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BSRBR studyno:

*For office use*

**Generic Health Utility Index - Patient Baseline EuroQol**

For each of the five activities below please indicate which statements best describe your own health state today.

**1. Mobility** *(Please tick one box)*

- I have no problems in walking
- I have some problems in walking
- I am confined to bed

**2. Self Care** *(Please tick one box)*

- I have no problems with self care
- I have some problems washing or dressing
- I am unable to wash or dress

**3. Usual Activities** *(Please tick one box)*

- I have no problems performing my usual activities   
(e.g. work, study, housework, family/leisure activities)
- I have some problems performing my usual activities
- I am unable to perform my usual activities

**4. Pain/Discomfort** *(Please tick one box)*

- I have no pain or discomfort
- I have moderate pain or discomfort
- I have extreme pain or discomfort

**5. Anxiety/Depression** *(Please tick one box)*

- I am not anxious or depressed
- I am moderately anxious or depressed
- I am extremely anxious or depressed

Compared with my general level of health over the past 12 months, my health state today is:

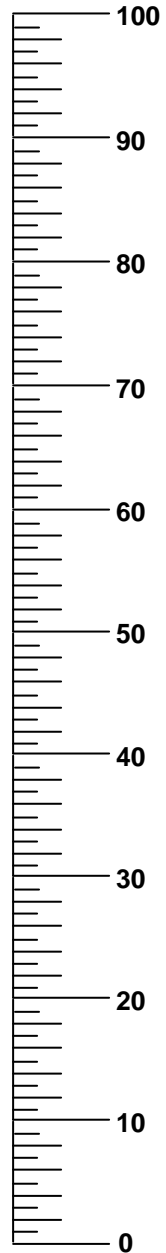
*(Please tick one box)*

- Better
- Much the same
- Worse

We would like you to indicate on this scale how good or bad is your health today, in your opinion.

Please do this by drawing a line from the box below to whichever point on the scale indicates how good or bad your current state is.

Best Imaginable Health State



How do you feel today?

Worst Imaginable Health

Your Name:

Date:

Please return this questionnaire with the other form to the BSRBR in the pre-paid envelope.  
Thanks!