EUROQOL EQ-5D

IRRITABLE BOWEL SYNDROME STUDY

Patient Number patid ⬚⬚⬚	Date of Study Participant Visit/Contact visitm ⬚⬚ ⬚⬚ ⬚⬚⬚⬚ mmm dd yyyy
Protocol Number study ⬚⬚⬚	Institution Code instn ⬚⬚⬚⬚
Form Week week ⬚⬚ *Seq No. seqno **Step No. stepno	Key Operator Code keyop ⬚

This area completed by Clinic Staff only.

 * Enter a '1' if this is the first of this form for this date. Designate subsequent forms on the same date with a 2, 3, etc.
** Enter the subject's current study step number. Enter '1' if the study does not have multiple steps.

INSTRUCTIONS:

For each question, place a check (✓) in the box below the statement that best describes your own health state **TODAY**. Check **one box only** for each question.

1. Mobility

I have no problems walking about	**I have some problems in walking about**	**I am confined to bed**
⬚	⬚	⬚
1	2	3

mb801

2. 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**
⬚	⬚	⬚
1	2	3

mb802

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

I have no problems performing my usual activities	**I have some problems performing my usual activities**	**I am unable to perform my usual activities**
⬚	⬚	⬚
1	2	3

mb803

4. Pain/discomfort

I have no pain or discomfort	**I have moderate pain or discomfort**	**I have extreme pain or discomfort**
⬚	⬚	⬚
1	2	3

mb804

5. Anxiety/Depression

I am not anxious or depressed	**I am moderately anxious or depressed**	**I am extremely anxious or depressed**
⬚	⬚	⬚
1	2	3

mb805

CONTINUE ON NEXT PAGE

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Pt. No. ☐☐☐☐☐   *Seq. No. ☐☐   **Step No. ☐☐   Date ☐☐☐☐ ☐☐ ☐☐☐☐
                                                          mmm   dd   yyyy

6. To help people say how good or bad a health state is, we have drawn a scale (like a thermometer) on which the best health state you can imagine is marked '100' and the worst health state you can imagine is marked '0'. **We would like you to describe your own health today by drawing a straight line across the point on the scale that indicates how good or bad your own health state is.**

   YOUR OWN HEALTH STATE TODAY:

Best imaginable health state

100

9●0

8●0

7●0

6●0

5●0

4●0

3●0

2●0

1●0

0

Worst imaginable health state
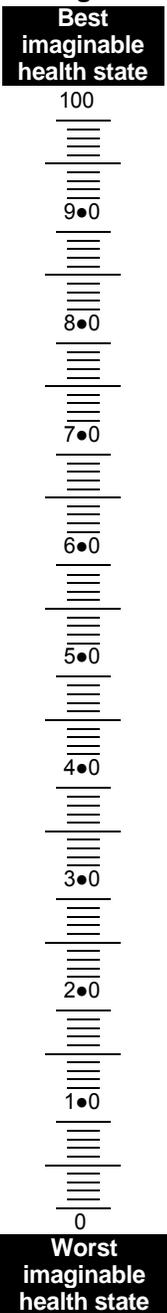
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04-10-10/06-15-10   Date Form Keyed (DO NOT KEY): _____ / _____ / _____   mb806

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