

## **BASIC DO'S AND DONT'S**

### *How to Fill in the scales*

Each symptom or problem is rated only once; for example, aggressive behaviour is rated under item 1; it is not included in deciding ratings of later items even if it is associated with them (e.g. with alcohol or drug misuse; or with agitated depression).

### *When to Rate HoNOS*

The 12 item scale is completed directly after the interview or assessment with the patient. The scales are not used as a checklist or semi-structured interview, but form a brief record of severity.

### *Information to include in Rating*

The ratings are based on information obtained from the patient during the routine interview/assessment. In addition, information from other sources can be used to complete the ratings, e.g. from case notes, from other informants.

### *Time period to include in Rating*

When rating each of the 12 items, the rater is usually asked to consider the two-week period immediately before the date of the rating. The rater then records under each heading a rating of the worst symptom/problem that has occurred at any time during that two-week period. The rater does not attempt to record an estimate of the patient's average or overall functioning.

**Please note:** This 'two-week rule' does not apply if the two ratings take place less than two weeks apart. In such cases, the rating is made on the basis of the worst symptom/problem since the previous rating.

# HoNOS

## HOW TO USE HoNOS: SOME COMMON QUESTIONS ANSWERED

### **What is HoNOS?**

Is a set of 12 scales, each one measuring a type of problem commonly presented by patients/clients in mental health care settings. A completed HoNOS score sheet provides a profile of 12 severity ratings and a total score. It is a numerical record of a clinical assessment but does not replace clinical notes or any other records. It is intended that it becomes an integral part of a minimum data set and a basic component of CPA.

### **How are outcomes measured using HoNOS?**

By comparing the severity of each problem recorded at the first rating (Time 1) with the ratings made on a second or subsequent occasion (Time 2).

### **How is severity measured?**

Severity is measured on a five-point Scale (0,1,2,3,4).

**0 = no problem within the period rated**

**1 = sub-threshold problem**

**2 = mild but definitely present**

**3 = moderately severe**

**4 = severe to very severe**

**Brief examples of each rating point are given for each of the 12 scales in the Glossary which is used alongside the score sheet.**

### **What period does each assessment cover?**

The most severe problems present during the 2 previous weeks or a locally agreed relevant time period e.g. since last review or during the last month are rated.

### **Who fills in HoNOS and when?**

HoNOS is recommended for use by qualified mental health care practitioners, called Raters. However any experienced mental health worker who has been trained in the use of HoNOS and achieves similar scores to other qualified health practitioners can use HoNOS. If HoNOS is completed as part of a CPA review/ward round, a consensus will be reached on HoNOS ratings by the team which will include qualified mental health practitioners, although the person who records the ratings decided will not necessarily be a qualified practitioner. The scales should be completed by the same individual or a similar team at each timepoint as this is good practice. But this is not always possible particularly in acute inpatient settings. Training helps raters rate similarly, and thus ensures reliability.

### **When is HoNOS completed?**

It is completed directly after a routine assessment/CPA review/ward round etc.

### **What questions are asked in the assessment?**

HoNOS is not a structured interview. The assessment is made in the usual way. More issues may need to be discussed than were once required, and/or information from other members of the care team, or the carer can be considered.

**Are patient/client's views included in the ratings?**

Ratings of every item are made on the basis of clinical judgement, not patient/client's perceptions.

**How is the HoNOS filled in?**

Each item is described in the Glossary. Always start at item 1 and work down through the score sheet. Choose a severity rating for each item and enter it in the corresponding item box on the score sheet. Suggested items of background information have their own page of definitions.

**How do I know where on the score sheet to rate a particular problem?**

HoNOS items are arranged in a special order so as to avoid rating the content of any of them twice. All items are rated at every rating point. They are always rated in the order 1 to 12. When one item has been rated, the contents are not considered when rating items further down the score sheet. For example, if there is a patient/client who is hallucinating and aggressive, the severity of 'aggressive behaviour' is rated in Item 1. At Item 6, only the severity/impact of hallucinations is rated. Similarly, 'suicidal behaviour' is rated at Scale 2 and the severity of depressed mood, if present, at Scale 7. Guidance is provided in the Glossary.

**What if two problems are present on the same scale but of different severity?**

This happens quite often because some scales represent a wide range of problems. Always rate the most severe problem that has occurred during the chosen rating period.

**What rating is given if a problem like serious violence or serious suicidal attempt has occurred only once during the period rated?**

Such events are always rated (4), even if they only occur once in the period

**Is the personal information confidential?**

Yes, if used, the A4 charts are anonymous. A number unique for each patient/client is needed to link repeated assessments of the same individual but only aggregated data are used in reports. The socio-demographic data are very important for research purposes but cannot be used to identify patients. This information is not needed if self-adhesive score sheets are put in the notes.

**What is the procedure when the same patient/client is rated more than once?**

A fresh score sheet is completed on each occasion. If A4 score sheets are used, there should be a Chart on the back on which to enter rater's initials and profession, today's date, the date of the patient/client assessment and the period rated in weeks as a minimum. Information such as diagnosis is useful for statistical analysis, but is not a requirement.

**What information should be used to make the ratings?**

Use all available information, including case records and reports from other informants, e.g. ratings could be made following a CPA review, taking into account information from any/all members of the multidisciplinary team.

**Why should I rate a second time if I know there will be no clinical change?**

To be able to measure lack of change, i.e. a steady state or changes other than in clinical condition.

**What if there is insufficient information available to make a rating?**

If it is impossible to make an informed estimate of the severity of an item, enter the rating point '9'. This should be avoided if possible; if used rating of 9 are not included in the total score.

**Where are targets and interventions recorded?**

HoNOS does not set targets or specify interventions. It is used to rate 'health outcomes' not 'health care' outcomes so interventions are not taken into consideration when rating items. Having rated an item at levels 2-4, this will normally indicate that an intervention is required.

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# HoNOS

## Health of the Nation Outcome Scales

### Summary of rating instructions:

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 period rated
4. **All scales** follow the format:

- 0 = no problem
- 1 = minor problem requiring no action
- 2 = mild problem but definitely present
- 3 = moderately severe problem
- 4 = severe to very severe problem

### 1. Overactive, aggressive, disruptive or agitated behaviour

*Include such behaviour due to any cause, e.g. 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 overactivity or agitation
- 3** Physically aggressive to others or animals (short of rating 4); threatening manner; more serious overactivity or
- 4** At least one serious physical attack on others or on animals; destructive of property (e.g. fire-setting); serious behaviour

### 2. Non-accidental self-injury

Do not include accidental self-injury (due e.g. 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/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 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 overactivity or agitation
- 3** Physically aggressive to others or animals (short of rating 4); threatening manner; more serious overactivity or

- 4 At least one serious physical attack on others or on animals; destructive of property (e.g. fire-setting); serious intimidation or other behaviour

### **3. Problem-drinking or drug-taking**

Do not include aggressive/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 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
- 4 Incapacitated by alcohol/drug problems

### **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/alcohol use, rated at Scale 3

- 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 recognise a familiar person; some simple decisions
- 3 Marked disorientation in time, place or person, bewildered by everyday events; speech is sometimes incoherent
- 4 Severe disorientation e.g. unable to recognise relatives, at risk of accidents, speech incomprehensible; clouding

### **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, drink-driving, etc.

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

- 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 overactivity or agitation
- 3 Physically aggressive to others or animals (short of rating 4); threatening manner; more serious overactivity or
- 4 At least one serious physical attack on others or on animals; destructive of property (e.g. fire-setting); serious behaviour

### **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 of hallucinations (e.g. voices, visions) are present, but there is little distress to patient or manifested i.e. clinically present but mild.
- 3 Marked preoccupation with delusions or hallucinations, causing much distress and/or manifested in obviously moderately severe clinical problem
- 4 Mental state and behaviour is seriously and adversely affected by delusions or hallucinations, with severe impact

## 7. Problems with depressed mood

Do not include overactivity 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: e.g. 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 of self-accusation

## 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, e/g patient/client has a degree of control
- 3 Occasional severe attack or distress, with loss of control e.g. has to avoid anxiety provoking situations altogether help, etc. i.e. moderately severe level of problem
- 4 Severe problem dominates most activities

## 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 problem
- 2 Definite problems in making or sustaining supportive relationships; patient complains and/or problems are evident
- 3 Persisting major problems due to active or passive withdrawal from social relationships, and/or relationships that lack comfort or support
- 4 Severe and distressing social isolation due to inability to communicate socially and/or withdrawal from social relationships

## 10. Problems with activities of daily living

Rate the overall functioning in activities of daily living (ADL): e.g. problems with basic activities of self-care such as eating, washing, dressing, toilet; also complex skills such as budgeting, organizing 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 Scales 11-12

- 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 skills
- 4 Severe disability or incapacity in all or nearly all areas of self-care and complex skills

## 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 available, rate 9**

- 0 Accommodation and living conditions are acceptable; helpful in keeping any disability rated at Scale 10 to the supportive of self-help
- 1 Accommodation is reasonably acceptable although there are minor or transient problems (e.g. not ideal location doesn't like the food, etc)
- 2 Significant problems with one or more aspects of the accommodation and/or regime: e.g. restricted choice; staff understanding of how to limit disability, or how to help use or develop new or intact skills
- 3 Distressing multiple problems with accommodation; e.g. some basic necessities absent; housing environment facilities to improve patient's independence
- 4 Accommodation is unacceptable: e.g. lack of basic necessities, patient is at risk of eviction, or 'roofless', or live otherwise intolerable making patient's problems worse

## 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, e.g. 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 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 supportive of self-help
- 1 Minor or temporary problems e.g. late giro cheques; reasonable facilities available but not always at desired times
- 2 Limited choice of activities; e.g. there is a lack of reasonable tolerance (e.g. unfairly refused entry to public library handicapped by lack of permanent address; or insufficient carer or professional support; or helpful day setting

limited hours

- 3 Marked deficiency in skilled services available to help minimise level of existing disability; no opportunities to use intact skills new ones; unskilled care difficult to access
- 4 Lack of opportunity for daytime activities makes patient's problems worse

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

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