

I.M.P.R.E.S.S.

EuroQol EQ-5D

To be completed by the PATIENT

Patient Study Number	Completed By: _____ Clinic: _____
Visit Date (MM/DD/YY) ____ / ____ / ____	Visit Schedule (check appropriate box) <input type="checkbox"/> PreOp <input type="checkbox"/> 3 mo <input type="checkbox"/> 6 mo <input type="checkbox"/> 12 mo <input type="checkbox"/> 24 mo

Directions: Answer every question by shading in the circle or writing in the information. If you are unsure about how to answer a question, please give the best answer you can. Mark only one answer for each question. Shade circles like this: ●

By filling in one circle in each group below, please indicate which statement best describes your own health state today. Do not fill more than one circle in each group.

01. Mobility

- I have no problems in walking about
- I have some problems in walking about
- I am confined to bed

02. Self-care

- I have no problems with self-care
- I have some problems washing or dressing myself
- I am unable to wash or dress myself

03. Usual activities (e.g. work, study, housework, family or leisure activities)

- I have no problems with performing my usual activities
- I have some problems with performing my usual activities
- I am unable to perform my usual activities

04. Pain / Discomfort

- I have no pain or discomfort
- I have moderate pain or discomfort
- I have extreme pain or discomfort

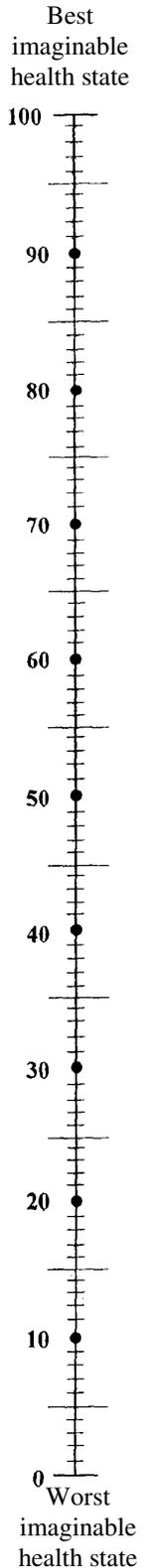
05. Anxiety / Depression

- I am not anxious or depressed
- I am moderately anxious or depressed
- I am extremely anxious or depressed

06.

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 by 0.

We would like you to indicate on this scale how good or bad your own health is today. Mark a line across the scale to show how good or bad you think your health is today.



<u>PHYSICIAN USE ONLY:</u>
07. _____ SCORE