



## Interreg ASPIRE Evaluation

### EQ-5D-5L Health Questionnaire



### EQ-5D-5L

This is a voluntary self-assessment questionnaire that measures your health-related quality of life. Please choose the answer option that best describes your situation at this moment. No names will be recorded; the survey is anonymous, and all individual responses will remain confidential. ASPIRE will only report the results of the questionnaire on a group level and the information you provide will remain anonymous and cannot be connected to you.

Thank you for your participation.

#### ID Number:

.....

2. At which time point are you completing this questionnaire?

☐ At the beginning of ASPIRE

☐ At 12 weeks

☐ At 6 months

☐ At 9 months

## About you

### 1. What sex are you?

☐ Male      ☐ Female      ☐ Prefer not to say      ☐ Other, please specify: .....

### 2. What is your age? ..... years

## Quality of life: EQ-5D-5L questionnaire

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

### MOBILITY

I have no problems in walking about	<input type="checkbox"/>
I have slight problems in walking about	<input type="checkbox"/>
I have moderate problems in walking about	<input type="checkbox"/>
I have severe problems in walking about	<input type="checkbox"/>
I am unable to walk about	<input type="checkbox"/>

### SELF-CARE

I have no problems washing or dressing myself	<input type="checkbox"/>
I have slight problems washing or dressing myself	<input type="checkbox"/>
I have moderate problems washing or dressing myself	<input type="checkbox"/>
I have severe problems washing or dressing myself	<input type="checkbox"/>
I am unable to wash or dress myself	<input type="checkbox"/>

### USUAL ACTIVITIES *(e.g. work, study, housework, family or leisure activities)*

I have no problems doing my usual activities	<input type="checkbox"/>
I have slight problems doing my usual activities	<input type="checkbox"/>
I have moderate problems doing my usual activities	<input type="checkbox"/>
I have severe problems doing my usual activities	<input type="checkbox"/>
I am unable to do my usual activities	<input type="checkbox"/>

### PAIN / DISCOMFORT

I have no pain or discomfort	<input type="checkbox"/>
I have slight pain or discomfort	<input type="checkbox"/>
I have moderate pain or discomfort	<input type="checkbox"/>
I have severe pain or discomfort	<input type="checkbox"/>
I have extreme pain or discomfort	<input type="checkbox"/>

### ANXIETY / DEPRESSION

I am not anxious or depressed	<input type="checkbox"/>
I am slightly anxious or depressed	<input type="checkbox"/>
I am moderately anxious or depressed	<input type="checkbox"/>
I am severely anxious or depressed	<input type="checkbox"/>
I am extremely anxious or depressed	<input type="checkbox"/>

We would like to know how good or bad your health is TODAY.

This scale is numbered from 0 to 100.

100 means the best health you can imagine.

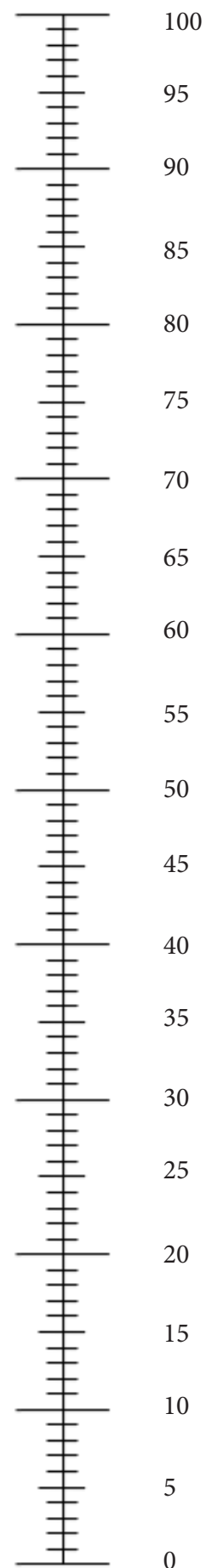
0 means the worst health you can imagine.

Please mark an X on the scale to indicate how your health is TODAY.

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

YOUR HEALTH TODAY =

The best health you  
can imagine



The worst health you  
can imagine

# Interreg ASPIRE Evaluation



***Thank you very much for taking the time to fill out this questionnaire!***

***Please check that you have completed each question.***

***If you would like to talk to us further, or have any additional thoughts or queries, please contact your local ASPIRE partner.***