

PLEASE RETURN FORMS BY:

EMAIL: [Cal.Bar@ahs.ca](mailto:Cal.Bar@ahs.ca) or FAX: (403) 955-8634 or MAIL: 1820 Richmond Rd SW, Calgary, AB, T2T 5C7



Date: \_\_\_\_\_

Name: \_\_\_\_\_

Date of birth: \_\_\_\_\_

Healthcare #: \_\_\_\_\_

EQ5D	
Under each heading, tick one box that describes your health today.	
<b>1. Mobility</b>	
I have no problems walking about.	
I have slight problems walking about.	
I have moderate problems walking about.	
I have severe problems in walking about.	
I am unable to walk about.	
<b>2. Self-Care</b>	
I have no problems washing or dressing myself.	
I have slight problems washing or dressing myself.	
I have moderate problems washing or dressing myself.	
I have severe problems washing or dressing myself.	
I am unable to wash or dress myself.	
<b>3. Usual Activities (ex: work, study, housework, family or leisure activities)</b>	
I have no problems doing my usual activities.	
I have slight problems doing my usual activities.	
I have moderate problems doing my usual activities.	
I have severe problems doing my usual activities.	
I am unable to do my usual activities.	
<b>4. Pain/Discomfort</b>	
I have no pain or discomfort.	
I have slight pain or discomfort.	
I have moderate pain or discomfort.	
I have severe pain or discomfort.	
I have extreme pain or discomfort.	
<b>5. Anxiety/Depression</b>	
I am not anxious or depressed.	
I am slightly anxious or depressed.	
I am moderately anxious or depressed.	
I am severely anxious or depressed.	
I am extremely anxious or depressed.	

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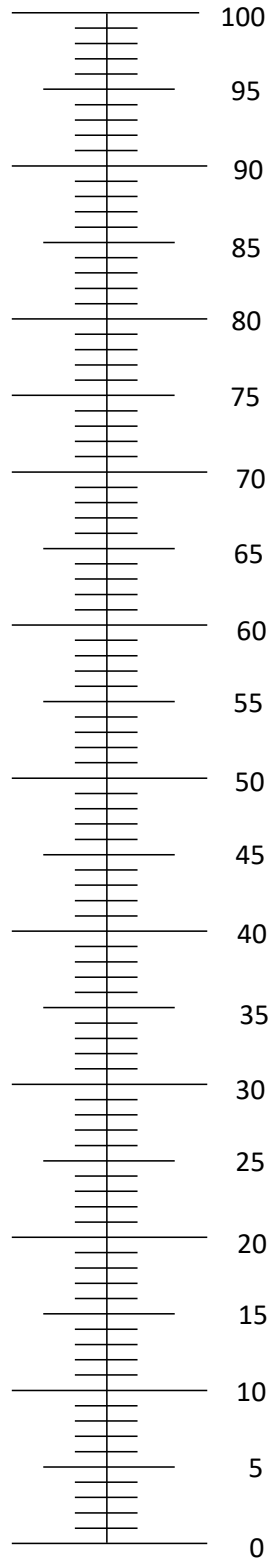
**We would like to know how your health is today.**

The scale is numbered 0-100.  
100 being the best health you can imagine.  
0 being the worst health you can imagine.

Write the number the best describes your health  
today in the box below.

**My Health Today = \_\_\_\_\_**

The best health  
you can imagine.



The worst health  
you can imagine.