



Multicultural Quality of Life Index

(Adapted from Mezzich, Cohen, Ruiperez, Liu & Yoon, 1999)

Name	Case number	Date
Instructions: Please indicate the quality of your health and life at present, from “poor” to “excellent,” by placing an X on any of the ten points on the line for each of the following items:		
1. Physical Well-Being (feeling energetic, free of pain and physical problems)		
Poor	<input type="checkbox"/> 1	<input type="checkbox"/> 2
	<input type="checkbox"/> 3	<input type="checkbox"/> 4
	<input type="checkbox"/> 5	<input type="checkbox"/> 6
	<input type="checkbox"/> 7	<input type="checkbox"/> 8
	<input type="checkbox"/> 9	Excellent
	<input type="checkbox"/> 10	
2. Mental/Emotional Well-Being (feeling good, comfortable with yourself, clear headed)		
Poor	<input type="checkbox"/> 1	<input type="checkbox"/> 2
	<input type="checkbox"/> 3	<input type="checkbox"/> 4
	<input type="checkbox"/> 5	<input type="checkbox"/> 6
	<input type="checkbox"/> 7	<input type="checkbox"/> 8
	<input type="checkbox"/> 9	Excellent
	<input type="checkbox"/> 10	
3. Self-Care and Independent Functioning (carrying out daily living tasks; making own decisions)		
Poor	<input type="checkbox"/> 1	<input type="checkbox"/> 2
	<input type="checkbox"/> 3	<input type="checkbox"/> 4
	<input type="checkbox"/> 5	<input type="checkbox"/> 6
	<input type="checkbox"/> 7	<input type="checkbox"/> 8
	<input type="checkbox"/> 9	Excellent
	<input type="checkbox"/> 10	
4. Occupational Functioning (able to carry out work, school and parenting duties)		
Poor	<input type="checkbox"/> 1	<input type="checkbox"/> 2
	<input type="checkbox"/> 3	<input type="checkbox"/> 4
	<input type="checkbox"/> 5	<input type="checkbox"/> 6
	<input type="checkbox"/> 7	<input type="checkbox"/> 8
	<input type="checkbox"/> 9	Excellent
	<input type="checkbox"/> 10	
5. Interpersonal Functioning (able to respond and related well to family, friends, and groups)		
Poor	<input type="checkbox"/> 1	<input type="checkbox"/> 2
	<input type="checkbox"/> 3	<input type="checkbox"/> 4
	<input type="checkbox"/> 5	<input type="checkbox"/> 6
	<input type="checkbox"/> 7	<input type="checkbox"/> 8
	<input type="checkbox"/> 9	Excellent
	<input type="checkbox"/> 10	
6. Social-Emotional Support (availability of people you can trust and who can offer help and emotional support)		
Poor	<input type="checkbox"/> 1	<input type="checkbox"/> 2
	<input type="checkbox"/> 3	<input type="checkbox"/> 4
	<input type="checkbox"/> 5	<input type="checkbox"/> 6
	<input type="checkbox"/> 7	<input type="checkbox"/> 8
	<input type="checkbox"/> 9	Excellent
	<input type="checkbox"/> 10	
7. Community and Services Support (pleasant and safe neighborhood, access to financial, informational and other resources)		
Poor	<input type="checkbox"/> 1	<input type="checkbox"/> 2
	<input type="checkbox"/> 3	<input type="checkbox"/> 4
	<input type="checkbox"/> 5	<input type="checkbox"/> 6
	<input type="checkbox"/> 7	<input type="checkbox"/> 8
	<input type="checkbox"/> 9	Excellent
	<input type="checkbox"/> 10	
8. Personal Fulfillment (experiencing a sense of balance, pride and satisfaction; finding joy in life; doing things that make me happy)		
Poor	<input type="checkbox"/> 1	<input type="checkbox"/> 2
	<input type="checkbox"/> 3	<input type="checkbox"/> 4
	<input type="checkbox"/> 5	<input type="checkbox"/> 6
	<input type="checkbox"/> 7	<input type="checkbox"/> 8
	<input type="checkbox"/> 9	Excellent
	<input type="checkbox"/> 10	
9. Spiritual Fulfillment (experiencing faith, religion or other spiritual happiness beyond my material possessions)		
Poor	<input type="checkbox"/> 1	<input type="checkbox"/> 2
	<input type="checkbox"/> 3	<input type="checkbox"/> 4
	<input type="checkbox"/> 5	<input type="checkbox"/> 6
	<input type="checkbox"/> 7	<input type="checkbox"/> 8
	<input type="checkbox"/> 9	Excellent
	<input type="checkbox"/> 10	
10. General Perception of Quality of Life (feeling satisfied and happy with your life in general)		
Poor	<input type="checkbox"/> 1	<input type="checkbox"/> 2
	<input type="checkbox"/> 3	<input type="checkbox"/> 4
	<input type="checkbox"/> 5	<input type="checkbox"/> 6
	<input type="checkbox"/> 7	<input type="checkbox"/> 8
	<input type="checkbox"/> 9	Excellent
	<input type="checkbox"/> 10	

For staff use only:
Average score _____.