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

*EuroQol EQ-5D*

To be completed by the PATIENT

---

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.

---

PHYSICIAN USE ONLY:

07. _____ _____ _____

SCORE

---

© EuroQol Group

ver.022107BMC

© 2021 EuroQol Group

CONFIDENTIAL