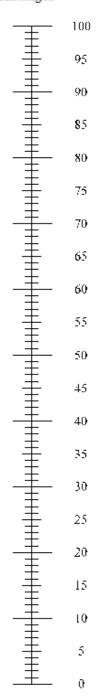
UNITY EQ-5D-5L Form

[Form to be completed by each partner separately]

An EQ-5D-5L should be completed by both partners at the following timepoints: Baseline, during the first cycle of treatment, and 19 months (and 25 months for couples who conceive within 450 days of randomisation).	
Couple Trial ID:	Date of completion D D - M M M - Y Y Y Y
Under each heading, please tick the ONE box that best describes your health TODAY.	
MOBILITY I have no problems in walking about I have slight problems in walking about I have moderate problems in walking about I have severe problems in walking about	
I am unable to walk about	
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	
USUAL ACTIVITIES (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 activites	
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	
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	
imagine. 0 means the worst health you can imagine. • Please mark an X c	scale is numbered from 0 to 100. • 100 means the best health you can in the scale to indicate how your health is TODAY. • Now, write the number cale in the box below.

The best health you can imagine



The worst health you can imagine