

Annexe 9: Scoring du système descriptif EQ-5D-5L

The EQ-5D-5L descriptive system should be scored, for example, as follows:

Under each heading, please tick the ONE box that best describes your health TODAY		Levels of perceived problems are coded as follows:	
MOBILITY		<input checked="" type="checkbox"/>	
I have no problems in walking about	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
I have slight problems in walking about	<input type="checkbox"/>	<input type="checkbox"/>	
I have moderate problems in walking about	<input type="checkbox"/>	<input type="checkbox"/>	
I have severe problems in walking about	<input type="checkbox"/>	<input type="checkbox"/>	Level 1 is coded as a '1'
I am unable to walk about	<input type="checkbox"/>	<input type="checkbox"/>	
SELF-CARE		<input type="checkbox"/>	
I have no problems washing or dressing myself	<input type="checkbox"/>	<input type="checkbox"/>	
I have slight problems washing or dressing myself	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Level 2 is coded as a '2'
I have moderate problems washing or dressing myself	<input type="checkbox"/>	<input type="checkbox"/>	
I have severe problems washing or dressing myself	<input type="checkbox"/>	<input type="checkbox"/>	
I am unable to wash or dress myself	<input type="checkbox"/>	<input type="checkbox"/>	
USUAL ACTIVITIES (e.g. work, study, housework, family or leisure activities)		<input type="checkbox"/>	
I have no problems doing my usual activities	<input type="checkbox"/>	<input type="checkbox"/>	
I have slight problems doing my usual activities	<input type="checkbox"/>	<input type="checkbox"/>	
I have moderate problems doing my usual activities	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Level 3 is coded as a '3'
I have severe problems doing my usual activities	<input type="checkbox"/>	<input type="checkbox"/>	
I am unable to do my usual activities	<input type="checkbox"/>	<input type="checkbox"/>	
PAIN / DISCOMFORT		<input type="checkbox"/>	
I have no pain or discomfort	<input type="checkbox"/>	<input type="checkbox"/>	
I have slight pain or discomfort	<input type="checkbox"/>	<input type="checkbox"/>	
I have moderate pain or discomfort	<input type="checkbox"/>	<input type="checkbox"/>	
I have severe pain or discomfort	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Level 4 is coded as a '4'
I have extreme pain or discomfort	<input type="checkbox"/>	<input type="checkbox"/>	
ANXIETY / DEPRESSION		<input type="checkbox"/>	
I am not anxious or depressed	<input type="checkbox"/>	<input type="checkbox"/>	
I am slightly anxious or depressed	<input type="checkbox"/>	<input type="checkbox"/>	
I am moderately anxious or depressed	<input type="checkbox"/>	<input type="checkbox"/>	
I am severely anxious or depressed	<input type="checkbox"/>	<input type="checkbox"/>	
I am extremely anxious or depressed	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Level 5 is coded as a '5'

This example identifies the health state '12345'.