The Irish EQ-5D-5L Survey

2015-2016

Questionnaire

Under each heading, please tick the ONE box that best describes	your health TODAY.
MOBILITY	
I have no problems in walking about	
I have slight problems in walking about	
I have moderate problems in walking about	
I have severe problems in walking about	
I am unable to walk about	
SELF-CARE	
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	
USUAL ACTIVITIES (e.g. work, study, housework, family or leisure activities)	
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	
PAIN / DISCOMFORT	
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	
ANXIETY / DEPRESSION	
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	

We would like to know how good or bad your health is TODAY.

This scale is numbered from 0 to 100.

- 100 means the <u>best</u> health you can imagine.
   0 means the <u>worst</u> health you can imagine.
- . Mark an X on the scale to indicate how your health is TODAY.
- Now, please write the number you marked on the scale in the box below.

YOUR HEALTH TODAY =

The best health you can imagine

 $Source: https://euroqol.org/wp-content/uploads/2016/10/Sample\_UK\_English\_EQ-5D-5L\_Paper\_Self\_complete\_v1.0\_ID\_24700.pdf$ 

## Screen Shots from EuroQol Valuation Technology (EQ-VT Software).

## Background questions

1. Have you experienced serious illness?

male

## **Irish Local Questionnaire**

1. Do you h	ave private medic	al insurance?		
○ Yes	○ No			
2. Have you	had private med	ical insurance in the last 3 ye	ears?	
○Yes	○ No			
3. Do you ha	ave a medical ca	rd?		
○ Yes, full	l medical card	○ Yes, GP visit card	○ Neither	
4 W/L:-L -£	-L L J	.:		
4. Which of	tnese best desc	ribes your usual situation in	regard to work?	
O Full tim	e Employed/Self	Employed		
O Part tim	ne Employed/Self	f Employed		
OUnemp	loyed			
Student	ţ			
O Long-te	rm sickness or d	isability		
O Home d	luties/looking aft	er home or family		
Retired				
Other (s	specify)			

5. What is the highest level of education you have completed to date?	
O Primary or less	
○ Second Level or less	
OThird Level	
5. How many years of full time education have you completed?	
○8 years or less	
○9 to 13 years	
○ More than 13 years	
7. What is you ethnic or cultural background?	
© European (non- Irish)	
Other (specify)	
B. Would you describe the place where your household is situated as being	j?
○ Urban	
○ Rural	

	,000	
<b>0€10,00</b> °	- €20,000	
<b>○</b> €20,00°	- €30,000	
<b>○</b> €30,00°	- €40,000	
<b>○</b> €40,00°	- €50,000	
<b>○</b> €50,00°	- €60,000	
<b>○</b> €60,00°	- €75,000	
<b>0€75,00</b> °	- €100,000	
<b>○</b> €100.00	01 - €200,000	
0 0.00,0		
> €200, How man regularly	y people in total (including yourself and all children) live as members of your household?	
O> €200,  How man regularly  Of these	y people in total (including yourself and all children) live as members of your household?	
○> €200, How man regularly  Of these	y people in total (including yourself and all children) live as members of your household? now many are children under 18 years?	
○> €200, How man regularly  Of these	y people in total (including yourself and all children) live as members of your household?  now many are children under 18 years?  our current marital status?	
O> €200,  How man regularly  Of these  What is y  Married  Never N	y people in total (including yourself and all children) live as members of your household?  now many are children under 18 years?  our current marital status?	

Roman Catholic	
Other Christian	
Hindu	
) Jewish	
Muslim	
Other Please specify	
•	casions as weddings and funerals, how often nowaday
•	-
you attend services or mee	casions as weddings and funerals, how often nowaday etings connected with your religion?
you attend services or mee	-
you attend services or mee  At least once a week  At least once a month	etings connected with your religion?
you attend services or mee  At least once a week  At least once a month  A few times a year	etings connected with your religion?
you attend services or mee  At least once a week  At least once a month  A few times a year	etings connected with your religion?

**Note:** On occasion data was trimmed or categorised to preserve anonymity

## Any queries please contact:

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