



**HoNOS-Secure (v. 2b) SCORE SHEET**

**Service User Identifier:** \_\_\_\_\_

**Rater's Name:** \_\_\_\_\_ **Date of Rating:** \_\_\_\_\_

**Security Scales:**

A. Rate risk of harm to adults or children 0 1 2 3 4

B. Rate risk of self harm 0 1 2 3 4

C. Rate need for building security to prevent escape 0 1 2 3 4

D. Rate need for a safely-staffed living environment 0 1 2 3 4

E. Rate need for escort on leave 0 1 2 3 4

F. Rate risk to individual from others 0 1 2 3 4

G. Rate need for risk management procedures 0 1 2 3 4

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Total (date) \_\_\_\_\_ 0 - 28

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Improvement since previous rating (date) \_\_\_\_\_

(continued over)



**Scales 1 to 12:**

- |     |  |           |                      |
|-----|--|-----------|----------------------|
| 1.  | Overactive, aggressive, disruptive or agitated behaviour | 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)        |           | <input type="text"/> |
| 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 occupations and activities                 | 0 1 2 3 4 | <input type="text"/> |

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Total (date) \_\_\_\_\_ 0 - 48

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Improvement since previous rating (date) \_\_\_\_\_