

HoNOS sample rating sheet

Enter the severity rating for each item in the corresponding item box to the right of the item. Rate 9 if Not Known or Not Applicable.

1	Overactive, aggressive, disruptive or agitated	0	1	2	3	4	<input type="text"/>
2	Non-accidental self-injury	0	1	2	3	4	<input type="text"/>
3	Problem drinking or drug-taking	0	1	2	3	4	<input type="text"/>
4	Cognitive problems	0	1	2	3	4	<input type="text"/>
5	Physical illness or disability problems	0	1	2	3	4	<input type="text"/>
6	Problems with hallucinations and delusions	0	1	2	3	4	<input type="text"/>
7	Problems with depressed mood	0	1	2	3	4	<input type="text"/>
8	Other mental and behavioural problems	0	1	2	3	4	<input type="text"/>
	(specify disorder A, B, C, D, E, F, G, H, I, or J)						
9	Problems with relationships	0	1	2	3	4	<input type="text"/>
10	Problems with activities of daily living	0	1	2	3	4	<input type="text"/>
11	Problems with living conditions	0	1	2	3	4	<input type="text"/>
12	Problems with occupation and activities	0	1	2	3	4	<input type="text"/>

Total:

Key for Item 8

- A Phobias – including fear of leaving home, crowds, public places, travelling, social phobias and specific phobias.
- B Anxiety and panics.
- C Obsessional and compulsive problems.
- D Reactions to severely stressful events and traumas.
- E Dissociative ('conversion') problems.
- F Somatisation – persisting physical complaints in spite of full investigation and reassurance that no disease is present.
- G Problems with appetite, over- or under-eating.
- H Sleep problems.
- I Sexual problems.
- J Problems not specified elsewhere including expansive or elated mood.

Signed _____