

**HONOS**  
**“Health of the Nation Outcome Scales”**

- ENTRY                      - 6/12                      - 12/12                      - EXIT

PATIENTS NAME: \_\_\_\_\_

D.O.B: \_\_\_\_\_

PROJECT NO: \_\_\_\_\_

DATE INTERVIEWED: \_\_\_\_/\_\_\_\_/\_\_\_\_

**INSTRUCTIONS FOR COMPLETING THIS QUESTIONNAIRE:**

Work through each question in order. Do not include information rated in a earlier question.

For each item, please rate your patient on the basis of his or her **MOST SEVERE** presentation in the **TWO WEEK PERIOD PRIOR TO ASSESSMENT**.

Simply circle the response 0 - 4 or 9 that best describes the severity of the problem for the patient in the two week period.

Responses are as follows. Specific characteristics associated with ratings are noted with each question.

- 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
- 9 = Not known or Not applicable

Please make sure that you respond to each question, even if only to record “not known” or “not applicable”.

Reproduced with permission of North-East Victorian DGP. The scales developed by Professor John Wing of the Royal College of Psychiatrists Research Unit for the North East Victorian DGP Mental Health Project

**1. Problems resulting from overactive, aggressive, disruptive or agitated disruptive behaviour by patient:**

√ Include such behaviour due to any cause, eg: drugs, alcohol, dementia, psychosis, depression, etc.

- 0. No problems of this kind during the period rated.
- 1. Occasional irritability, quarrels, restlessness, etc, but generally calm.
- 2. Includes occasional aggressive gestures, pushing or pestering other; threats or verbal aggression; lesser damage to property (eg broken cup, window); marked overactivity or agitation.
- 3. Physically aggressive to others (short of rating 4); persistently threatening manner; more serious overactivity or destruction of property.
- 4. At least one serious physical attack on others or on animals; destructive of property (eg. Fire-setting); persistent seriously intimidating or obscene behaviour.
- 9. Not known or not applicable

**2. Suicidal thoughts or behaviour; non-accidental self-injury:**

X Do not include accidental self-injury (due eg. To dementia or severe learning disability); the cognitive problem is rated at Question 4. Or the injury at Question 5.  
X Do not include illness or injury as a direct consequence of drug/alcohol use rated at Question 3; eg. Cirrhosis of the liver or injury resulting from drunk driving are rated at Question 5.

- 0 No problem of this kind during the period rated.
- 1 Occasional or fleeting thoughts about ending it all but little risk; no self-harm
- 2 Minor risk during period; includes non-hazardous self-harm eg. Wrist-scratching
- 3 Moderate to serious risk of deliberate self-harm; includes preparatory acts eg. Collecting tablets.
- 4 Serious suicidal attempt and/or deliberate self-injury during period.
- 9 Not known or Not applicable

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

X Do not include aggressive/destructive behaviour due to alcohol or drugs, rated at Question 1.  
X Do not include physical illness or disability due to alcohol or drug use, rated at Question 5.

- 0 No problem of this kind during the period rated.
- 1 Occasional over-indulgence but within social norms.
- 2 Occasional loss of control of drinking or drug-taking, but not seriously addicted.
- 3 Marked dependence on alcohol or drugs with frequent loss of control, drunk driving, etc.
- 4 Incapacitated by alcohol/drug problems
- 9 Not known or Not applicable

#### 4. Cognitive problems involving memory, orientation, understanding:

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

C *Do not include temporary problems (eg. Hangovers) resulting from drug/alcohol use, rated at question.*

- 0 No problem of this kind during the period rated
- 1 Minor problems with memory or understanding, eg. Forgets names occasionally.
- 2 Mild but definite problems eg. Has lost the 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.
- 4 Severe disorientation, eg. Unable to recognise relatives, at risk of accidents, speech incomprehensible.
- 9 Not known or Not applicable

#### 5. Physical illness or disability problems

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

0̄ *Includes side-effects from medication; effects of drug/alcohol use; physical disabilities resulting from accidents associated with cognitive problems, drunk driving, etc.*

C *Do not include mental or behavioural problems rated at Question 4.*

- 0 No significant physical health problem during the period rated.
- 1 Temporary health problem during the period (eg, cold, non-serious fall, etc.)
- 2 Physical health problem imposes moderate restriction on mobility and activity.
- 3 Moderate degree of restriction on activity due to physical health problem.
- 4 Complete or severe incapacity due to physical health problem
- 9 Not known or Not applicable.

#### 6. Problems associated with hallucinations and delusions.

√ *Include hallucination & delusions irrespective of diagnosis.*

√ *Include odd and bizarre behaviour associated with hallucinations or delusions.*

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

- 0 No evidence of hallucinations or delusions during the period rated.
- 1 Mildly 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, i.e. clinically present but mild.
- 3 Marked preoccupation with delusions or hallucinations, causing much stress and/or manifested in obviously bizarre behaviour, ie. Moderate severe clinical problem.
- 4 Mental state and behaviour is seriously and adversely affected by delusions or hallucinations, with severe impact on patient and/or others.
- 9 Not known or Not applicable.

**7. Negative symptoms.**(Can be defined as including some or all of the following symptoms)

- *affective flattening* (characterised by unchanging facial expression; decreased spontaneous movement; paucity of expressive gestures; poor eye contact and reduced body language)
- *alogia* (characterised by poverty of speech, poverty of content of speech and manifested by brief, laconic, empty replies)
- *avolition* (characterised by inability to initiate and persist in goal-directed activities, for example the person may sit for long periods of time and show little interest in participating in work or social activities).

*The distinction between negative symptoms and depressive symptoms may be informed by the other accompanying symptoms that are present and the fact that individuals with symptoms of depression typically experience an intense painful affect whereas those with schizophrenia have a diminution or emptiness of affect.*

*C Do not include depressed mood rated at Question 8, loss of pleasure or overactivity rated at Question 10 or melancholic features rated Question 9.*

- 0 No evidence of these symptoms during the period rated.
- 1 Minor or transient problems in some areas.
- 2 Clinical degree of severity of one or more of the symptoms listed, but there are relatively symptom - free intervals and patient/client has a degree of control (ie. Mild problems).
- 3 Marked and persistent features of one or more negative symptoms (ie. Moderate clinical problems almost always present).
- 4 Mental State is seriously and adversely affected by one or more negative symptoms to the extent that these symptom/s dominate the clinical presentation.
- 9 Not known or Not applicable

**8. Depressed mood**

*C Do not include overactive or aggressive behaviour associated with agitated depression, rated in Question 1.*

*C Do not include suicidal ideation or attempts, rated at Question 2.*

*C Do not include delusions or hallucinations, rated at Question 6*

- 0 No problem associated with depressed mood during the period rated.
- 1 Gloomy; or transient mood changes associated with life events.
- 2 Mild but definite depression and distress: eg. Feelings of guilt; sleep disturbance; loss of appetite; loss of self-esteem.
- 3 Depression with marked physical or mental slowing, inappropriate self-blame, preoccupied with feelings of guilt.
- 4 Severe depression, retardation (stupor at the most severe), severe guilt or self-accusation.
- 9 Not known or Not applicable

**9. Depressed mood disturbance: melancholic features**

(If Question 8 was rated 1 or higher, please rate the patient's level of melancholic features).

Melancholic Features Include:

- *Distinct quality of depressed mood;*
- *depression regularly worse in the morning;*
- *early morning wakening;*
- *marked psychomotor retardation*
- *significant anorexia or weight loss;*
- *excessive or inappropriate guilt*

Using the scale below, rate the degree to which these features were present

- 0 No problem associated with melancholic features
- 1 1 feature present
- 2 2 features present
- 3 3 features present
- 4 4 or more features present
- 9 Not known or Not applicable

**10. Loss of pleasure in all, or almost all activities; loss of reactivity to usually pleasurable stimuli.**

- 0 No problem associated with loss of pleasure or loss of reactivity
- 1 Occasional or transient loss of pleasure and/or loss of reactivity
- 2 Frequent loss of pleasure and/or loss of reactivity
- 3 Marked loss of pleasure and/or loss of reactivity
- 4 Severe loss of pleasure and/or loss of reactivity
- 9 Not Known or Not Applicable

**11. Elevated mood disturbance**

*C Do not include suicidal ideation or attempts, rated at item 2.*

*C Do not include aggressive or destructive behaviour due to elated mood rated at Question 1.*

- 0 No problems associated with mood disturbance during the period rated
- 1 Transient elevated mood changes associated with life events.
- 2 Physically and mentally overactive; rapid speech, actions influenced by inflated self-esteem.
- 3 Reckless judgement, pressure of speech, severe physical overactivity, denial of tiredness.
- 4 May be careless of environmental dangers; impulsive behaviour; constantly changing interests; extravagant plans without reference to reality; disinhibited thoughts and activities (delusional at the most severe) or severe mood swings.
- 9 Not known or Not applicable

**12. Other mental and behavioural problems**

*Rate only the most severe clinical problems not considered on Questions 1 - 11: eg. Anxiety, panics, phobias, obsessions, anorexia, bulimia, sleep problems, fatigue, persistent complaints about bodily symptoms with no known physical cause.*

- 0 No evidence of any of these problems during the period rated
- 1 Minor persistent problem, or short-lived problem associated with life events.
- 2 A problem is clinically present, but there are relatively symptom-free intervals and patient/client has a degree of control, ie. Mild level.
- 3 Constant preoccupation with problem. Occasional severe attack or distress, with loss of control (eg. Has to avoid anxiety provoking situations altogether, call in a neighbour to help, etc) i.e. moderately severe level of problem.
- 4 Severe, persistent problem dominates most activities.
- 9 Not known or Not applicable

**N.B.** *If any problem was present, specify the type of problem by circling:*

- A. PHOBIC
- B ANXIETY
- C OBSESSIVE-COMPULSIVE
- D STRESS
- E SOMATIFORM
- G EATING
- H SLEEP
- I SEXUAL
- J OTHER: specify \_\_\_\_\_

**13. Problems with making supportive social relationships**

*ö 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 evidence of significant problems during the period
- 1 Either transient or long-lasting minor problems but accepted by patients and other.
- 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 social isolation due to inability to communicate socially and/or withdrawal from social relationships.
- 9 Not known or Not applicable

**14. Problems with Activities of Daily Living (ADL): overall disability**

- 0 *Rate the overall level of functioning in A.D.L.'S: 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.*  
 0 *Include any lack of motivation for using self-help opportunities, since this contributes to a lower level of functioning.*  
 C *Do not include lack of opportunities for exercising intact abilities and skills, rated on Question 15 & 16.*
- 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 inability to perform 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.  
 9 Not known or Not applicable

**15. Opportunities for using and improving abilities (A): where patient is living**

- 0 *Rate the most severe problem 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?*  
 C *Do not rate the level of functional disability itself, rated at Question 14.*

**N.B. Rate patient's usual, home accommodation. If information not available, rate 9.**

- 0 Accommodation and living conditions are acceptable; helpful in keeping any disability to the lowest level possible, and supportive of self - help.  
 1 Accommodation is reasonably acceptable although there are mild or transient problems (eg. Not ideal location, not preferred option, doesn't like the 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: some basic necessities absent; housing has minimal or no facilities to support patient.  
 4 Accommodation is unacceptable: eg. Lack of basic necessities, patient is at risk or eviction, or 'roofless', or living conditions are otherwise intolerable.  
 9 Not known or Not applicable

**16. Opportunities for using and improving abilities (B): occupational and recreational activities.**

- 0 *Rate help to cope with disabilities, and opportunities for maintaining or improving 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.*
- C *Do not rate the level of functional disability itself, rated at Question 14.*

**N.B. Rate patient's usual situation. If information unavailable rate 9.**

- 0 Patient has no problem making full use of his/her abilities.
- 1 Minor or temporary problem, eg: late benefit cheques; good 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 of 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; even unskilled care difficult to access.
- 4 Patient has no opportunity for activities away from home/lodging, hostel/ward.
- 9 Not known or Not applicable

**17. Onset of symptoms**

- √ *Aggressive/agitated/overactive behaviour, Suicidal thoughts or behaviour, Problem substance misuse, Cognitive problems, Physical illness or disability problems, Hallucinations or delusions, Negative symptoms, Depressed mood with/out Melancholic features, Loss of pleasure, Elevated mood disturbance, Mental or behavioural problems*

Which of the following best describes your understanding of the onset of symptoms 1 - 12 listed above:

- 0 First experience of symptoms within the 6 months prior to assessment
- 1 Symptom onset between 6 and 12 months prior to assessment
- 2 Symptom onset between 12 and the 2 years prior to assessment
- 3 Symptom onset within the period 2 to 5 years prior to assessment
- 4 Symptom onset more than 5 years prior to assessment
- 9 Not known or Not Applicable

**18. Problems with compliance**

- 0 There were no problems in engaging the person in treatment with mental health services in the two weeks prior to assessment
- 1 There were occasional problems in engaging the person in treatment with mental health services in the two weeks prior to assessment.
- 2 There were minor problems in engaging the person in treatment with mental health services in the two weeks prior to assessment
- 3 There were moderate problems in engaging the person in treatment with mental health services in the two weeks prior to admission
- 4 There were severe problems in engaging the person in treatment with mental health services in the two weeks prior to admission.
- 9 Not known or Not applicable