



1611 W. Harrison Street, 3rd Floor Chicago, IL 60612 312.243.4244

EQ Health Questionnaire

Name	9:		Date of Birth:	Today's Date:	
By pla	acing a checkmark in <i>one</i> box in <i>each</i> group below,	please ii	ndicate which statements best desc	cribe your own health state	e today
Mobility			Pain/Discomfort		
I have	e no problems walking about		I have no pain or discomfort		
I have some problems walking about			I have moderate pain or disco	ate pain or discomfort $\ \Box$	
I am confined to bed			I have extreme pain or discomfort		
Self-Care			Anxiety/Depression		
I have no problems with self-care			I am not anxious or depresse	lepressed	
I have some problems washing and dressing myself			I am moderately anxious or de	ious or depressed	
I am unable to wash and dress myself			I am extremely anxious or de	am extremely anxious or depressed	
Usua	Il Activities (e.g. work, study, housework, family or le	eisure ac	tivities)		
I have no problems with performing my usual activities					
I have	e some problems with performing my usual activit	ies 🗆			
l am	unable to perform my usual activities				
Pleas	se choose the <i>ONE</i> answer that best describes	s your a	ctivity level.		
	Wholly inactive: dependent on others; cannot leave residence				
	Mostly inactive: very restricted to minimum activities of daily living				
	Sometimes participates in mild activities such as walking, limited housework and limited shopping				
	Regularly participates in mild activities				
	Sometimes participates in moderate activities such as swimming and can do unlimited housework or shopping				
	Regularly participates in moderate activities				
	Regularly participates in active events such as bicycling				
	Regularly participates in very active events such as bowling or golf				
	Sometimes participates in impact sports such as jogging, tennis, skiing, acrobatics, ballet, heavy labor or backpacking				
	Regularly participates in impact sports				



To help people say how good or bad a health state is, we have drawn a scale (rather like a thermometer) on which the best state you can imagine is marked 100 and the worst state you can imagine is marked 0.

We would like you to indicate on this scale how good or bad your own health is today, in your opinion.

Please do this by drawing a line from the box below to whichever point on the scale indicates how good or bad your health state is today.

Your own health state today

