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| Outcome Measure | EuroQol-5D (EQ-5D) |
| Sensitivity to Change | Yes |
| Population | Adult |
| Domain | Health Related QoL |
| Type of Measure | Self-report |
| ICF-Code/s | d1-d9 |
| Description | <p>EQ-5D is a standardised measure of health status developed by the EuroQol Group in order to provide a simple, generic measure of health for clinical and economic appraisal. Applicable to a wide range of health conditions and treatments, it provides a simple descriptive profile and a single index value for health status that can be used in the clinical and economic evaluation of health care as well as in population health surveys.</p> <p>The EQ-5D 3 level version (EQ-5D-3L) was introduced in 1990. It consists of 2 pages - the descriptive system and the EQ visual analogue scale (EQ VAS). The EQ-5D-3L descriptive system comprises 5 dimensions: mobility, self-care, usual activities, pain/discomfort and anxiety/depression. Each dimension has 3 levels: no problems, some problems, extreme problems. The EQ VAS records the respondent's self-rated health on a vertical, visual analogue scale where the endpoints are labelled 'Best imaginable health state' and 'Worst imaginable health state'. The EQ-5D-3L has now been translated into more than 150 languages and is used worldwide. However ceiling effects have been reported, particularly when used in general population surveys but also in some patient population settings.</p> <p>In 2005, a Task Force was established to establish a new version of EQ-5D. The new version of the EQ-5D includes five levels of severity in each of the existing five EQ-5D dimensions and that it would be called the EQ-5D-5L. The EQ-5D-5L still consists of 2 pages – the EQ-5D-5L descriptive system (page 2) and the EQ visual Analogue scale (EQ VAS). The descriptive system comprises the same 5 dimensions as the EQ-5D-3L (mobility, self-care, usual activities, pain/discomfort, anxiety/depression). However, each dimension now has 5 levels: no problems, slight problems, moderate problems, severe problems, and extreme problems. The digits for 5 dimensions can be combined in a 5-digit number describing the respondent's health state. It should be noted that the numerals 1-5 have no arithmetic properties and should not be used as a cardinal score. The EQ VAS records the respondent's self-rated health on a 20 cm vertical, visual analogue scale. EQ-5D-5L health states, defined by the EQ-5D-5L descriptive system, may be converted into a single index value.</p> |
| Properties | Refer to Van Agt, Essink-Bot, Krabbe and Bonsel (1994). |
| Advantages | <p>EuroQol Group's website (www.euroqol.org) contains detailed information</p> <p>http://www.euroqol.org/fileadmin/user_upload/Documenten/PDF/User_Guide_v2_March_2009.pdf</p> |

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| | <p>Guidance for users, a list of available language versions, EQ-5D references and contact details</p> <ul style="list-style-type: none"> - Brevity and ease of completion (tick if yes, according to how one's "health state today") - Visual analogue scale good for people with language impairment and neglect - >100 translated versions - Flexible administration format – i.e., Face-to-face, telephone, proxy - Extensive use in TBI research, including our own (Nalder et al., 2012; Turner, Fleming et al., 2009) - Has been used to look at health economic evaluations (QALYs) |
| Disadvantages | <p>Emotions and mood is limited to anxiety and depression (3 items), quite global in nature ('usual activities' item covers work, study, housework, family etc), which can be differentially affected. Overlooks some dimensions of quality of life (spiritual/existential, social etc).</p> <ul style="list-style-type: none"> - Does not include cognition |
| Additional Information | |
| Reviewers | Tamara Ownsworth (RT) |

References

- van Agt, H. M., Essink-Bot, M. L., Krabbe, P. F., & Bonsel, G. J. (1994). Test-retest reliability of health state valuations collected with the EuroQol questionnaire. *Social Science & Medicine*, 39(11), 1537-1544.
- Nalder, E., Fleming, J., Foster, M., Cornwell, P., Shields, C., & Khan, A. (2012). Identifying factors associated with perceived success in the transition from hospital to home after brain injury. *The Journal of Head Trauma Rehabilitation*, 27(2), 143-153.