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Price & Availability – Limited information available for free from PROQOLID website, subscribers have access to more information. Contact author for permission to use.

Brief Description of Instrument – To supplement clinical ratings of health status, with quality of life measures based on physical, social and emotional functions.

Administration time – 45-50 minutes for interview administered, 20 minutes for self-administered.

Scale Format – Varies, yes/no, 3-point Likert, 5-point Likert.

Administration Technique – Interview, telephone or self-administration versions.
**Scoring and Interpretation**  – Yes/no, scores by dimension, higher score means better quality of life. Scoring guide available, contact author.

**Factors and Norms**  – Social function 64 items (general well-being, work/social role performance, social support and participation), emotional function 41 items (self-esteem, findings about personal relationships and the future, critical life events, and global emotional functioning) and physical function 35 items (mobility, self-care, communication, and global physical functioning). Also includes additional questions about respiratory and joint symptoms, cigarette use, and a series of sociodemographic variables.

**Test-retest Reliability**  – Intraclass correlation coefficient used: physical function 0.53, emotional function 0.70, social function 0.48. Completed on 30 physiotherapy outpatients with an interval of 1 week between administrations. 0.50 level indicates “good” reliability (Chambers et al, 1982).

**Inter-rater Reliability**  – Goodman-Kruskal Index of Agreement = 0.90 with a standard error of 0.05 in pilot study of 54 patients (Chambers et al, 1976).

**Internal Consistency**  – Kuder-Richardson 20 coefficient: physical function 0.76, social function 0.51, emotional function 0.67. Test on a group of 40 patients with Rheumatoid Arthritis (Chambers et al, 1982).

**Construct Validity**  – Discriminant ability of each item tested by calculating the percentage difference in physician and respondent ratings (Chambers et al, 1976). When used with the Ritchie Articular Index a gradient was found with the MHIQ physical function index. Lee Index of Functional Capacity & Spitzer Quality of Life Index, analogue pain scale and actual patient performance was also correlated with physical function index. Bradburn Psychological Well-Being Scales - Positive and Negative Affect Scale were both correlated with entire MHIQ
scale (Chambers et al, 1982).

**Criterion-Related Validity** – Predictive validity investigated with linear trend association. All items included in final index were significant, at the 0.05 level of probability, using the chi-square test (Chambers et al, 1976).

**Responsive to Change Over Time** – Tested over 79.5 days (SD 42) with a group of physiotherapy outpatients, physical function index was found to be responsive to patient improvement (Chambers et al, 1982).

**Content & Face Validity** – Literature/instrument review, health care professionals interview, content validity test on patients n=40 (Chambers et al, 1982).

**Strengths** – Measures different components of health, provides depth of description when compared to one-dimensional measure.

**Limitations** – Addresses respondent's feelings and thoughts, but does not ask the respondent to relate this to illness.

