

HONOS ASSESSMENT (Health of the Nation Outcome Scales)

Name: _____

1. **Rate** each scale in order from 1 to 12
2. **Do not** include information rated in an earlier item except for item 10 which is an overall rating
3. **Rate** the **MOST SEVERE** problem that occurred during the 2 weeks prior to this rating.

1. Overactive, aggressive, disruptive or agitated behaviour - Include behaviour due to drugs, alcohol, dementia, psychosis, depression, etc. Do not include bizarre behaviour, rated at Scale 6

- 0** No problems of this kind during the period rated
- 1** Irritability, quarrels, restlessness etc. not requiring action
- 2** Includes aggressive gestures, pushing or pestering others; threats or verbal aggression; lesser damage to property (e.g. broken cup, window); marked agitation
- 3** Physically aggressive to others or animals; destruction of property, threatening manner;
- 4** At least one serious physical attack on others or on animals; destruction of property (e.g. fire-setting); serious intimidation or obscene behaviour

Comment: _____

2. Non-accidental self-injury

- 0** No problems of this kind during the period rated
- 1** Fleeting thoughts about ending it all but little risk; no self-harm
- 2** Mild risk during the period; includes non-hazardous self-harm, e.g. wrist-scratching
- 3** Moderate to serious risk of deliberate self-harm, including preparatory acts- collecting tablets
- 4** Serious suicidal attempt and/or serious deliberate self-injury

Comment: _____

3. Problem-drinking or drug-taking:

- 0** No problems of this kind during the period rated
- 1** Some over-indulgence but within social norm
- 2** Loss of control of drinking or drug-taking, but not seriously addicted
- 3** Marked craving or dependence on alcohol or drugs with frequent loss of control, risk taking under the influence, etc
- 4** Incapacitated by alcohol/drug problems

Comment: _____

4. Cognitive problems: Include problems of memory & understanding associated with any disorder; learning disability, dementia, schizophrenia, etc.

- 0 No problems of this kind during the period rated
- 1 Minor problems with memory or understanding, e.g. forgets names occasionally
- 2 Mild but definite problems e.g. has lost the way in a familiar place or failed to recognize a familiar person; sometimes mixed up about simple decisions
- 3 Marked disorientation in time, place or person, bewildered by everyday events; speech is sometimes incoherent; mental slowing
- 4 Severe disorientation e.g. unable to recognize familiar faces, speech incomprehensible

Comment: _____

5. Physical illness or disability problems: Include illness or disability from any cause. Include side-effects from medication; effects of drug/alcohol use; physical disabilities

0	No physical health problem during the period rated
1	Minor health problem during the period (e.g. cold, non-serious fall, etc.)
2	Physical health problem imposes mild restriction on mobility and activity
3	Moderate degree of restriction on activity due to physical health problem
4	Severe or complete incapacity due to physical health problem

Comment: _____

6. Problems associated with hallucinations and delusions irrespective of diagnosis
Include odd and bizarre behaviour associated with hallucinations or delusions

- 0 No evidence of hallucinations or delusions during the period rated
- 1 Somewhat odd or eccentric beliefs not in keeping with cultural norms
- 2 Delusions of hallucinations (e.g. voices, visions) are present, but there is little distress to patient or manifestation in bizarre behaviour, i.e. clinically present but mild.
- 3 Marked preoccupation with delusions or hallucinations, causing much distress and/or manifested in obviously bizarre behaviour, i.e. moderately severe clinical problem
- 4 Mental state and behaviour is seriously and adversely affected by delusions or hallucinations, with severe impact on patient

Comment: _____

7. Problems with depressed mood

- 0 No problems associated with depressed mood during the period rated
- 1 Gloomy; or minor changes in mood
- 2 Mild but definite depression and distress: e.g. feelings of guilt; loss of self-esteem
- 3 Depression with inappropriate self-blame, preoccupied with feelings of guilt

Comment: _____

8. Other mental and behavioral problems: Specify the type of problem by circling the appropriate letter both here and on the score sheet: A phobic; B anxiety; C obsessive-compulsive; D stress; E dissociative; F somatoform; G eating; H sleep; I sexual; J other, specify

- 0 No evidence of any of these problems during period rated
- 1 Minor non-clinical problems
- 2 A problem is clinically present at a mild level, e/g patient/client has a degree of control
- 3 Moderately severe level of problem; Occasional severe attack or distress, with loss of control
- 4 Severe problem dominates most activities

Comment: _____

9. Problems with relationships: Rate most severe problem associated with active or passive withdrawal from social relationships and/or non-supportive, destructive or self-damaging relationships

- 0 No significant problems during the period
- 1 Minor non-clinical problem
- 2 Definite problems in making or sustaining supportive relationships; evident to others
- 3 Persisting major problems due to active or passive withdrawal from social relationships, and/or relationships that provide little or no comfort or support
- 4 Severe and distressing social isolation and/or withdrawal from social relationships

Comment: _____

10. Problems with activities of daily living: e.g. eating, washing, dressing, toilet; complex skills - budgeting, finding housing, recreation, use of transport, shopping, etc. Include any lack of motivation for using self-help opportunities as this contributes to a lower overall level of functioning.

- 0 No problems during the period rated; good ability to function in all areas
- 1 Minor problems only: e.g. untidy, disorganized
- 2 Self-care adequate but major lack of performance of one or more complex skills (see above)
- 3 Major problems in one or more area of self-care (eating, washing, dressing, toilet) as well as major inability to perform several complex skills
- 4 Severe disability or incapacity in all or nearly all areas of self-care and complex skills

Comment: _____

11. Problems with living conditions and daily domestic routine: Are the basic necessities met (heat, light, hygiene)? If so, is there help to cope with disabilities and opportunities to use intact skills and develop new ones?

- 0 Accommodation and living conditions are acceptable;

- 1 Accommodation is reasonably acceptable although there are minor problems
- 2 Significant problems with one or more aspects of the accommodation
- 3 Distressing multiple problems with accommodation; e.g. some basic necessities absent; housing environment has minimal or no facilities to improve patient's independence
- 4 Accommodation is unacceptable:

Comment: _____

12. Problems with occupation, activities in daytime environment. Is there help to cope with disabilities? Are there opportunities to maintain/improve skills and activities? Consider stigma, access to supportive facilities and qualified staff.

- 0 Patient's day-time environment is acceptable and supportive of self-help
- 1 Minor or temporary problems requiring little action e.g. late cheques; reasonable facilities available but not always at desired times, etc.
- 2 Limited choice of activities – lack of permanent address or insufficient career or professional support; helpful day setting available but for very limited hours
- 3 Marked deficiency in skilled services available to help minimize level of existing disability; no opportunities to use intact skills or add new ones;
- 4 Lack of opportunity for daytime activities makes patient's problems worse

Comment: _____

HoNOS Score Sheet			
	Rate 9 if not known		Rate
1	Overactive, aggressive, disruptive behaviour	0 1 2 3 4	
2	Non-accidental self-injury	0 1 2 3 4	
3	Problem-drinking or drug-taking	0 1 2 3 4	
4	Cognitive problems	0 1 2 3 4	
5	Physical illness or disability problems	0 1 2 3 4	
6	Problems with hallucinations and delusions	0 1 2 3 4	
7	Problems with depressed mood	0 1 2 3 4	
(Specify disorder A,B,C,D,E,F,G,H,I, or J)			
8	Other mental & behavioural problems	0 1 2 3 4	
9	Problems with relationships	0 1 2 3 4	
10	Problems with activities of daily living	0 1 2 3 4	
11	Problems with living conditions	0 1 2 3 4	
12	Problems with occupation and activities	0 1 2 3 4	