THE NEW SCHOOL
A UNIVERSITY

STUDENT HEALTH SERVICES
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Quality of Life Assessment

TODAY'S DATE: _____/_____/_____
MONTH DAY YEAR

N_____
STUDENT ID NUMBER

LAST NAME FIRST NAME MIDDLE NAME

In the past 2 weeks I have felt… (please circle the appropriate number)		NOT AT ALL	A LITTLE BIT	SOMEWHAT	QUITE A BIT	VERY MUCH
1	Fulfilled	1	2	3	4	5
2	That I had something important to contribute to society	1	2	3	4	5
3	That I belonged to a community (like a social group, a neighborhood, a city)	1	2	3	4	5
4	That I like most parts of my personality	1	2	3	4	5
5	That I had experiences that challenged me to grow and become a better person	1	2	3	4	5
6	Confident to express my own ideas and opinions	1	2	3	4	5
7	That my life has a sense of direction and meaning	1	2	3	4	5
8	That the quality of my schoolwork/ work is as good as I want it to be	1	2	3	4	5
9	That the quality of my friendships is as good as I want it to be	1	2	3	4	5
10	That the quality of support I obtain from others is as good as I want it to be	1	2	3	4	5
	SCORES (add columns)					

TOTAL SCORE:

Reviewed by:

Comments: