MRC Trials       Image: Constraint of the second seco	Clinical	, !	Form 05 - EQ-5D
Attach Participant ID label			Version 2.0 07-Nov-2016
First line Retreatment	STOP-HCV Stratified Medicine for HepC	I I Attach Darticinant ID Jahol	Visit Date: d d m m m y y y y
			First line 📈 Retreatment 📈
			Day Week EOT VEOT+week

## To be completed by the participant at first line day: 0, EOT, EOT+12 weeks Retreatment: week 0, 12(EOT), EOT +12

## Please return completed CRFs by secure email to mrcctu.stophcv1@ucl.ac.uk or by fax 0207 670 4817.

Under each heading, please tick the ONE box that best describes your health TODAY						
1. MOBILITY						
I have no problems in walking about						
I have slight problems in walking about	Π					
I have moderate problems in walking about	$\Box$					
I have severe problems in walking about						
I am unable to walk about						
2. 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						
<b>3. USUAL ACTIVITIES</b> (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						
4. 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						
5. 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		UK (English) v.2 © 2009 EuroQol Group. EQ-5D™ is a trade mark of the EuroQol Group				



Attach Participant ID label

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## Form 05 - EQ-5D Version 2.0 07-Nov-2016

Visit Date:	d	d	m	m	m	V	V	V	V
						/	/	/	7

	The best health
<ul> <li>We would like to know how good or bad your health</li> </ul>	you can imagine
is TODAY.	100
• This scale is numbered from 0 to 100.	<u></u> 95 <u>∓</u>
• 100 means the <u>best</u> health you can imagine.	<u> </u>
0 means the <u>worst</u> health you can imagine.	± 85
<ul> <li>Mark an X on the scale to indicate how your health is TODAY.</li> </ul>	80
TODAT.	± 75
<ul> <li>Now, please write the number you marked on the scale in the box below.</li> </ul>	70
	65
6 Your booth today -	60 
6. Your health today =	± 55
	<u> </u>
	45
	<u> </u>
	<u></u> <u> </u>
	<u> </u>
	20
	5 1 1
	0
	The worst health
UK (English) v.2 © 2009 EuroQol Group. EQ-5D™ is a trade mark of the EuroQol Group	you can imagine
For office use only:       Date form         Date form       Date form entered         received at CTU:       dd - mmm - yyyy    Date form entered onto database :	Initials of data enterer: