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Health of the Nation Outcome Scales for Elderly People (HoNOS 65+)

Glossary for HoNOS 65+ score sheet

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Summary of rating instructions:

- (a) Rate each scale in order from 1-12.
- (b) Do not include information rated in an earlier item except for Item 10 which is an overall rating.
- (c) Rate the MOST SEVERE problem that has occurred during the period rated.
- (d) 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.

Rate 9 if not known

1. Behavioural disturbance e.g. overactive, aggressive, disruptive or agitated behaviour, uncooperative or resistive behaviour

Include such behaviour due to any cause, for example, dementia, drugs, alcohol, psychosis, depression, etc.

Do not include bizarre behaviour, rated at Scale 6.

- 0= No problems of this kind during the period rated.
- 1= Occasional irritability, quarrels, restlessness, etc., but generally calm and cooperative and not requiring any specific action.
- 2= Includes aggressive gestures, for example pushing or pestering others and/or verbal threats or aggression; lesser damage to objects/property (e.g. broken cup, window); significant overactivity or agitation; intermittent restlessness and/or wandering (day or night); uncooperative at times, requiring encouragement and persuasion.
- 3= Physically aggressive to others (short of Rating 4); more serious damage to, or destruction of, property; frequently threatening manner; more serious and/

or wandering persistent overactivity or agitation; frequent restlessness and/or wandering (e.g. day and night); significant problems with cooperation, largely resistant to help or assistance.

- 4= At least one serious physical attack on others (over and above Rating on 3); major and/or persistent destructive activity (e.g. fire-setting); persistent and serious threatening behaviour; severe overactivity or agitation; sexually disinhibited or other inappropriate behaviour (e.g. deliberate inappropriate urination and/or defecation); virtually constant restlessness and/or wandering, severe problems related to non-compliant/resistive behaviour.

2. Non-accidental self-injury

Do not include accidental self-injury (e.g. due to dementia or severe learning disability); any 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 drink-driving are rated at Scale 5).

- 0= No problem of this kind during the period rated.
- 1= Fleeting thoughts of self-harm or suicide, but little or no risk during the period.
- 2= Mild risk during period; includes more frequent thoughts or talking about self-harm or suicide (including 'passive' ideas of self-harm such as not taking avoiding action in a potentially life threatening situation e.g. while crossing a road).
- 3= Moderate to serious risk of deliberate self-harm; includes frequent/persistent thoughts or talking about self-harm; includes preparatory behaviours, for example, collecting tablets.
- 4= Suicide attempt and/or deliberate self-injury during the period rated.

3. Problem-drinking or drug-use

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.

Do not include accidental misuse of alcohol or drugs (prescribed or otherwise) for example, in the context of dementia where the cognitive problem is rated at Scale 4 and any resulting illness or disability at Scale 5.

0= No problem of this kind during the period rated.

- 1= Some over-indulgence, but within social norm.
- 2= Occasional loss of control of drinking or drug use, but not a serious problem.
- 3= Marked craving or dependence on alcohol or drug use with frequent loss of control, drunkenness, etc.
- 4= Major adverse consequences/incapacitated from alcohol/drug problems.

4. Cognitive problems

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

Do not include temporary problems (e.g. hangovers) which are clearly associated with alcohol or other drug/medication use, rated at Scale 3.

0= No problem of this kind during the period rated.

- 1= Minor problems with orientation (e.g. some difficulty with orientation to time) and/or memory (e.g. a degree of forgetfulness but still able to actively learn new information), no apparent difficulties with the use of language.
- 2= Mild problems with orientation (e.g. frequently disorientated to time) and/or memory (e.g. definite problems learning new information such as names, recollection or recent events; deficit interferes with everyday activities); difficulty finding way in new or unfamiliar surroundings, able to deal with simple verbal information but some difficulties with understanding and/or expression of more complex language.
- 3= Moderate problems with orientation (e.g. usually disorientated to time, often to place) and/or memory (e.g.

new material rapidly lost, only highly learned material retained, occasional failure to recognise familiar individuals); has lost the way in a familiar place, major difficulties with language (expressive and/or receptive).

4= Severe disorientation (e.g. consistently disorientated to time and place, and sometimes to person) and/or memory impairment (e.g. only fragments remain, loss of distant as well as recent information, unable to effectively learn any new information, consistently unable to recognise or to name close friends/relatives); no effective communication possible through language/inaccessible to speech.

5. Problems related to physical illness or disability

Include illness or disability from any cause that limits mobility, impairs sight or hearing or otherwise interferes with personal functioning (e.g. pain). Also include side-effects from medication; effects of drug or alcohol use; physical disabilities resulting from accidents or self-harm associated with cognitive problems, etc.

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

0= No significant physical health, disability or mobility problems during the period rated.

1= Minor health problem during the period rated (e.g. cold); some impairment of sight and/or hearing (but still able to function effectively with the use of glasses and/or hearing aid).

2= Physical health problem associated with mild restriction of activities and/or mobility (e.g. restricted walking distance, some degree of loss of independence) moderate impairment of sight and/or hearing (with functional impairment despite the appropriate use of glasses and/or hearing aid), some degree of risk of falling, but low and no episodes to date, problems associated with mild degree of pain.

3= Physical health problem associated with moderate restriction of activities and/or mobility (e.g. mobile only with an aid – stick or zimmer frame – or with help); more severe impairment of sight and/or hearing (short of Rating 4); significant risk of falling (one or more falls; problems associated with a moderate degree of pain).

4= Major physical health problems associated with severe restriction of activities and/or mobility (e.g. chair or bed bound); severe impairment of sight and/or hearing (e.g. registered blind or deaf); high risk of falling (one or (usually) more falls because of physical illness or disability; problems associated with severe pain; presence of impaired level of consciousness).

6. Problems associated with hallucinations and/or delusions (or false beliefs)

Include hallucinations and delusions (or false beliefs) irrespective of diagnosis. Include odd or bizarre behaviour associated with hallucinations and delusions (or false beliefs).

Do not include aggressive, destructive or overactive behaviours attributed to hallucinations and delusions (or false beliefs) which are rated at Scale 1.

0= No evidence of delusions or hallucinations during the period rated.

1= Somewhat odd or eccentric beliefs not in keeping with cultural norms.

2= Delusions or hallucinations (e.g. voices, visions) are present, but there is little distress to patient or manifestation in bizarre behaviour, that is, a present, but mild clinical problem.

3= Marked preoccupation with delusions or hallucinations, causing significant 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 and/or hallucinations, with a major impact on the patient and/or others, that is, a severe clinical problem.

7. Problems with depressive symptoms

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. Rate associated problems (e.g. changes in sleep, appetite or weight; anxiety symptoms) at Scale 8.

0= No problems associated with depression during the period rated.

1= Gloomy; or minor changes in mood only.

2= Mild, but definite, depression on subjective and/or objective measures (e.g. loss of interest and/or pleasure, lack of energy, loss of self-esteem, feelings of guilt).

3= Moderate depression on subjective and/or objective measures (depressive symptoms more marked).

4= Severe depression on subjective and/or objective grounds (e.g. profound loss of interest and/or pleasure, preoccupation with ideas of guilt or worthlessness).

8. Other mental and behavioural problems

Rate only the single most severe clinical problem not considered in Scales 6 and 7. Specify the type of problem by entering the appropriate letter: A, phobic; B, anxiety; C, obsessive-compulsive; D, mental strain/tension; 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, but at a mild level, for example, the problem is intermittent, the patient maintains a degree of control and/or is not unduly distressed.

3= Moderately severe clinical problem, for example, more frequent, more distressing or more marked symptoms.

4= Severe persistent problem which dominates or seriously affects most activities.

9. Problems with relationships

Problems associated with social relationships, identified by the patient and/or apparent to others/carers. Rate the patient's most severe problem associated with active or passive withdrawal from, or tendency to dominate, 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, sustaining or adapting to supportive relationships (e.g. because of controlling manner, or arising out of difficult, exploitative or abusive relationships), definite difficulties reported by patient and/or evident to others/carers but mild.

3= Persisting significant problems with relationships; moderately severe conflict or problems identified within the relationship by the patient and/or apparent to others/carers.

4= Severe difficulties associated with social relationships (e.g. isolation, withdrawal, conflict, abuse); major tensions and stresses (e.g. threatening breakdown of relationship).

10. Problems with activities of daily living

Rate the overall level of functioning in activities of daily living (ADL): for example problems with basic activities of self-care such as eating, washing, dressing, toilet; also complex skills such as budgeting, recreation, use of transport, 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 opportunity for exercising intact abilities and skills, rated at Scales 11 and 12.

0= No problems during the period rated; good ability to function effectively in all basic activities (e.g. continent – or able to manage incontinence appropriately, able to feed self and dress) and complex skills (e.g. driving or able to make use of transport facilities, able to handle financial affairs appropriately).

1= Minor problems only without significantly adverse consequences; for example, untidy, mildly disorganised, some evidence to suggest minor difficulty with complex skills but still able to cope effectively.

3= Self-care and basic activities adequate (though some prompting may be required), but difficulty with more complex skills (e.g. problem organising and making a drink or meal, deterioration in personal interests especially outside the home situation, problems with driving, transport or financial judgements).

3= Problems evident in one or more areas of basic self-care activities (e.g. needs some supervision with dressing and eating, occasional urinary incontinence or continent only if toileted), inability to perform several complex skills in addition.

4= Severe disability or incapacity in all or nearly all areas of basic and complex

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skills (e.g. full supervision required with dressing and eating, frequent urinary or faecal incontinence).

11. Problems with living conditions

Rate overall severity of problems with the quality of living conditions/accommodation and daily domestic routine taking into account the patient's preferences and degree of satisfaction with their circumstances. Are the basic necessities met (heat, light, hygiene)? If so, does the physical environment contribute to maximising independence and minimising risk, and provide a choice of opportunities to facilitate the use of existing skills and the development of new ones?

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

Rate the patient's usual accommodation.

0= Accommodation and living conditions are acceptable; helpful in keeping any disability rated at Scale 10 to the lowest level possible and minimising any risk, and supportive of self-help, the patient is satisfied with their accommodation.

1= Accommodation is reasonably acceptable with only minor or transient problems related primarily to the patient's preferences rather than any significant problems or risks associated with their environment (e.g. not ideal location, not preferred option, doesn't like food).

2= Basics are met but significant problems with one or more aspects of the accommodation and/or regime (e.g. lack of proper adaptation to optimise function relating for instance to stairs, lifts or other problems or access); may be associated with risk to patient (e.g. of injury) which would otherwise be reduced.

3= Distressing/multiple problems with accommodation; for example, some basic necessities are absent (e.g. unsatisfactory and/or unreliable heating, lack of proper cooking facilities, inadequate

sanitation), clear elements of risk to the patient resulting from aspects of physical environment.

4= Accommodation is unacceptable; for example, lack of basic necessities, insecure, or living conditions otherwise intolerable, contributing adversely to the patient's condition and/or placing them at high risk of injury or other adverse consequences.

12. Problems with activities

Rate the overall level of problems with the quality of the daytime 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, lack of access to supportive facilities, for example, staffing and equipment of day centres, social clubs etc. Do not rate the level of functional disability itself, rated at Scale 10. Rate the patient's usual situation.

0= Patient's daytime environment is acceptable; helpful in keeping any disability rated at Scale 10 to the lowest level possible and maximising autonomy.

1= Minor or temporary problems, for example, good facilities available but not always at appropriate times for the patient.

2= Limited choice of activities; for example, insufficient carer or professional support; useful day setting available but for very limited hours.

3= Marked deficiency in skilled services and support available to help optimise activity level and autonomy, little opportunity to use skills or to develop new ones; unskilled care difficult to access.

4= Lack of any effective opportunity for daytime activities makes the patient's problems worse or patient refuses services offered which might improve their situation.

APPENDIX

HoNOS 65+ score sheet

Scale 0-4

Rate 9 if not known

- | | | | | | |
|---------------------------------|--------------------------|--|--------------------------|--|--------------------------|
| 1. Behavioural disturbance | <input type="checkbox"/> | 4. Cognitive problems specify subtype a or b | <input type="checkbox"/> | 8. Other mental and behavioural problems specify disorder A, B, C, D, E, F, G, H, I or J | <input type="checkbox"/> |
| 2. Non-accidental self injury | <input type="checkbox"/> | 5. Physical illness or disability problems | <input type="checkbox"/> | 9. Problems with relationships | <input type="checkbox"/> |
| 3. Problem drinking or drug use | <input type="checkbox"/> | 6. Problems associated with hallucinations/ delusions or false beliefs | <input type="checkbox"/> | 10. Problems with activities of daily living | <input type="checkbox"/> |
| | | 7. Problems with depressive symptoms | <input type="checkbox"/> | 11. Problems with living conditions | <input type="checkbox"/> |
| | | | | 12. Problems with activities | <input type="checkbox"/> |