

EUROQOL EQ-5D
IRRITABLE BOWEL SYNDROME STUDY

Patient Number	[patid] [] [] [] []	Date of Study Participant	[visitm] [] [] [] [] [] [] []
Protocol Number	[study] [] [] [] [] []	Visit/Contact	mmm dd yyyy
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

1

I have some problems in walking about

2

I am confined to bed

3

mb801

2. Self-care

I have no problems with self-care

1

I have some problems washing or dressing myself

2

I am unable to wash or dress myself

3

mb802

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

I have no problems performing my usual activities

1

I have some problems performing my usual activities

2

I am unable to perform my usual activities

3

mb803

4. Pain/discomfort

I have no pain or discomfort

1

I have moderate pain or discomfort

2

I have extreme pain or discomfort

3

mb804

5. Anxiety/Depression

I am not anxious or depressed

1

I am moderately anxious or depressed

2

I am extremely anxious or depressed

3

mb805

CONTINUE ON NEXT PAGE



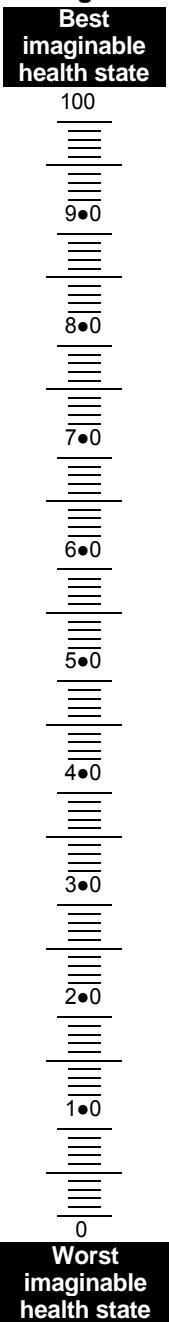
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mmm dd yyyy

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:



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04-10-10/06-15-10 Date Form Keyed (DO NOT KEY): _____ / _____ /

