Visit date		Study subject ID		Patient initials				
		333- (at SCR)						
(dd/mon/yyyy) 170		1701-			<u>ith</u> John IJO	SMART-C		
EQ-5D-3L HEALTH QUESTIONNAIRE								
VISIT (please select the applicable visit)		☐ Screening	□ SVR		12 (Week 20)			
By placing a tick <u>in one box in each group</u> below, please indicate which statements best describe your own health state today.								
1. Mobility	/							
	□ Ił	nave som	roblems in walking e problems in walki ied to bed					
2. Persona	2. Personal Care							
		I have no problems with personal care I have some problems washing or dressing myself I am unable to wash or dress myself						
3. Usual Activities (e.g. work, study, housework, family or leisure activities)								
	□ Ib	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						
4. Pain/Discomfort								
	□ IŁ	nave mod	ain or discomfort erate pain or discor eme pain or discom					
5. Anxiety/Depression								
			xious or depressed					
			rately anxious or de	-	d			
	□ la	ım extren	nely anxious or dep	ressed				

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Visit date	Study subject ID	Patient initials				
	333- (at SCR)					
(dd/mon/yyyy)	1701-	E.g. <u>Smith</u> John SMJO	SMART-C			
EQ-5D-3L HEALTH QUESTIONNAIRE						

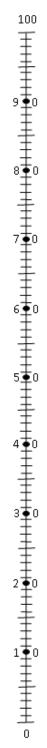
6.

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 0.

We would like you to indicate on this scale how good or bad your own health is 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 health state is today.

Your own health state today

Best imaginable health state



Worst imaginable health state

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