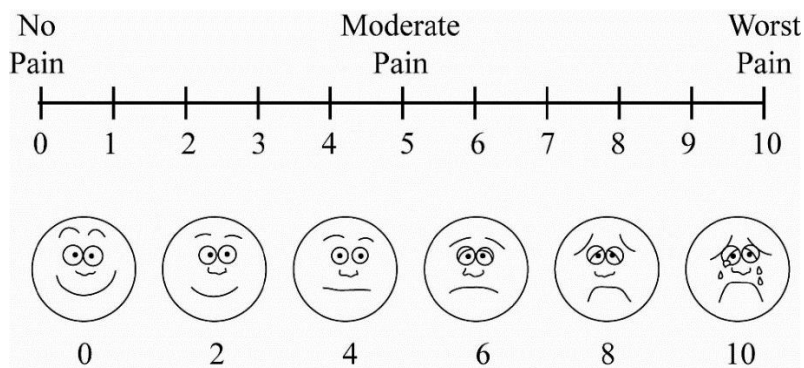
NAME:	DOB:	SURGERY DATE:	PREOP / POSTOP
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Visual Analogue Scale - NECK

Please indicate on this scale below how good or bad your neck pain is today.
The least pain you can imagine is marked 0 and the worst pain you can imagine is marked 10.

Please draw a line from the box to the point on the scale that indicates how good or bad your **NECK** pain is today.

Your neck pain today



Now, please write the number you marked on the scale in the box below.

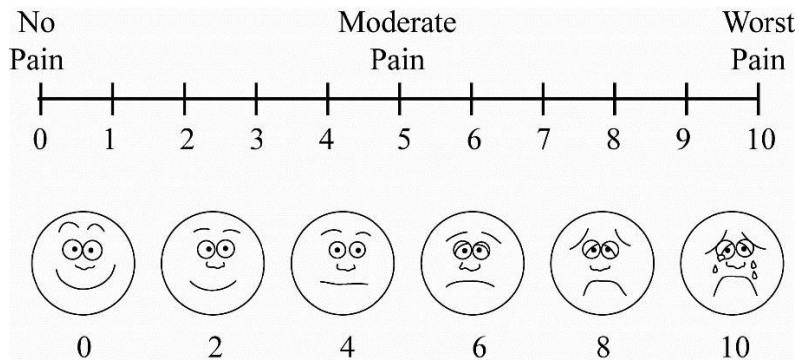
YOUR PAIN TODAY =

Visual Analogue Scale - ARM

Please indicate on this scale below how good or bad your arm pain is today.
The least pain you can imagine is marked 0 and the worst pain you can imagine is marked 10.

Please draw a line from the box to the point on the scale that indicates how good or bad your **ARM** pain is today.

Your arm pain today



Now, please write the number you marked on the scale in the box below.

YOUR PAIN TODAY =