

Accessible Version of the EQ-5D-5L Questionnaire

This is not an official version of EQ-5D

**Health questionnaire for people who have aphasia or who
have difficulties reading**

To be administered by interview

On each page, please tick one box that best describes your health today

Mobility (walking about)



unable

severe
problems

moderate
problems

slight
problems

no problems



Self-care (washing or dressing)



unable

severe
problems

moderate
problems

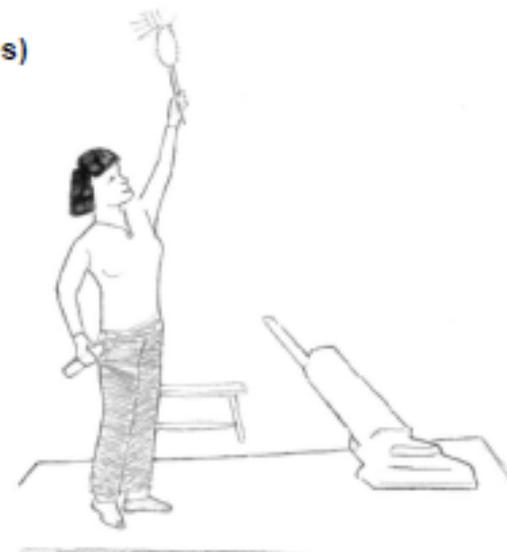
slight
problems



no problems



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



unable

severe
problems

moderate
problems

slight
problems

no problems

Pain/ Discomfort



extreme
pain or
discomfort

severe
pain or
discomfort

moderate
pain or
discomfort

slight pain
or discomfort

no pain or
discomfort

Anxiety/ Depression



extremely
anxious or
depressed

severely
anxious or
depressed

moderately
anxious or
depressed

slightly
anxious or
depressed

not anxious
or depressed



Show us how **good** or **bad** your **health** is **today**.

The scale is numbered from 0 to 100.

100 means the **best health** you can imagine.

0 means the **worst health** you can imagine.

Draw an **X** on the **scale** to show how your **health** is **today**.

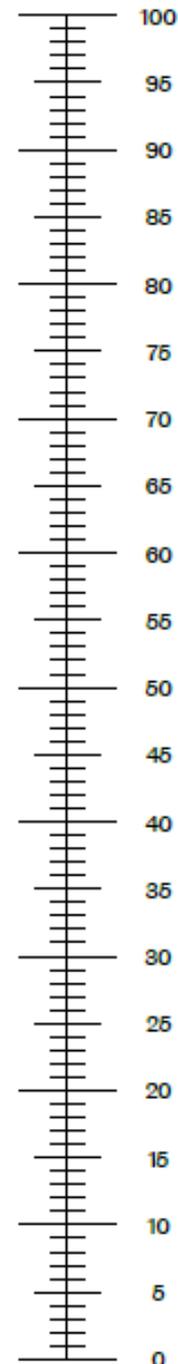


Write the **number** you marked on the scale in the **box** below.

Your health today =



The **best** health you can imagine



The **worst** health you can imagine



Negative Effects Form



R

[Trust logo]

Negative effects of the computer therapy



Please **tick** the boxes below (or ask a friend/relative to help you).

In **[insert month]**, has the computer practice:

- | | | | |
|-----------------------------------|--|---------------------------------|--------------------------------|
| 1. made you feel over tired? | A yellow emoji with closed eyes and blue 'Z's above its head, indicating sleep or tiredness. | Yes
<input type="checkbox"/> | No
<input type="checkbox"/> |
| 2. affected your eyes? | A simple line drawing of a human eye. | Yes
<input type="checkbox"/> | No
<input type="checkbox"/> |
| 3. given you headaches? | A cartoon illustration of a person with a hand to their forehead, looking distressed, with a red glow around their head. | Yes
<input type="checkbox"/> | No
<input type="checkbox"/> |
| 4. made you feel anxious/worried? | A yellow emoji with a wide-eyed, open-mouthed expression of worry or anxiety. | Yes
<input type="checkbox"/> | No
<input type="checkbox"/> |

Please use the box below to tell us more.

Please list any **other problems** using the **computer therapy** in **[insert month]**.

Please be aware this information will not be seen by your therapist **[insert name]**. If you think they need this information please tell them separately.