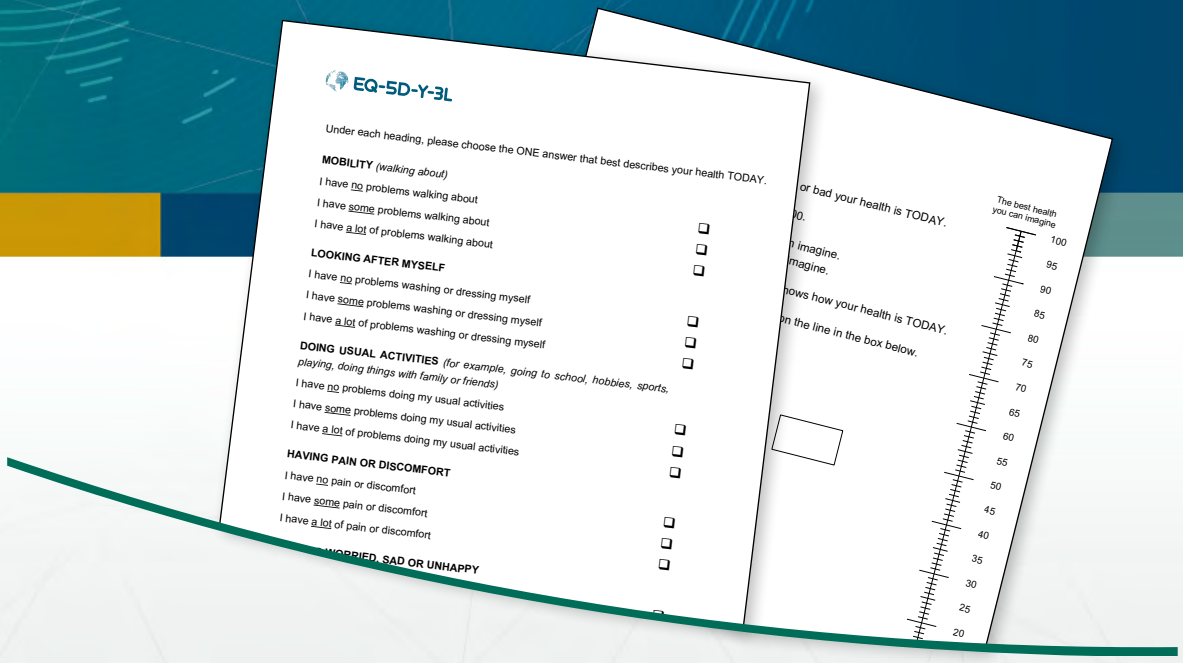
User Guide

EQ-5D-Y-3L

How to apply, score, and present results from the EQ-5D-Y-3L (formerly EQ-5D-Y)



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EQ-5D-Y-3L NAME CHANGE TRANSITION PERIOD

EQ-5D-Y was renamed EQ-5D-Y-3L in 2023. There will be a period of transition when both the EQ-5D-Y and EQ-5D-Y-3L name will be used in documents. Moreover, EQ-5D versions, obtained by registering with the EuroQol Research Foundation, may still use the old name, "EQ-5D-Y". Both the -Y and -Y-3L versions can be used in the same project, as the content of the instrument has not changed, only its name. Publications about the instrument released before 2024 will most often refer to the EQ-5D-Y.

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How to obtain the EQ-5D-Y-3L: To register your interest in using the EQ-5D-Y-3L for your study/trial/project, please complete the registration form on the EuroQol website. No license fee will be charged for non-commercial use of any scale. For simple non-commercial studies, applicants are asked to agree to EuroQol's Terms of Use. For all other applications, the EuroQol Office will contact you by e-mail and inform you about the terms and conditions that apply to your use of the EQ-5D, including licensing fees (if applicable).

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1. Introduction

This guide provides users with basic information on how to use the three-response level youth version of EQ-5D, the EQ-5D-Y-3L. The guide should be used in conjunction with the EuroQol website, which contains regularly updated, detailed information about all EQ-5D versions, including EQ-5D-Y-3L. Where appropriate, weblinks to relevant resources on the EuroQol website are provided in this guide. For further information or assistance regarding the use of the EQ-5D-Y-3L, you can also contact the EuroQol Office directly.

1.1 EuroQol

EuroQol* consists of a Research Foundation and a Group Association. The EuroQol Research Foundation is a not-for-profit organisation that develops, makes available and supports the use of instruments with the widest possible applicability for the measurement and valuation of health. The Foundation is responsible for the development of the EQ-5D, a standardised preference-based measure of health-related quality of life (HRQoL) that is widely used around the world in clinical trials, population studies and real-world clinical settings. The EQ-5D is recommended by several health technology assessment bodies internationally as a key component of cost-utility analysis.[1]

The EuroQol Research Foundation is a registered not-for-profit organisation that invests all income into EQ-5D research, education and user support.

The EuroQol Research Foundation is the single organisation that manages the distribution and licensing of the EQ-5D family of instruments worldwide. The EuroQol Group invests its income into EQ-5D research, education and user support.

The EuroQol Group Association consists of a large global network of experts, from a wide range of academic disciplines and countries, who are committed to ongoing research on the EQ-5D family of instruments.

The scientific expertise behind EuroQol is the EuroQol Group Association, an international network of multidisciplinary researchers dedicated to the measurement of health status. When established in 1987, the EuroQol Group Association consisted of researchers from Europe. Today, it is a global network of more than 120 members from Africa, Asia, Europe, North America, Oceania and South America.

* *The organisational structure is provided on the EuroQol website.*

For more than 30 years EuroQol has funded or co-funded research and development into standardised non-disease-specific instruments to describe and value HRQoL. Research areas include: the investigation and application of different valuation methodologies to obtain health state values for use in cost-utility analysis, development of value sets for health states, EQ-5D use in clinical studies and in population surveys, experimentation with the EQ-5D descriptive system, computerised applications, interpretation of EQ-5D responses, the role of EQ-5D in measuring social inequalities in self-reported health, and the measurement and valuation of HRQoL in younger populations. The EuroQol Group Association has been holding annual scientific meetings since its inception in 1987.

Measurement of HRQoL in children and adolescents has been a focus of research by the EuroQol Research Foundation for at least two decades. Initial research assessed the performance of EQ-5D in adolescents and then in younger age groups.[2–8] This work led to the establishment of an international task force, which was formed to develop and validate a version of the EQ-5D for younger respondents, the EQ-5D-Y-3L (initially named the EQ-5D-Y; '3L' indicates the number of response levels to each question) (see Section 1.4).[9,10]

Research into the EQ-5D-Y-3L by the Foundation has continued apace over the past decade, facilitated by the Younger Populations Working Group and other EuroQol Working Groups.

Research has focused on further testing the EQ-5D-Y-3L's measurement properties in a range of populations and settings, developing and testing the performance of an expanded version of the EQ-5D-Y-3L (the EQ-5D-Y-5L), exploring the possibilities for measuring and valuing health in younger children, and developing the first EQ-5D-Y-3L valuation protocol.[11]

The EuroQol website provides detailed information and latest developments about all versions of EQ-5D including EQ-5D-Y-3L, guidance for users, a list of available language versions and value sets by country/region, key references, frequently asked questions regarding the use of EuroQol instruments, EQ-5D registration process and forms, information about the EuroQol Group organisation and contact details.

1.2 The EQ-5D® family of instruments

EQ-5D is a standardised measure of HRQoL developed by the EuroQol Group to provide a simple, generic questionnaire for use in clinical and economic appraisal.[12]

The EQ-5D® family of instruments has been developed to describe and value HRQoL across a wide range of disease areas, settings, and populations. They are also frequently used in research into health in the general population. There are currently four approved versions of the instrument: **EQ-5D-5L**, **EQ-5D-3L**, **EQ-5D-Y-3L** and **EQ-5D-Y-5L**.*

For over 30 years, EQ-5D instruments have been widely used in clinical trials, population studies and in real-world clinical settings. Given their use worldwide, they have been translated into numerous languages through a closely monitored translation process.**

* *Other instruments currently in development, with experimental status, include the EQ-TIPS (Toddler and Infant Populations), a new instrument to measure and value health in children aged 0 — 3 years, and the EQ-HWB (Health and Well-being instrument) which assesses a broader range of dimensions than standard EQ-5D instruments and is intended for use in evaluating interventions in healthcare, public health, and social care.*

** *Please note, users are not permitted to translate EuroQol instruments, such as EQ-5D, without permission. Using tools such as Google Translate or generative artificial intelligence (e.g., ChatGPT) to create a translation is a breach of copyright (see Section 7.1).*

Each EQ-5D instrument comprises a short **descriptive system** and a **visual analogue scale** (**EQ VAS**) that are cognitively undemanding, taking only a few minutes to complete. The descriptive system provides a simple profile of the respondent's health state on the day they complete the questionnaire. The EQ VAS provides the respondent's rating of their own overall current health status. When the descriptive system profile is linked to a **value set**, a single summary EQ-5D value* for health status is derived that can be used in economic evaluations of healthcare (see Section 4). A value set provides values (weights) for each health state description according to the preferences of the general population of a country/region. Value sets for the EQ-5D-5L and EQ-5D-3L versions are available in a large and growing number of countries. A number of value sets for the EQ-5D-Y-3L have recently been published, with more in development around the world (see Section 4).

Designed for self-completion by respondents and available in both paper and digital versions, the EQ-5D is ideally suited for use in online or postal surveys, in clinics and in interviews (face-to-face or telephone). Proxy versions are also available for populations in which self-completion is not possible (see Section 7.2). Instructions to respondents are included in the questionnaire.

Note: The instrument names (e.g. EQ-5D-5L, EQ-5D-Y-3L) are not abbreviations and are the correct terms to use in print or verbally.

1.3 EQ-5D adult versions

EQ-5D-3L

The EQ-5D three-level (3L) version was introduced in 1990. The EQ-5D-3L consists of two parts, the descriptive system questionnaire and the EQ VAS:

- The EQ-5D-3L descriptive system comprises the following five dimensions, each describing a different aspect of health: MOBILITY, SELF-CARE, USUAL ACTIVITIES, PAIN/DISCOMFORT and ANXIETY/DEPRESSION. Each dimension has three response levels of severity: no problems, some problems, extreme problems. The respondent is asked to indicate his/her health state by checking the box next to the most appropriate response level of each of the five dimensions.
- The EQ VAS records the respondent's self-rated health on a vertical VAS that ranges from 'The best health you can imagine' to 'The worst health you can imagine'. This information can be used as a quantitative measure of health outcome as judged by individual respondents.

The EQ-5D-3L is one of the most widely used instruments worldwide for measuring health status and the self-complete language version has been translated into over 180 languages. The EQ-5D-3L has been proven to be valid, reliable and responsive in numerous conditions and populations.[13]

EQ-5D-5L

The EQ-5D-5L was developed to further improve the EQ-5D-3L's sensitivity and to provide respondents with a wider range of options to describe their health.[14] This newer version of EQ-5D includes five response levels in each of the five EQ-5D dimensions: no problems, slight

* *An EQ-5D value is also sometimes referred to as an index, score, utility, preference weight, preference-based value, or QALY (quality-adjusted life year) weight.*

problems, moderate problems, severe problems, 'unable to'/extreme problems. In addition, the most severe label for the mobility dimension was changed from 'I am confined to bed' in the EQ-5D-3L to 'I am unable to walk about', enhancing its applicability and increasing the sensitivity of this dimension. The EQ-5D-5L is currently available in more than 180 different languages (for the self-complete versions) and in several modes of administration.

1.4 EQ-5D-Y-3L

Development history

In 2006, an international task force was established within the EuroQol Group to develop a child-friendly version of the EQ-5D. The rationale behind this development was an increasing demand for a version of EQ-5D that would allow younger respondents to directly self-report their HRQoL, without having to rely on reports from intermediaries (e.g. through adult proxies). By developing a version of EQ-5D that was suitable for younger respondents, but which would adhere as far as possible to the content and structure of the standard EQ-5D, it was also hoped that the resulting tool would allow for continuity in the evaluation of health status from paediatric age though to adult populations. The task force focused initially on developing a child-friendly source version in standardised international English from which translated versions could then be derived.[9] During the development of this version, it was agreed to use the terminology 'Youth version' to describe the new variant of EQ-5D, as 'youth' was considered to cover both children and adolescents. The instrument was therefore named 'EQ-5D-Y' (EQ-5D-Y-3L).

Development and initial testing of the EQ-5D-Y (EQ-5D-Y-3L) was overseen by the task force and consisted of six steps:

1. Review of the adult version's five domain definitions by the task force to determine their applicability to a younger age group.
2. Revision of questionnaire wording to optimise item comprehension for younger respondents.
3. Translation of the standardised source version.
4. Cognitive interviews in Germany, Italy, Spain and Sweden in samples of healthy and chronically ill young people aged 8–18 to assess item comprehension, acceptability and interpretation.
5. Integration of results and decision-making on harmonisation into a provisional new questionnaire.
6. Comparison of results between the new EQ-5D-Y and the standard adult EQ-5D.

Subsequent studies have demonstrated the instrument's feasibility, validity and reliability.[15]

A new 5-level version of the instrument has now been developed. As a consequence, the original 3-level version of the EQ-5D-Y was renamed the EQ-5D-Y-3L in 2023.

Instrument characteristics

The EQ-5D-Y-3L descriptive system comprises the same five dimensions as the EQ-5D-3L and EQ-5D-5L, but uses more appropriate, child-friendly wording.

The EQ-5D-Y-3L consists of two parts, the EQ-5D-Y-3L descriptive system and the EQ VAS.

The descriptive system comprises the same five dimensions as the EQ-5D-3L and EQ-5D-5L, but uses more appropriate, child-friendly wording. The most relevant differences with the adult EQ-5D-3L are:

- The 'Mobility' dimension header now includes 'walking about' to facilitate understanding.

- The title of the second dimension was changed from 'Self-Care' to 'Looking After Myself'.
- The 'Usual Activities' dimension is now more child relevant: the new title, 'Doing Usual Activities', is followed by '(for example, going to school, hobbies, sports, playing, doing things with family or friends)'.
- For the fifth dimension, 'Anxiety/Depression' was replaced with 'Feeling Worried, Sad or Unhappy'.
- The wording of the items representing the highest level of severity were changed in all dimensions, from 'confined to bed' to 'a lot of problems walking about', in the first dimension, and from 'being unable to' to 'having a lot of problems' (with washing or dressing myself, or doing usual activities) in the second and third dimensions. In the Pain/Discomfort dimension, the upper (worst) level was changed from 'I have extreme pain or discomfort' in the adult 3L version to 'I have a lot of pain or discomfort' in the Y version; in the final dimension, the upper level was changed from 'I am extremely anxious or depressed' to 'I am very worried, sad or unhappy'.
- The wording of the first response level in the Looking after Myself dimension was also changed from 'I have no problems with self-care' to 'I have no problems washing or dressing myself'.

Each dimension has three levels: no problems/no pain/not worried, some problems/some pain/a bit worried, a lot of problems/a lot of pain/very worried. Respondents are asked to indicate their own health state by checking the box next to the most appropriate response level for each of the five dimensions. Responses are coded as single-digit numbers expressing the severity level selected in each dimension. For instance, 'some problems' (e.g. 'I have some problems walking about') is always coded as '2'. The digits for the five dimensions can be combined in a 5-digit code that describes the respondent's health state; for instance, 21111 means some problems in the mobility dimension and no problems in any of the other dimensions (see Section 2 for further information on how to score the descriptive system).

SEVERITY LEVELS
for dimensions in the descriptive system

The numbers representing the five severity levels of a dimension are labels used in the numerical description of a health state (see Section 2.1). They have no arithmetic properties. For instance, based on just the numbers one cannot assume that a state 21111 is better than 13111. Therefore, these numbers should not be used to derive a summary score. To derive the summary EQ-5D-Y-3L value, an appropriate 'value set' is required (see Section 4).

The EQ VAS records the respondent's overall current health status on a vertical visual analogue scale between 0-100, where the endpoints are labelled 'The best health you can imagine' and 'The worst health you can imagine'. The EQ VAS provides a quantitative measure of the respondent's perception of their overall health.

A sample paper version of EQ-5D-Y-3L is shown in Figure 1 and a sample digital version is provided in Section 11, accompanied by guidelines on how to represent EQ-5D-Y-3L digitally.

Table 1 provides broad guidance on how to apply the EQ-5D-Y-3L for children and adolescents in different age ranges. For children aged 4–7

years, a proxy version can be used – i.e. a version of the questionnaire that is suitable for completion by a third party (e.g. a parent, caregiver or health professional), on the child's behalf. An interviewer-administered version is also available for younger children and preliminary studies have shown it to be reliable and valid in the 5–7 years age range.[16] In children aged 8–15 years, the EQ-5D-Y-3L is generally recommended. However, depending on the study design, for older adolescents it may be more appropriate to use one of the adult versions.

Table 1 / **Broad guidance on use of EQ-5D versions by age range**[a]

AGE RANGE	RECOMMENDATION
0–3 years	▪ **There are no versions of EQ-5D currently available for this age range**[b]
4–7 years	▪ **For children aged 4-7, researchers should consider using an interviewer-administered or proxy version of the EQ-5D-Y-3L (or EQ-5D-Y-5L)** See Section 7 and boxes below for more information on proxy versions.
8–11 years	▪ **Use EQ-5D-Y-3L (or EQ-5D-Y-5L)** The self-complete version is recommended in this age group. If a child or children in a study are expected to have difficulty responding to the self-complete version, researchers should consider using an interviewer-administered or proxy version.
12–15 years	▪ **Both the EQ-5D-Y-3L (or EQ-5D-Y-5L) and adult EQ-5D versions can be used** An overlapping area. Generally, EQ-5D-Y-3L (or EQ-5D-Y-5L) is recommended in this age group. However, depending on study design, it might be preferable to use one of the EQ-5D adult versions. For example, if a study includes a mix of adult respondents and respondents between the ages of 12 and 15 it may be preferable to use an adult version of EQ-5D (EQ-5D-3L or EQ-5D-5L) for all respondents, for the sake of consistency, ease of adminstration and analysis.
16 years and older	▪ **Adult version (EQ-5D-3L or EQ-5D-5L) may be preferred** Although it is generally recommended to use an adult version of EQ-5D in respondents aged 16 and over, in studies where all respondents are 18 or under it may be preferable to only use an EQ-5D-Y-3L (or EQ-5D-Y-5L) version for the sake of consistency and ease of administration and analysis.

[a] It is important to note that this table only provides general recommendations and that various factors need to be taken into account when deciding which version (self-complete, interviewer-administered, proxy) of EQ-5D-Y, or adult EQ-5D, to use, including children's literacy level, age range for inclusion, disease characteristics, etc.

[b] A new instrument, EQ-TIPs, is in development to measure and value health in children aged 0-3 years.

EQ-5D-Y-3L: USE OF PROXY VERSIONS

When responses cannot be obtained directly from an individual (e.g. if they are too young or too ill to complete a questionnaire themselves), a third party can be asked to complete the questionnaire on their behalf. With paediatric-age populations, these 'proxy respondents' are usually parents.

As pointed out in recent guidelines,[17] obtaining responses directly from children themselves (self-report) is the ideal approach to patient-reported outcomes (PRO) data collection, whenever feasible. However, the use of proxy respondents is fairly common in the field of PRO research in children, since it can be the only means of obtaining reliable PRO data, especially in young children (under the age of about 7–8 years) who would have difficulty completing a questionnaire themselves. The use of proxy measures can also be useful or essential in some older paediatric age groups, such as those with learning or behavioural disorders, or neurocognitive conditions.

Study teams with research aims that require a proxy version of the EQ-5D-Y-3L can choose from two options:

- In **proxy version 1**, the proxy (parent, other caregiver or informant) is asked to respond to the questionnaire by providing their own impression of the child or adolescent's health status on the day of administration.

- In **proxy version 2**, the proxy is asked to rate how they think the child or adolescent would rate his/her own health on the day if he/she was able to complete the questionnaire.

When self-report is not feasible, collecting proxy data is clearly better than collecting none at all. However, research in this area suggests that agreement between self-report and proxy responses using EQ-5D-Y-3L is variable and could be influenced by factors such as the type of patient population. One study carried out by EuroQol Group members[18] showed higher correlations between self- and proxy-report when proxy version 1 was used, but there is insufficient research to be conclusive. We recommend caution when comparing or aggregating data obtained using the two different approaches.[19-21]

EQ-5D-Y-3L: USE OF PROXY VERSIONS IN A MIXED-AGE POPULATION

In children under 12, it is preferable to use the EQ-5D-Y-3L self-complete or proxy version – rather than an adult version – as the wording is more suitable for that age group. However, if proxy versions are to be used in a mixed age population, e.g. in children under 12 and in adults, *and* if the priority is to be able to compare or aggregate results between children and adults, then users could consider using the proxy version of the standard (adult) EQ-5D-3L or EQ-5D-5L for both age groups. Using the same proxy version will facilitate the comparison / aggregation of results and the wording should not cause problems of comprehension, as those responding in both cases will be adults.

On the other hand, if some children in the under 12 group use the self-complete version of the EQ-5D-Y-3L while proxy responses are obtained for others in that group, *and* if the research priority is to be able to compare/aggregate self-complete and proxy responses for the under 12's, then it is preferable to use the EQ-5D-Y-3L version in both cases (self-complete and proxy).

The choice of which version to use in this situation will depend on each study's individual characteristics and objectives. General recommendations on which version to use are outlined in Table 1, but do contact the EuroQol office if your research team would like further advice based on your specific requirements.

FURTHER BACKGROUND INFORMATION ON THE EQ-5D-Y-3L

An article by Kreimeier et al.[22] brings together the experiences of members of the research team that developed and validated the EQ-5D-Y-3L instrument. The paper summarises the EQ-5D-Y-3L's characteristics, its development and current use, as well as discussing methodological and conceptual issues related to the valuation of child health and the development of an EQ-5D-Y-3L value set. A paper by Devlin et al.[23] discusses EQ-5D-Y-3L valuation research and challenges in more depth.

EQ-5D-Y VERSION WITH FIVE SEVERITY LEVELS (EQ-5D-Y-5L)

A **five-level version** of the EQ-5D-Y was launched in 2024 and has been shown to be reliable, valid and responsive in several patient populations and cultural settings.[15,24-26] A comparison of the psychometric performance of the EQ-5D-Y-3L and EQ-5D-Y-5L is available in Cheng et al.[27]

Figure 1 / UK (English) EQ-5D-Y-3L Paper Self-Complete

(sample version, v2.4)

Under each heading, please choose the ONE answer that best describes your health TODAY.

MOBILITY *(walking about)*

I have no problems walking about ❑

I have some problems walking about ❑

I have a lot of problems walking about ❑

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 ❑

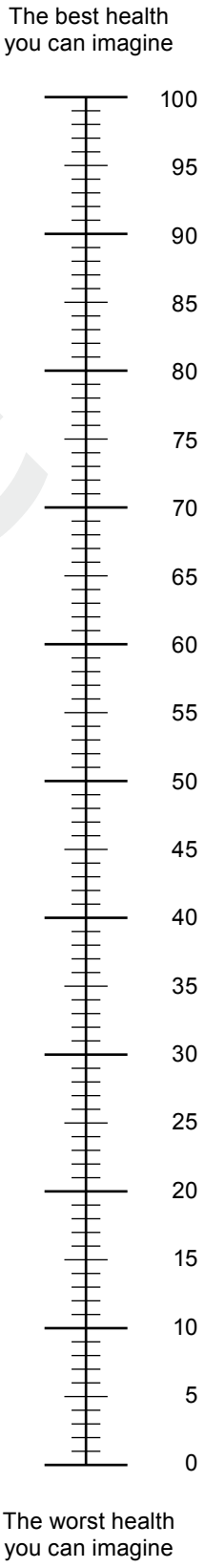
I am very worried, sad or unhappy ❑

Note: Making any EQ-5D (sample) version available on a publicly accessible webpage is not allowed. To reproduce or display any EQ-5D sample version, please submit a request for permission by using the EQ-5D **registration form**.

Sample

- We would like to know how good or bad your health is TODAY.
- This line is numbered from 0 to 100.
- 100 means the best health you can imagine.
  0 means the worst health you can imagine.
- Please mark an X on the line that shows how your health is TODAY.
- Now, write the number you marked on the line in the box below.

YOUR HEALTH TODAY = ☐



Sample

2. Scoring the EQ-5D-Y-3L descriptive system

This example shows how a health state is described using the EQ-5D-Y-3L descriptive system:

Under each heading, please choose the ONE answer that best describes your health TODAY.

MOBILITY *(walking about)*

I have no problems walking about	☑
I have some problems walking about	☐
I have a lot of problems walking about	☐

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	☑

Levels of perceived problems are coded as follows:

☑ ☐ ☐ Level 1 is coded as a '1'

☐ ☑ ☐ Level 2 is coded as a '2'

☐ ☐ ☑ Level 3 is coded as a '3'

This example identifies the health state '12333'.

Notes:

- There should be only ONE response for each dimension.
- Missing values are preferably coded as '9'.
- Ambiguous values (e.g. two boxes ticked for a single dimension) should be treated as missing values.
- This example is for the EQ-5D-Y-3L Paper Self-Complete. Instructions for the proxy versions are provided with those instruments.

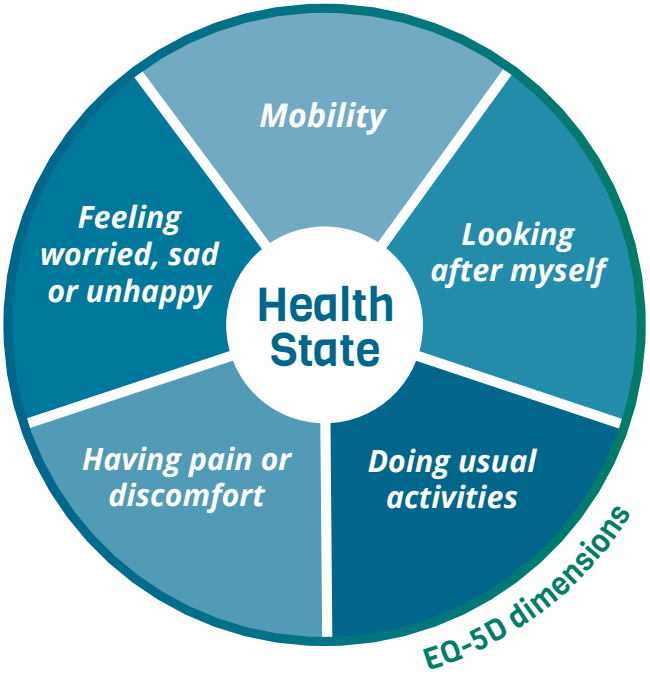
2.1 What is a health state?

Each of the five dimensions comprising the EQ-5D descriptive system is divided into three levels of perceived problems:

LEVEL 1: indicating no problem
LEVEL 2: indicating some problems
LEVEL 3: indicating a lot of problems

A unique health state is defined by combining one level from each of the five dimensions.

A total of 243 possible health states is defined in this way. For example, working clockwise from the top of the diagram, state 11223 indicates no problems with mobility or looking after myself, some problems doing usual activities, having some pain or discomfort and feeling very worried, sad or unhappy. State 11111 indicates no problems on any of the five dimensions.

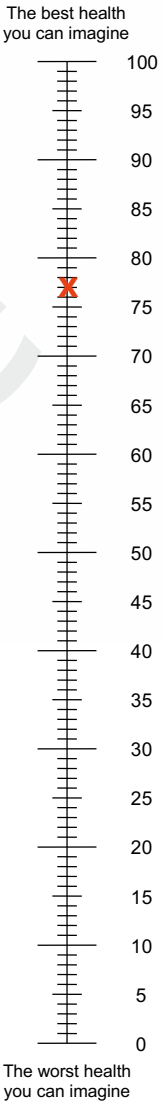


3. Scoring the EQ VAS

This example from the EQ-5D-Y-3L Paper Self-Complete version shows how the EQ VAS is scored.

- We would like to know how good or bad your health is TODAY.
- This line is numbered from 0 to 100.
- 100 means the best health you can imagine.
  0 means the worst health you can imagine.
- Please mark an X on the line that shows how your health is TODAY.
- Now, write the number you marked on the line in the box below.

YOUR HEALTH TODAY = 77



Sample

Notes:

- **Missing values** should be coded as '999'.

4. Assigning EQ-5D values (utilities, preference weights) to EQ-5D-Y-3L health states

EQ-5D health states can be described using the 5-digit code (see Section 2.1) or represented by a single summary number (EQ-5D value),* which reflects how good or bad a health state is according to the preferences of the general population of a country/region. EQ-5D values are a major feature of the EQ-5D instrument, facilitating the calculation of quality-adjusted life years (QALYs) that are used to inform economic evaluations of healthcare interventions. The preferences of the general population of a country/region for different health states represent the societal perspective which, in general, is considered the preferred perspective in health economic analysis.[27–29]

EQ-5D values for EQ-5D health states are derived by applying a formula that attaches values (weights) to each of the levels in each dimension. The EQ-5D value is calculated by deducting the appropriate weights from 1, the value for full health (i.e. state 11111). The collection of EQ-5D values (weights) for all possible EQ-5D health states is called a value set. EQ-5D value sets are obtained using a standardised valuation exercise, in which a representative sample of the general population in a country/region is asked to place a value on EQ-5D health states. Until recently, no value sets were available for EQ-5D-Y-3L because research showed that the approach used to value EQ-5D-3L health states for use in adult populations was not appropriate when valuing EQ-5D-Y-3L health states for use in economic evaluations of healthcare interventions for paediatric-age populations.[11,30] Evidence showed that health states are valued differently when used to describe an adult or a child, that valuation techniques suitable for valuing 'adult' health states may be unsuitable for valuing 'youth' health states, and that health state values are affected by the wording used in the instrument (EQ-5D-Y-3L vs EQ-5D-3L). Consequently, EQ-5D-3L value sets should not be used to assign values to EQ-5D-Y-3L health states.

* *An EQ-5D value is also sometimes referred to as an index, score, utility, preference weight, preference-based value, or QALY weight.*

*EQ-5D-3L value sets should **not** be used to assign values to EQ-5D-**Y**-3L health states.*

Following an international methodological research programme led by the EuroQol Group, an evidence-based protocol was developed to value EQ-5D-Y-3L health states and create standard value sets for the instrument.[11] The protocol for valuing EQ-5D-Y-3L health states uses online discrete choice experiments (DCE) to define the relative importance of dimensions/levels and face-to-face composite time-trade-off (cTTO)* to anchor the DCE values at 1 (full health) and 0 (dead). The EQ-5D-Y-3L valuation protocol is now available for use by research teams to generate EQ-5D-Y-3L value sets for countries around the world.

Using value sets produced with the EuroQol Group's standardised valuation technology, known as EQ-VT, ensures that results are derived using a tried and tested methodology, which provides robust results and facilitates international comparisons. A number of EQ-5D-Y-3L value sets have already been published, with more in development around the world. An updated list of available value sets, including publication references and links to value set syntax files (e.g. STATA, SAS, SPSS), can be found on the EuroQol website.

Note: It is advisable to contact the relevant national or regional authorities regarding any requirements for national value sets.

* *cTTO is a TTO variant that adopts conventional TTO for the valuation of better than dead states and lead time TTO for the valuation of worse than dead states. See the FAQ section of the EuroQol website for more information about TTO.*

5. Organising EQ-5D-Y-3L data

Data collected using EQ-5D-Y-3L is entered in a database, as illustrated in the example below:

Table 2 / **Illustration of how to organise EQ-5D-Y-3L data in a database**

VARIABLE NAME	ID	COUNTRY	YEAR	MOBILITY	LOOKING AFTER MYSELF	DOING USUAL ACTIVITIES	HAVING PAIN OR DISCOMFORT	FEELING WORRIED, SAD OR UNHAPPY
Variable description	Patient ID number			1 = No problems, 2 = Some problems, 3 = A lot of problems, 9 = Missing value	1 = No problems, 2 = Some problems, 3 = A lot of problems, 9 = Missing value	1 = No problems, 2 = Some problems, 3 = A lot of problems, 9 = Missing value	1 = No pain / discomfort; 2 = Some pain / discomfort; 3 = A lot of pain / discomfort; 9 = Missing value	1 = Not worried / sad / unhappy; 2 = A bit worried / sad / unhappy; 3 = Very worried / sad / unhappy
Data row 1	1001	Spain	2020	2	1	2	2	1
Data row 2	1002	UK	2020	2	1	1	1	1

VARIABLE NAME	HEALTH STATE	EQ VAS	EQ-5D VALUE	SEX	AGE	MODE OF ADMINISTRATION
Variable description	5-digit code for EQ-5D-Y-3L	999 = Missing value		1 = Male 2 = Female 9 = Missing value	999 = Missing value	1 = Paper self-complete; 2 = Digital self-complete; 3 = Interviewer administered (face to face)
Data row 1	21221	80	0.624	1	10	2
Data row 2	21111	90	0.896	2	12	2

- The variable names are just examples. However, the variables for the five dimensions of the EQ-5D-Y-3L descriptive system should always be labelled 'Mobility', 'Looking After Myself', 'Doing Usual Activities', 'Having Pain or Discomfort' and 'Feeling Worried, Sad or Unhappy'.
- A respondent's rating on EQ VAS is to the nearest whole number.

6. Presenting EQ-5D-Y-3L results

Data collected using EQ-5D-Y-3L can be presented in various ways. A basic subdivision can be made according to the structure of the EQ-5D-Y-3L:

1. **Presenting results from the EQ-5D-Y-3L descriptive system.**
2. **Presenting results of the EQ VAS as a measure of overall self-rated health status.**
3. **Presenting results for EQ-5D-Y-3L values.**

The way results can be presented is determined both by the data and by what message you, as a researcher, wish to convey. The following subsection illustrates some of the basic ways of presenting EQ-5D data. A comprehensive methodological guide to analysing and reporting EQ-5D data by Devlin and colleagues is also available.[32]

6.1 Descriptive system

Reporting descriptive statistics on patient-reported outcomes (PRO) data can be very insightful. In patient samples, it can identify which dimensions of health are most affected by a given condition or treatment; in population health surveys, it can provide an overview of the frequency of problems across dimensions and, in repeated surveys, show their evolution over time.

When reporting data, it is important to begin by describing the number and percentage of respondents reporting each level of problem on each dimension of the EQ-5D-Y-3L. In Table 3, results from a cross-sectional study of children aged 8–15 years with juvenile idiopathic arthritis are displayed showing frequencies and proportions by EQ-5D-Y-3L dimension and severity level.[33] Sometimes it is more convenient to split the EQ-5D-Y-3L levels into 'no problems' (level 1) and 'any problems' (levels 2 and 3), thereby changing the profile into frequencies of reported problems. In this study, problems were most often reported in the EQ-5D-Y-3L Having Pain or Discomfort dimension (54.7%). A slightly higher rate of problems were reported in Mobility (40.6%) compared to Doing Usual Activities (37.5%) and Feeling Worried, Sad or Unhappy (34.4%); Looking After Myself (15.6%) had the lowest rate of problems.

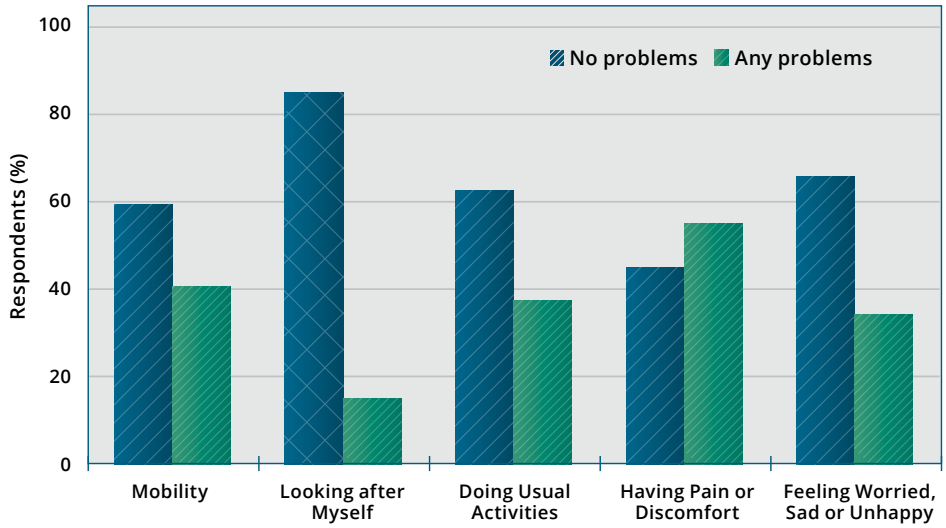
Results can also be broken down for other relevant subgroups in a study – for example, by treatment arm, age group or sex – and/or by study visit, e.g. before/after treatment.

Table 3 / **EQ-5D-Y-3L data, showing frequencies and proportions by dimension and severity level, derived from a study of children aged 8–15 years with juvenile idiopathic arthritis**[33]

EQ-5D-Y-3L DIMENSION		RESPONSES N (%)
Mobility	No problems	38 (59.4)
	Some problems	23 (35.9)
	A lot of problems	3 (4.7)
Looking After Myself	No problems	54 (84.4)
	Some problems	9 (14.1)
	A lot of problems	1 (1.6)
Doing Usual Activities	No problems	40 (62.5)
	Some problems	18 (28.1)
	A lot of problems	6 (9.4)
Having Pain or Discomfort	No problems	29 (45.3)
	Some problems	30 (46.9)
	A lot of problems	5 (7.8)
Feeling Worried, Sad or Unhappy	Not worried, sad or unhappy	42 (65.6)
	A bit worried, sad or unhappy	18 (28.1)
	Very worried, sad or unhappy	4 (6.3)

In addition to presenting the results in tabulated form, you can use graphical presentations. Bar charts can be used to summarise the results in one graph; for example, Figure 2 shows the proportion of reported problems (levels 2 and 3 combined) for each of the five EQ-5D-Y-3L dimensions.

Figure 2 / **Proportion of respondents reporting no problems or any problems (levels 2 and 3 combined) by EQ-5D-Y-3L dimension, derived from a study of children aged 8–15 years with juvenile idiopathic arthritis**[33]



6.2 EQ VAS

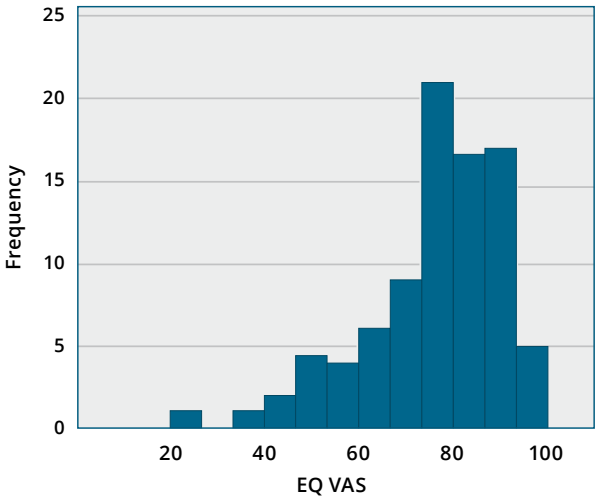
As described earlier, the EQ VAS is a 0–100 scale where respondents are asked to indicate their overall health on the day they complete the questionnaire. EQ VAS scores are conceptually different to EQ-5D-Y-3L values, or Index scores, which are described in the next section. EQ VAS scores represent the individual respondent's perception of their current overall health, while EQ values represent the value (or utility) which a society attaches to a given EQ-5D-Y-3L health state. Whether to use one or the other, or both, when presenting study results depends on the aim of the study. EQ VAS data may be more relevant in clinic settings, or population studies and surveys, when self-reported descriptive data are required, whereas EQ-5D-Y-3L values may be more relevant in economic assessments of health care, when perceived benefits at a societal level are relevant.

EQ VAS data should be presented using a measure of central tendency and a measure of dispersion. This could be the mean value and the standard deviation (SD) or, if the data are skewed, the median values and the interquartile range (IQR). For example, in a large cross-setional survey[34] among students in Sweden (aged 13–18 years; n=6574), girls reported a lower mean VAS score than boys, with a mean VAS (SD) of 71.8 (18.3) versus 78.9 (16.9), respectively.

Respondents with one or both parents unemployed reported a lower mean VAS score compared with respondents where both parents were working; mean (SD) scores were 72.3 (18.8) versus 76.1 (17.3), respectively. In the study of children (aged 8–15) with juvenile idiopathic arthritis, the mean EQ-5D-Y-3L VAS score was 77.8 (23.2).[33]

EQ VAS data can also be presented graphically, such as in frequency charts (Figure 3).

Figure 3 / EQ VAS frequency distribution (hypothetical data)



6.3 EQ-5D-Y-3L values

Value sets for the EQ-5D-Y-3L are now available, based on the EuroQol Group's standard valuation protocol for the instrument. These value sets are used to assign a value (also known as an index, score, utility, preference weight, or QALY weight) to each health state generated by the EQ-5D-Y-3L descriptive system. EQ-5D-Y-3L values can be presented in much the same way as the EQ VAS data. Sample mean and standard deviation (or standard error) can be estimated, or medians and interquartile ranges if data is skewed. Note, when reporting EQ-5D-Y-3L values, a maximum of three decimal places is usually sufficient.

Table 4 gives a hypothetical example of how to present EQ-5D-Y-3L value results for an intervention study. Intervention B improves health status by 0.05 points compared to a reduction in health status of –0.02 points for Intervention A, giving a new overall gain in health status of 0.07 points for Intervention B versus Intervention A ($p<0.05$) at Week 12.

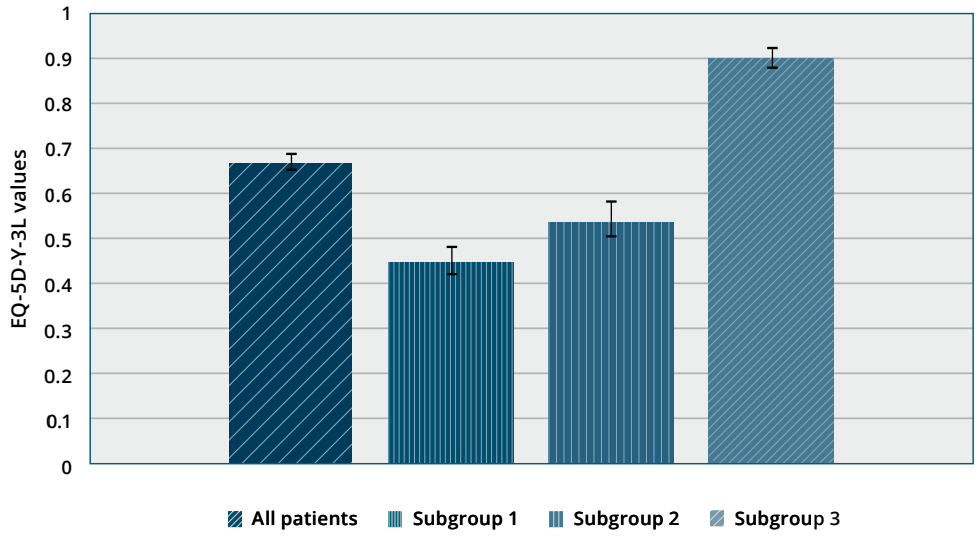
Table 4 / **Impact of treatment on EQ-5D-Y-3L values (hypothetical data)**

VISIT	INTERVENTION A		INTERVENTION B		P-VALUE[a]
	N	Mean (SD)	N	Mean (SD)	
Baseline	229	0.59 (0.30)	227	0.60 (0.28)	0.6345
Week 12	194	0.57 (0.32)	186	0.65 (0.29)	0.0149

[a] Using *t*-test.

Data can also be presented graphically; a hypothetical example is presented in Figure 4 where the group with the highest mean health status, using EQ-5D-Y-3L values, is subgroup 3. Subgroup 1 reported the worst health. The differences between all subgroups were statistically significant ($p<0.05$).

Figure 4 / **Mean EQ-5D-Y-3L values and 95% confidence intervals for the total patient population and three subgroups (hypothetical data)**



ANALYSIS OF EQ-5D VALUES FOR ECONOMIC EVALUATION

When analysing data to inform an economic evaluation, the approach will generally need to be different from an analysis that has been undertaken for regulatory purposes – i.e. which reports a comparison between treatment arms. Typically, EQ-5D data will be analysed to estimate the difference between health states (defined in an economic model) or the effect of specific events (e.g. a fall with injury or relapse). Such an analysis should also control for the effect of treatment arm, but the treatment arm may not be the primary focus of the analysis. For further insight on this topic, please refer to the ISPOR Good Research Practices Task Force report on 'Estimating Health-State Utility for Economic Models in Clinical Studies' (2016).[35]

EXAMPLE TEXT FOR DESCRIBING THE EQ-5D-Y-3L AND REPORTING AND ANALYSING EQ-5D-Y-3L DATA FOR STUDY PROTOCOLS/PROPOSALS

Study protocols and project proposals often need to include a description of EQ-5D and how the results will be reported and analysed. Below is an example of the kind of information that could be provided on EQ-5D-Y-3L for an intervention study.

About the EQ-5D-Y-3L

- The EQ-5D-Y-3L is a child-friendly version of the widely used EQ-5D generic measure of HRQoL. It consists of two parts. The first part (the descriptive system) assesses health in five dimensions (Mobility; Looking After Myself; Doing Usual Activities; Having Pain or Discomfort; Feeling Worried, Sad or Unhappy), each of which has three levels of response (no problems / no pain / not worried, some problems/some pain/a bit worried, a lot of problems / a lot of pain / very worried). This part of the EQ-5D-Y-3L questionnaire provides a description of the respondent's health that can be used to generate a health state profile. For example, a patient in health state 11223 would have no problems with mobility or looking after him/herself, some problems doing usual activities, some pain or discomfort, and would feel very worried, sad or unhappy. Each health state can potentially be assigned a summary EQ-5D-Y-3L value based on societal preference weights for the health state. These weights, sometimes referred to as 'utilities', are often used to compute QALYs for use in health economic analyses. Health state EQ-5D values generally range from <0 (where 0 is the value of a health state equivalent to dead; negative values representing values as worse than dead) to 1 (the value of full health), with higher values indicating higher health utility. The health state preferences often represent national or regional values and can therefore differ between countries / regions.
  The second part of the questionnaire consists of a visual analogue scale (VAS) on which the respondent rates his/her perceived health from 0 (the worst imaginable health) to 100 (the best imaginable health). The EQ-5D-Y-3L

questionnaire is cognitively undemanding, taking only a few minutes to complete. Instructions to respondents are included in the questionnaire.

- Guidance is provided by EuroQol on how the EQ-5D-Y-3L should be applied in different age ranges. Between the ages of 4 and 7 years, a proxy-completed or interviewer-administered version can be used. In children aged 8–15 years, the self-complete version of EQ-5D-Y-3L is generally recommended. Depending on the study design, in older adolescents the use of an adult version may be appropriate. See Table 1 for typical recommendations.

Reporting and analysis of results

- A health profile will be generated for each patient by visit and by study arm. Summary statistics will be derived, including numbers and proportions of patients reporting each level of severity in each EQ-5D-Y-3L dimension in each visit.
- If relevant (i.e. if results are to be used in an economic evaluation of the intevention[s] under investigation), an EQ-5D-Y-3L health state value will be calculated from individual health profiles using [insert country/region specific value set and reference here – where a value set is not available for your country/region, it may be possible to use a value set for a country/region that most closely approximates yours[a]]. Mean, SD, minimum, median, and maximum EQ-5D values will be provided for the study population and relevant subgroups by visit and by treatment.
- The EQ VAS score (between 0 and 100) will be summarised using mean, SD, minimum, median and maximum scores by visit and by treatment.
- Mean, SD, minimum, median and maximum changes in EQ-5D-Y-3L values and on the EQ VAS will be provided from baseline to [enter questionnaire assessment time points here, e.g. Week 12, Week 24] and [final study assessment, e.g. Week 52].
- The type of model used, and the covariates and fixed effects, vary depending on the study. As an example, an ANCOVA model could be conducted for the changes from baseline to [assessment time points], with country and treatment as fixed effects and baseline as a covariate. In this example, significance of change within each treatment group and significance of the difference between the treatment groups would be reported.

[a] *See FAQs section on choosing a value set, for more information.*

7. EQ-5D-Y-3L translations and modes of administration

7.1 EQ-5D-Y-3L translations

The EQ-5D-Y-3L (Paper Self-Complete version) is available in more than 100 language versions for use in over 60 countries. All translations/adaptations of EQ-5D, including EQ-5D-Y-3L, are produced using a standardised translation protocol that conforms to internationally recognised guidelines. The translation process itself is based on forward and back translation, and in-depth cognitive debriefing.[36] New translations can be produced on request by submitting a new request to use/registration form on the EuroQol website. The EuroQol office manages the production of new translations and in general, translation costs are covered by the user requesting a translation.

For more information on the EQ-5D translation process, consult the EuroQol website or contact the EuroQol office. See the next section regarding the availability of EQ-5D-Y-3L translations for different modes of administration.

Note: Renaming of EQ-5D-Y to EQ-5D-Y-3L
EQ-5D-Y was renamed EQ-5D-Y-3L in 2023. It should be noted that, apart from the name, the content of the instrument is identical. The renaming process across all our documents will take time and during this period users should expect to see the old name on some versions of the instrument received from EuroQol.

Note: You can also check using the **EQ-5D registration** process on the EuroQol website to see whether the language version you need is available. If it is not available, you will be provided with a quote and timelines for producing the translation.

Developing unofficial translations of EuroQol instruments
Users are not permitted to translate EuroQol instruments, such as EQ-5D, without permission. Using tools such as Google Translate or generative artificial intelligence (e.g., ChatGPT) to create a translation is a breach of copyright. It may also jeopardise the quality and compromise publication of any resulting research. If you need a language version that is not currently available (see website for available versions), you can request a new translation by submitting a new registration on the EuroQol website.

7.2 Modes of administration

The EQ-5D-Y-3L is available in several modes of administration including:

- Self-complete versions (*paper and digital*)
- Proxy versions (*paper, digital and digital survey platforms*)
- Interviewer-administered versions (*paper and digital, including proxy interviewer-administered versions*)

Please check the EuroQol website for the latest list of modes of administration available for different language versions.

Note: Digital versions of EQ-5D
The digital format of EQ-5D-Y-3L can be used on any digital device. A library of EQ-5D representations are available, consisting of EuroQol Office-approved EQ-5D screenshots of the digital EQ-5D versions. These enable customers and vendors to check that their digital implementation of EQ-5D conforms to EuroQol's Digital Representation Design Guidelines. This means customers are solely responsible for checking the correctness of all digital EQ-5D implementations. However, as a service, the Office team will continue to do screenshot reviews on request.

8. Other EQ-5D products

8.1 EQ-5D-3L

The EQ-5D-3L has a descriptive system that comprises the same five health dimensions as in the EQ-5D-Y-3L and also has three severity levels: no problems, some problems, extreme problems. The EQ-5D-3L is the original EQ-5D instrument and was introduced in 1990. The EQ-5D-3L has been proven to be valid, reliable and responsive in numerous conditions and populations.[26] The EQ-5D-3L is still one of the most widely used instruments for measuring health status; it is currently available in more than 180 different language versions (for the self-complete versions), across several modes of administration (Table 5). Please check the EuroQol website for the latest list of available language versions and modes of administration.

8.2 EQ-5D-5L

The EQ-5D-5L has a descriptive system that comprises the same five health dimensions the EQ-5D-3L, but each dimension has five levels: no problems, slight problems, moderate problems, severe problems and extreme problems. The EQ-5D-5L is currently available in more than 150 different language versions (for the self-complete versions), across several modes of administration (Table 5).

8.3 EQ-5D-Y-5L

The EQ-5D-Y-5L has been developed to provide child and adolescent respondents with a wider range of options to describe their health. This newer youth version of EQ-5D includes five response levels in each of the five EQ-5D-Y dimensions of the descriptive system. A number of EQ-5D-Y-5L language versions are available in several modes of administration (Table 5), with more in development. Please check the EuroQol website for the latest list of available versions.

At present, value sets for the EQ-5D-Y-5L are not available. The EuroQol Group is currently working on a protocol for the valuation of EQ-5D-Y-5L health states as well as a crosswalk function to link EQ-5D-Y-5L health states and existing EQ-5D-Y-3L value sets. Users are recommended not to use adult EQ-5D-5L value sets to generate values for EQ-5D-Y-5L health states, as societal preferences for adult (5L) health states may differ considerably from societal preferences for child/adolescent (Y) health states.

Table 5 / **Available EQ-5D modes of administration**

MODES OF ADMINISTRATION	EQ-5D-3L	EQ-5D-5L	EQ-5D-Y-3L	EQ-5D-Y-5L
SELF-COMPLETE VERSIONS				
• Paper Self-Complete	✔	✔	✔	✔
• Digital Self-Complete	✔	✔	✔	✔
• Digital survey platforms[a]	✔	✔	✔	
• British Sign Language version (for use in REDCap)		✔		
PROXY VERSIONS				
• Paper Proxy 1	✔	✔	✔	✔
• Digital Proxy 1	✔	✔	✔	✔
• Digital survey platforms[a], Proxy 1		✔	✔	
INTERVIEWER-ADMINISTERED VERSIONS				
• Paper Interviewer Administration	✔	✔	✔	✔
• Digital Interviewer Administration	✔	✔	✔	✔
• Paper Proxy 1 Interviewer Administration	✔	✔	✔	✔
• Digital Proxy1 Interviewer Administration	✔	✔	✔	✔
• Digital survey platforms[a], Interviewer Administration & Proxy Interviewer Administration	✔	✔	✔	

[a] Digital survey platforms include REDCap, Qualtrics and LimeSurvey. More information is available on the EuroQol website.

Note: Digital Supported Platforms

The ready-to-use modules for the digital supported platforms are for non-commercial use only. If a commercial user would like to use one of these platforms, they will receive the regular Digital version and should arrange their own permissions to use the platform and create their own reproduction on the platform.

Information about available versions of these digital supported platforms can be found on the EuroQol website.

9. How to obtain the EQ-5D-Y-3L

- The EuroQol Research Foundation is a registered charity in the Netherlands and serves as the single point of distribution for the EQ family of instruments.
- If you would like to use EQ-5D-Y-3L in your study/trial/project, you must first complete the registration form on the EuroQol website. Registering does not commit you to purchasing a license.
- After your request to use EQ-5D-Y-3L has been approved, it can be used free of charge for academic, educational, public health, and other non-commercial purposes.
- Commercial users are charged a license fee, which is calculated by the EuroQol office based on the user information provided in the registration form. Fees charged are used to fund the activities of the EuroQol Research Foundation in line with its vision and mission.
- The EQ-5D licensing policy and standard timelines for licensing and receiving the instrument are available on the EuroQol website.
- More information on how to obtain the EQ-5D is available on the EuroQol website.

10. Additional resources on the EuroQol website

Throughout this User Guide, weblinks to relevant resources on the EuroQol website have been provided. Here is a selection of additional web resources that the reader may find useful:

- Answers to frequently asked questions
- EQ-5D terms explained
- Key EQ-5D-Y-3L references
- EQ-5D books
- EQ-5D working papers
- Explanation of EQ-5D version numbering and quality control
- Further information and support

11. Digital versions of EQ-5D-Y-3L

11.1 Digital representation guidelines

The EQ-5D-Y-3L can be used on any digital device. A library of EQ-5D-Y-3L representations is available from the customer portal, consisting of example approved screenshots of digital EQ-5D-Y-3L versions for every requested language. These enable customers and vendors to check that their digital implementation of EQ-5D-Y-3L conforms to EuroQol's Digital Representation Design Guidelines. In summary, the Design Guidelines require that:

- The digital reproduction of EQ-5D-Y-3L digital format should be responsive and should not require scrolling at any point during the completion of the EQ-5D-Y-3L.
- Every dimension of the EQ-5D-Y-3L should be displayed on a separate screen with the instruction above the dimension and the levels listed below each other.
- The copyright line should be displayed on every screen.
- The VAS should be vertical with the VAS instructions next to the scale.

Please note, the user is responsible for implementing the EQ-5D-Y-3L digital format on the platform of choice based on the Digital Representation Design Guidelines and the EuroQol Office Representations. Any deviation from these Design Guidelines and the Representations is at user's own risk.

Additional resources are available on the EuroQol website:

- **Digital data collection requirements**
- **Digital Representation Design Guidelines**
- **EQ-5D sample demos**

11.2 Sample EQ-5D-Y-3L digital self-complete (UK, English, v1.2)

Please choose the ONE answer that best describes your health TODAY.

MOBILITY *(walking about)*

I have no problems walking about ☐

I have some problems walking about ☐

I have a lot of problems walking about ☐

Sample

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Previous Next

Please choose the ONE answer that best describes your health TODAY.

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 ☐

Sample

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Previous Next

Please choose the ONE answer that best describes your health TODAY.

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 ☐

Sample

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Previous Next

Please choose the ONE answer that best describes your health TODAY.

HAVING PAIN OR DISCOMFORT

I have no pain or discomfort ☐

I have some pain or discomfort ☐

I have a lot of pain or discomfort ☐

Sample

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Please choose the ONE answer that best describes your health TODAY.

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 ☐

Sample

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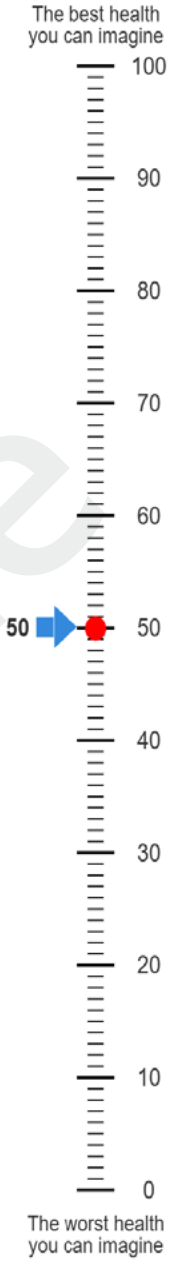
- We would like to know how good or bad your health is TODAY.
- You will see a line numbered from 0 to 100.
- 100 means the best health you can imagine.
  0 means the worst health you can imagine.
- Please indicate on the line how your health is TODAY.



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12. References

1. Kennedy-Martin M, Slaap B, Herdman M, van Reenen M, Kennedy-Martin T, Greiner W, Busschbach J, Boye KS. Which multi-attribute utility instruments are recommended for use in cost-utility analysis? A review of national health technology assessment (HTA) guidelines [published online ahead of print, 2020 Jun 8]. Eur J Health Econ. 2020;10.1007/s10198-020-01195-8.
2. Hennessy S, Kind P. Measuring health status in children: developing and testing a child-friendly version of EQ-5D. 19th Plenary Meeting of the EuroQol Group, York, UK, 2002.
3. Stolk EA, Busschbach JJ, Vogels T. Performance of the EuroQol in children with imperforate anus. Qual Life Res 2000;9:29–38.
4. Badia X, Gracia-Hernandez G, Cobos N, López-David C, Nocea G, Roset M; Grupo VALAIR. Validity of the Spanish version of the Pediatric Quality of Life Questionnaire for evaluating quality of life in asthmatic children. Clin Med 2001;116:565–572.
5. Burström K, Egmar AC, Eriksson M, Lugnér A, Svartengren M. Development of a Swedish child-friendly version of the EQ-5D. 20th Plenary Meeting of the EuroQol Group, Bled, Slovenia, 2003.
6. Burström K, Egmar A-C, Eriksson M, Svartengren M. EQ-5D in a Swedish representative population survey of children aged 8 and 12 years: a child-friendly version used in a clinical examination. 22nd Plenary Meeting of the EuroQol Group, Oslo, Norway, 2005.
7. Jelsma J, Knight F, Meyer L, McNaughton S, Smith C, Venning K, Wicks L. The validity of the UK 'child friendly' version of the EQ-5D in South African children aged 9 to 12 years. 22nd Plenary Meeting of the EuroQoL Group, Oslo, Norway, 2005.
8. Jelsma J, Coppez P, Jehosofat T, Lenders C, Millet Clay S, Voights A. The concurrent validity of the child friendly version of the EQ-5D when used with high school English speaking children in South Africa. 23rd Plenary Meeting of the EuroQoL Group, Barcelona, Spain, 2006.
9. Wille N, Badia X, Bonsel G, Burström K, Cavrini G, Devlin N, Egmar AC, Greiner W, Gusi N, Herdman M, Jelsma J, Kind P, Scalone L, Ravens-Sieberer U. Development of the EQ-5D-Y: a child-friendly version of the EQ-5D. Qual Life Res 2010;19:875–886.
10. Ravens-Sieberer U, Wille N, Badia X, Bonsel G, Burström K, Cavrini G, Devlin N, Egmar AC, Gusi N, Herdman M, Jelsma J, Kind P, Olivares PR, Scalone L, Greiner W. Feasibility, reliability, and validity of the EQ-5D-Y: results from a multinational study. Qual Life Res 2010;19:887–897.
11. Ramos-Goñi JM, Oppe M, Stolk E, Shah K, Kreimeier S, Rivero-Arias O, Devlin N. International valuation protocol for the EQ-5D-Y-3L. Pharmacoeconomics 2020;38:653–663.
12. EuroQol Group. EuroQol – a new facility for the measurement of health-related quality of life. Health Policy 1990;16:199–208.

13. Finch AP, Brazier JE, Mukuria C. What is the evidence for the performance of generic preference-based measures? A systematic overview of reviews. Eur J Health Econ 2018;19:557.
14. Devlin NJ, Brooks R. EQ-5D and the EuroQol Group: past, present and future. Appl Health Econ Health Policy 2017;15:127–137.
15. Golicki D, Młyńczak K. Measurement Properties of the EQ-5D-Y: A Systematic Review. Value Health. 2022;25:1910-1921.
16. Amien R, Scott D, Verstraete J. The validity and reliability of the interviewer-administered EQ-5D-Y-3L version in young children. Health Qual Life Outcomes. 2023; 21(1):19.
17. Matza LS, Patrick DL, Riley AW, Alexander JJ, Rajmil L, Pleil AM, Bullinger M. Pediatric patient-reported outcome instruments for research to support medical product labeling: report of the ISPOR PRO good research practices for the assessment of children and adolescents task force. Value Health 2013;16:461–479.
18. Scott D, Jelsma J. A comparison of the validity of the two EQ-5D-Y proxy versions in acutely and chronically ill children in South Africa. A cross sectional analytical descriptive study – preliminary results. Poster presented 33rd EuroQol Group Scientific Plenary meeting, Berlin, 2016.
19. Perez Sousa MÁ, Olivares Sánchez-Toledo PR, Gusi Fuerte N. Parent-child discrepancy in the assessment of health- related quality of life using the EQ-5D-Y questionnaire. Arch Argent Pediatr. 2017;115:541–546.
20. Bray N, Noyes J, Harris N, Edwards RT. Measuring the health-related quality of life of children with impaired mobility: examining correlation and agreement between children and parent proxies. BMC Res Notes 2017;10:377.
21. Shiroiwa T, Fukuda T, Shimozuma K. Psychometric properties of the Japanese version of the EQ-5D-Y by self-report and proxy-report: reliability and construct validity. Qual Life Res 2019;28:3093–3105.
22. Kreimeier S, Greiner W. EQ-5D-Y as a health related quality of life instrument for children and adolescents: the instrument's characteristics, development, current use, and challenges of developing its value set. Value Health 2019;22:31–37.
23. Devlin N, Pan T, Kreimeier S, Verstraete J, Stolk E, Rand K, Herdman M. Valuing EQ-5D-Y: the current state of play. Health Qual Life Outcomes. 2022;20:105.
24. Kreimeier S, Greiner W. Development of the German version of EQ-5D-Y-5L to measure health-related quality of life in children and adolescents: identification of response labels and pilot testing. Z Evid Fortbild Qual Gesundhwes 2019;144–145:24–34.
25. Kreimeier S, Åström M, Burström K, Egmar AC, Gusi N, Herdman M, Kind P, Perez-Sousa MA, Greiner W. EQ-5D-Y-5L: developing a revised EQ-5D-Y with increased response categories. Qual Life Res 2019;28:1951–1961.
26. Lin J, Wong CKH, Cheung JPY, Cheung PWH, Luo N. Psychometric performance of proxy-reported EQ-5D youth version 5-level (EQ-5D-Y-5L) in comparison with three-level (EQ-5D-Y-3L) in children and adolescents with scoliosis. Eur J Health Econ. 2022;23:1383-1395.
27. Drummond MF, Sculpher MJ, Claxton K, Stoddart GL, Torrance GW. Methods for the Economic Evaluation of Health Care Programmes, 4th ed. Oxford: Oxford University Press, 2015.
28. Jonsson B. Ten arguments for a societal perspective in the economic evaluation of medical innovations. Eur J Health Econ 2009;10:357–359.
29. Neumann PJ, Sanders GD, Russell LB, Siegel JE, Ganiats TG, eds. Cost-Effectiveness in Health and Medicine. Oxford: Oxford University Press, 2016.
30. Kind P, Klose K, Gusi N, Olivares PR, Greiner W. Can adult weights be used to value child health states? Testing the influence of perspective in valuing EQ-5D-Y. Qual Life Res 2015;24:2519–2539.
31. Devlin N and Viney R (Eds). EQ-5D-Y-3L Value Sets, Methods and Conceptual Questions. PharmacoEconomics. 2022;40 (Suppl 2):121.

32. Devlin N, Parkin D, Janssen B. Methods for Analysing and Reporting EQ-5D Data. Springer International Publishing. 2020. (ebook ISBN: 978-3-030-47622-9; hardcover ISBN: 978-3-030-47621-2).
33. Scott D, Scott C, Jelsma J, Abraham D, Verstraete J. Validity and feasibility of the self-report EQ-5D-Y as a generic Health-Related Quality of Life outcome measure in children and adolescents with juvenile idiopathic arthritis in Western Cape, South Africa. S Afr J Physiother 2019;75:1335.
34. Åström M, Persson C, Lindén-Boström M, Rolfson O, Burström K. Population health status based on the EQ-5D-Y-3L among adolescents in Sweden: results by socio-demographic factors and self-reported comorbidity. Qual Life Res 2018;27:2859–2871.
35. Wolowacz SE, Briggs A, Belozeroff V, Clarke P, Doward L, Goeree R, Lloyd A, Norman R. Estimating health-state utility for economic models in clinical studies: an ISPOR Good Research Practices Task Force report. Value Health 2016;19:704–719.
36. Rabin R, Gudex C, Selai C, Herdman M. From translation to version management: a history and review of methods for the cultural adaptation of the EuroQol five-dimensional questionnaire. Value Health 2014;17:70–76.

EQ-5D-Y-3L

User Guide

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