Table 1.

**UK (English) EQ-5D-Y Paper Self-Complete modified**

(sample version, v2.1)

Under each heading, please tick the ONE box that best describes your health TODAY.

MOBILITY (walking about)

I have no problems walking about 1 □□

I have some problems walking about 2 □□

I have a lot of problems walking about 3 □□

LOOKING AFTER MYSELF

I have no problems washing or dressing myself □□

I have some problems washing or dressing myself □□

I have a lot of problems washing or dressing myself □□

DOING USUAL ACTIVITIES (for example, going to school, hobbies, sports,

playing, doing things with family or friends)

I have no problems doing my usual activities □□

I have some problems doing my usual activities □□

I have a lot of problems doing my usual activities □□

HAVING PAIN OR DISCOMFORT

I have no pain or discomfort □□

I have some pain or discomfort □□

I have a lot of pain or discomfort □□

FEELING WORRIED, SAD, OR UNHAPPY

I am not worried, sad, or unhappy □□

I am a bit worried, sad, or unhappy □□

I am very worried, sad, or unhappy □□

ARE YOU SATISFIED WITH THE VACCINATION SERVICE OFFERED BY THE PHARMACY?

Very □□

Enough □□

Little □□

ARE YOU MORE IN FAVOR OF A FOURTH DOSE OF VACCINE OR ANTIVIRALS THERAPY?

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