



Health of the Nation Outcome Scales (HoNOS)

HoNOS rating guidelines

- Rate items in order from 1 to 12.
- Use all available information in making your rating.
- Do not include information already rated in an earlier item.
- Consider both the degree of distress the problem causes and the effect it has on behaviour
- Rate the most severe problem that occurred in the period rated.
- The rating period is generally the preceding two weeks, except at discharge from inpatient care, when it is the previous three days.
- Each item is rated on a five-point item of severity (0 to 4) as follows:
 - 0 No problem.**
 - 1 Minor problem requiring no formal action.**
 - 2 Mild problem.**
 - 3 Problem of moderate severity.**
 - 4 Severe to very severe problem.**
 - 9 Not known or not applicable.**
- As far as possible, the use of rating point 9 should be avoided, because missing data make scores less comparable over time or between settings.
- Specific information on how to rate each point on each item is provided in the Glossary.

Eagar, K. Buckingham, B. Coombs, T. Trauer T, Graham, C. Eagar, L. and Callay, T (2000) Victorian outcome measurement strategy resource manual. Victorian Department of Human Services.



1 Overactive, aggressive, disruptive or agitated behaviour

Include such behaviour due to any cause, eg, 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 (eg, broken cup or window); marked over-activity or agitation.
- 3 Physically aggressive to others or animals (short of rating 4); threatening manner; more serious over-activity or destruction of property.
- 4 At least one serious physical attack on others or on animals; destruction of property (e.g., fire-setting); serious intimidation or obscene behaviour.

Additional Notes for Item 1

This item is concerned with a spectrum of behaviours. The short title is "Aggression", for convenience, but the full title is broader and more accurate. All four types of behaviour are included, whether or not there is intention, insight or awareness. However, the context must be considered since disagreement, for example, can be expressed more vigorously, but still acceptably, in some social contexts than in others. Possible causes of the behaviour are not considered in the rating and diagnosis is not taken into account. For example, the severity of disruptive behaviour by someone with dementia or learning disability is rated here, as is aggressive overactivity associated with mania, or agitation associated with severe depression, or violence associated with hallucinations or personality problems. Bizarre behaviour is rated at item 6.



2 Non-accidental self-injury

Do not include accidental self-injury (due eg, to dementia or severe learning disability); the cognitive problem is rated at Scale 4 and the injury at Scale 5.

Do not include illness or injury as a direct consequence of drug or alcohol use rated at Scale 3, (e.g. cirrhosis of the liver or injury resulting from drunk driving are rated at Scale 5).

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

Additional Notes for Item 2

This item deals with ideas or acts of self-harm in terms of their severity or impact. As in the clinical situation, the issue of intent during the period, though sometimes difficult to assess (e.g. when patient is slowed by depression), is part of the current risk assessment. Thus, severe harm caused by an impulsive overdose could be rated at severity point 4, even though the clinician judged that the patient had not intended more than a moderate demonstration. In the absence of strong evidence to the contrary, clinicians should assume that the results of self-harm were all intended. Risk of future self-harm is not part of this rating; although it should be part of the wider clinical assessment.



3 Problem drinking or drug-taking

Do not include aggressive or destructive behaviour due to alcohol or drug use, rated at Scale 1.

Do not include physical illness or disability due to alcohol or drug use, rated at Scale 5.

- 0 No problem 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 or drug problems.

Additional Notes for Item 3

Consider characteristics such as craving or tolerance for alcohol or drugs, priority over other activities given to their acquisition and use, impaired capacity to control the quantity taken, frequency of intoxication, and drunk driving or other risk-taking. Temporary effects such as hangovers should also be included here. Longer-term cognitive effects such as loss of memory are rated at item 4, physical disability (e.g. from accidents) or disease (e.g. liver damage) at item 5, mental effects at items 6, 7 and 8, problems with relationships at item 9.



4 Cognitive problems

Include problems of memory, orientation and understanding associated with any disorder: learning disability, dementia, schizophrenia, etc.

Do not include temporary problems (e.g. hangovers) resulting from drug or alcohol use, rated at Scale 3.

- 0 No problem 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 way in a familiar place or failed to recognise 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 recognise relatives, at risk of accidents, speech incomprehensible, clouding or stupor.

Additional Notes for Item 4

Intellectual and memory problems associated with any disorder, including dementia, learning disability, schizophrenia, very severe depression, etc., are taken into account, e.g. problems in naming or recognising familiar people or pets or objects; not knowing the day, date or time; difficulties in understanding or using speech (in own language); failure to remember important matters; not recognising common dangers (gas taps, ovens, crossing busy roads); clouding of consciousness and stupor.



5 Physical illness or disability problems

Include illness or disability from any cause that limits or prevents movement, or impairs sight or hearing, or otherwise interferes with personal functioning.

Include side-effects from medication; effects of drug/alcohol use; physical disabilities resulting from accidents or self-harm associated with cognitive problems, drunk driving etc.

Do not include mental or behavioural problems rated at Scale 4.

- 0 No physical health problem during the period rated.
- 1 Minor health problem during the period (eg, 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.

Additional Notes for Item 5

Consider the impact of physical disability or disease on the patient in the recent past. Problems likely to clear up fairly rapidly, without longer term consequences (e.g. a cold or bruising from a fall), are rated at point 0 or 1. A patient in remission from a possibly long-term illness is rated on the worst state in the period, not on the prospective level. The rating at points 2-4 is made in terms of degree of restriction on activities, irrespective of the type of physical problem. Include impairments of the senses, unwanted side effects of medication, limitations on movement from whatever cause, injuries associated with the effects of drugs or alcohol, etc. The physical results of accidents or self-injury in the context of severe cognitive problems should also be rated here.

6 Problems associated with hallucinations and delusions

Include hallucinations and delusions irrespective of diagnosis.

Include odd and bizarre behaviour associated with hallucinations or delusions.

Do not include aggressive, destructive or overactive behaviours attributed to hallucinations or delusions, rated at Scale 1.

- 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 or hallucinations (eg, voices, visions) are present, but there is little distress to patient or manifestation in bizarre behaviour, that is, moderately severe clinical problem.
- 3 Marked preoccupation with delusions or hallucinations, causing much distress and/or manifested in obviously bizarre behaviour, that is, moderately severe clinical problem.
- 4 Mental state and behaviour is seriously and adversely affected by delusions or hallucinations, with severe impact on patient.

Additional Notes for Item 6

Rate such phenomena irrespective of diagnosis. Rating point 1 is reserved for harmless eccentricity or oddness. If a patient has a delusional conviction of royal descent but does not act accordingly and is not distressed, the rating is at point 2. If the patient is distressed, or behaves bizarrely in accordance with the delusion (e.g. acting in a grandiose manner, running up large debts, dressing the part, expecting to be admitted to a royal palace, etc.) the rating is at points 3 or 4. Any violent, overactive and disruptive behaviour, however, has already been rated at item 1 and should not be included again. Similar considerations apply to other kinds of delusion and to hallucinations.



7 Problems with depressed mood

Do not include over-activity or agitation, rated at Scale 1.

Do not include suicidal ideation or attempts, rated at Scale 2.

Do not include delusions or hallucinations, rated at Scale 6.

- 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: eg, feelings of guilt; loss of self-esteem.
- 3 Depression with inappropriate self-blame, preoccupied with feelings of guilt.
- 4 Severe or very severe depression, with guilt or self-accusation.

Additional Notes for Item 7

Depressed mood and symptoms closely associated with it often occur in disorders other than depression. Consider symptoms only: e.g. loss of self-esteem and guilt. These are rated at item 7 irrespective of diagnosis. The more such symptoms there are the more severe the problems tend to be. Overactivity and agitation are rated at item 1; self-harm at item 2; stupor at item 4; delusions and hallucinations at item 6. Note that the rule is followed that symptoms, not diagnoses, are rated. Sleep and appetite problems are rated separately at item 8.



8 Other mental and behavioural problems

*Rate only the most severe clinical problem not considered at items 6 and 7 as follows: specify the type of problem by entering the appropriate letter: **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, eg, patient/client has a degree of control.
- 3 Occasional severe attack or distress, with loss of control eg, has to avoid anxiety provoking situations altogether, call in a neighbour to help, etc., that is, a moderately severe level of problem.
- 4 Severe problem dominates most activities.

Additional Notes for Item 8

This item provides an opportunity to rate symptoms not included in the previous clinical items. Several types of problem are specified, distinguished by the capital letters A-J, as specified below. Only the single most severe problem occurring during the period is rated. This procedure is repeated at T2.(Time 2) In this way, the most severe problem is always rated for each succeeding time period and the contribution to the total score reflects severity at T1 and T2 even if the symptom type changes. (The outcome of the problem rated at T1 can be recorded separately if needed.)



9 Problems with relationships

Rate the patient's 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 problems.
- 2 Definite problems in making or sustaining supportive relationships: patient complains and/or problems are evident to others.
- 3 Persisting major problems due to active or passive withdrawal from social relationships, and/or to relationships that provide little or no comfort or support.
- 4 Severe and distressing social isolation due to inability to communicate socially and/or withdrawal from social relationships.

Additional Notes for Item 9

This item concerns the quality as well as the quantity of patients' communications and social relationships with others. Both active and passive relationships are considered, as are problems arising from patients' own intrusive or withdrawn behaviour. Take into account the wider social environment as well as the family or residential scene. Is the patient able to gain emotional support from others? If patients with dementia or learning disability (including the autistic spectrum) are overfriendly, or unable to interpret or use language (including body language) effectively, communication and relationships are likely to be affected. People with personality problems (rated independently of diagnosis) can find it difficult to retain supportive friendships or make useful allies. If the patient is rather solitary, but self-sufficient, competent when with others, and satisfied with the level of social interaction, the rating would be 1. Near-total isolation (whether because the patient withdraws, or is shunned by others, or both) is rated 4. Take the degree of the patient's distress about personal relationships, as well as degree of withdrawal or difficulty, into account when deciding between points 2 & 3. Aggressive behaviour by the patient towards another person is rated at Item 1.

10 Problems with activities of daily living

Rate the overall level of functioning in activities of daily living (ADL): eg, problems with basic activities of self-care such as eating, washing, dressing, toilet; also complex skills such as budgeting, organising where to live, occupation and recreation, mobility and use of transport, shopping, self-development, etc.

Include any lack of motivation for using self-help opportunities, since this contributes to a lower overall level of functioning.

Do not include lack of opportunities for exercising intact abilities and skills, rated at Scale 11 and Scale 12.

- 0 No problems during period rated; good ability to function in all areas.
- 1 Minor problems only eg, untidy, disorganised.
- 2 Self-care adequate, but major lack of performance of one or more complex skills (see above).
- 3 Major problems in one or more areas 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.

Additional Notes for Item 10

Consider the overall level of functioning achieved by the patient during the period rated. Rate the level of actual performance, not potential competence. The rating is based on the assessment of three kinds of problem:

- *First, a summary of the effects on personal and social functioning of the problems rated at Items 1-9*
- *Second, a lack of opportunities in the environment to use and develop intact skills*
- *Third, a lack of motivation or encouragement to use opportunities that are available.*

The overall level of performance rated may therefore be due to lack of competence, to lack of opportunities in the environment, to lack of motivation, or to a combination of all these. Two levels of functioning are considered when deciding the severity of problems:

- *The basic level includes self-care activities such as eating, washing, dressing, toileting and simple occupations. If performance is moderately or seriously low, rate 3 or 4.*
- *The complex level includes the use of higher level skills and abilities in occupational and recreational activities, money management, household shopping, child care, etc., as appropriate to the patient's circumstances. If these are normal or as adequate as they can be, rate 0 or 1. Ratings 2 and 3 are intermediate.*

**11 Problems with living conditions**

Rate the overall severity of problems with the quality of living conditions and daily domestic routine.

Are the basic necessities met (heat, light, hygiene)? If so, is there help to cope with disabilities and a choice of opportunities to use skills and develop new ones?

Do not rate the level of functional disability itself, rated at Scale 10.

NB: *Rate patient's usual accommodation. If in acute ward, rate the home accommodation. If information not obtainable, rate 9.*

- 0 Accommodation and living conditions are acceptable; helpful in keeping any disability rated at Scale 10 to the lowest level possible, and supportive of self-help.
- 1 Accommodation is reasonably acceptable although there are minor or transient problems (eg, not ideal location, not preferred option, doesn't like food, etc).
- 2 Significant problems with one or more aspects of the accommodation and/or regime (eg, restricted choice; staff or household have little understanding of how to limit disability, or how to help develop new or intact skills).
- 3 Distressing multiple problems with accommodation (eg, some basic necessities absent); housing environment has minimal or no facilities to improve patient's independence.
- 4 Accommodation is unacceptable (eg, lack of basic necessities, patient is at risk of eviction, or 'roofless', or living conditions are otherwise intolerable making patient's problems worse).

Additional Notes for Item 11

This item requires a knowledge of the patient's usual domestic environment during the period rated, whether at home or in some other residential setting. If this information is not available, rate 9 (not known). Consider the overall level of performance this patient could reasonably be expected to achieve given appropriate help in an appropriate domestic environment. Take into account the balance of skills and disabilities. How far does the environment restrict, or support, the patient's optimal performance and quality of life? Do staff know (as they should) what the patient's capacities are? The rating must be realistic, taking into account the overall problem level during the period, ratings on Items 1-10, and information on the following points:

- *Are the basics provided for – heat, light, food, money, clothes, security and dignity? If the basic level conditions are not met, rate 4.*
- *Consider the quality and training of staff; relationships with staff or with relatives or friends at home; degree of opportunity and encouragement to improve motivation and maximise skills, including: interpersonal problems; provision for privacy and indoor recreation; problems with other residents; helpfulness of neighbours. Is the atmosphere welcoming? Are there opportunities to demonstrate and use skills: e.g. to cook, manage money, exercise talents and choice, and maintain individuality?*
- *If full autonomy has been achieved, i.e. the environment does not restrict optimum performance overall, rate as 0. A less full, but adequate regime is rated 1.*
- *Between these poles, an overall judgement is required as to how far the environment restricts achievable autonomy during the period – 2; indicates moderate restriction and 3 substantial.*



12 Problems with occupation and activities

Rate the overall level of problems with quality of day-time environment. Is there help to cope with disabilities, and opportunities for maintaining or improving occupational and recreational skills and activities? Consider factors such as stigma, lack of qualified staff, access to supportive facilities, eg, staffing and equipment of day centres, workshops, social clubs, etc.

Do not rate the level of functional disability itself, rated at Scale 10.

NB: Rate the patient's usual situation. If in acute ward, rate activities during period before admission. If information not available, rate 9.

- 0 Patient's day-time environment is acceptable; helpful in keeping any disability rated at Scale 10 to the lowest level possible, and supportive of self-help.
- 1 Minor or temporary problems, eg, late pension cheques, reasonable facilities available but not always at desired times etc.
- 2 Limited choice of activities, eg, there is a lack of reasonable tolerance (eg, unfairly refused entry to public library or baths etc.); or handicapped by lack of a permanent address; or insufficient carer or professional support; or helpful day setting available but for very limited hours.
- 3 Marked deficiency in skilled services available to help minimise level of existing disability; no opportunities to use intact skills or add new ones; unskilled care difficult to access.
- 4 Lack of any opportunity for daytime activities makes patient's problem worse.

Additional Notes for Item 12

The principles considered at Item 11 also apply to the outside environment. Consider arrangements for encouraging activities such as: shopping; using local transport; amenities such as libraries; understanding local geography; possible physical risks in some areas; use of recreational facilities. Take into account accessibility, hours of availability, and suitability of the occupational environment provided for the patient at day hospital, drop-in or day centre, sheltered workshop, etc. Are specific (e.g. educational) courses available to correct deficits or provide new skills and interests? Is a sheltered outside space available if the patient is vulnerable in public (e.g. because of odd mannerisms, talking to self, etc.)? For how long is the patient unoccupied during the day? Do staff know what the patient's capacities are?

The rating is based on an overall assessment of the extent to which the daytime environment brings out the best abilities of the patient during the period rated, whatever the level of disability rated at Item 10. This requires a judgement as to how far changing the environment is likely to improve performance and quality of life and whether any lack of motivation can be overcome.

- *If the level of autonomy in daytime activities is not restricted, rate 0. A less full but adequate regime is rated 1.*
- *If minimal conditions for daytime activities are not met (with the patient severely neglected and/or with virtually nothing constructive to do), rate 4.*
- *Between these poles, a judgement is required as to how far the environment restricts achievable autonomy; 2 indicates moderate restriction and 3 substantial.*