

# 12 HoNOS Scales in depth

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# How to rate each scale (1-12)

- **Severity description of each scale**
- **Do's and Don't of each scale**
- **Additional notes to consider**

## Scale 1: Overactive, aggressive, disruptive or agitated behaviour

### Severity description

### Level

No problem of this kind during the period rated.

0

Irritability, quarrels, restlessness etc. not requiring action.

1

Includes aggressive gestures; pushing or pestering others; threats or verbal aggression; lesser damage to property (e.g. broken cup; window); marked overactivity or agitation.

2

Physically aggressive to others or animals (short of rating 4); threatening manner; more serious overactivity or destruction of property.

3

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

4



Do

- Rate any of the behavioural components that this scale covers from overactive or aggressive or disruptive or agitated behaviours.
- Include such behaviour due to any cause (e.g. drugs; alcohol; dementia; psychosis; depression).



Don't

- Do not include bizarre behaviour to be rated at Scale 6, unless it is aggressive, destructive or overactive.

# Scale 1: Overactive, aggressive, disruptive or agitated behaviour

## Additional notes for Scale 1



This scale 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 scale 6.

## Scale 2: Non-accidental self-injury

### Severity description

### Level

No problem of this kind during the period rated.

0

Fleeting thoughts about ending it all but little risk during the period rated; no self-harm.

1

Mild risk during the period rated; 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).

2

Moderate to serious risk of deliberate self-harm; includes frequent/ persistent thoughts or talking about self-harm; includes preparatory behaviours (e.g. collecting tablets).

3

Serious suicidal attempt and/or serious deliberate self-injury during the period rated.

4



## Don't

- Do not include accidental self-injury (due e.g. to dementia or severe learning disability); the cognitive problem is to be rated at Scale 4 and the injury at Scale 5.
- Do not include illness or injury as a direct consequence of drug/alcohol use (e.g. cirrhosis of the liver or injury resulting from drink driving) to be rated at Scale 5.

## Scale 2: Non-accidental self-injury

### Additional notes for Scale 2



This scale deals with ideas or acts of self-harm in terms of their severity or impact.



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.



As in the clinical situation, the issue of intent during the period, though sometimes difficult to assess (for example when service user 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 service user had not intended more than a moderate demonstration.

## Scale 3: Problem drinking or drug-taking

### Severity description

### Level

No problem of this kind during the period rated.

0

Some excessive consumption but no adverse consequences.

1

Excessive and/or harmful consumption resulting in adverse consequences, but no obvious craving or dependency.

2

Definite craving and/or dependence on alcohol or drugs.

3

Severe craving/dependence resulting in severe adverse consequences from alcohol/drug problems.

4



Do

- Include psychological as well as behavioural impacts of drug (illicit and/or prescription) and alcohol use.



Don't

- Do not include aggressive/ destructive behaviour due to alcohol or drug use already rated at Scale 1.
- Do not include physical illness or disability due to alcohol or drug use to be rated at Scale 5.
- Do not include dependence on tobacco products unless there are severe and adverse consequences arising from that addiction above and beyond the known long-term harms to physical health.

## Scale 3: Problem drinking or drug-taking

### Additional notes for Scale 3



**1**

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.



**2**

Temporary effects such as hangovers should also be included here. Long-term cognitive effects such as loss of memory are rated at scale 4, physical disability (for example from accidents) or disease (for example liver damage) at scale 5, mental effects at scales 6, 7 and 8, problems with relationships at scale 9.

## Scale 4: Cognitive problems

### Severity description

### Level

No problem of this kind during the period rated.

0

Minor problems with orientation (e.g. occasionally disorientated to time); memory (e.g. occasionally forgets names); language (e.g. on occasions unable to clearly express ideas; or has to have questions and instructions repeated); problem solving (e.g. able to solve simple problems but some difficulty with complex tasks).

1

Mild but definite problems with orientation (e.g. lost way in an unfamiliar place); memory (e.g. some difficulty remembering events; learning new material); language (e.g. some difficulty understanding and/or expressing ideas); mild thought disorder; problem solving (e.g. sometimes mixed up about simple decisions.)

2

Moderate problems with orientation (e.g. lost way in a familiar place; often disorientated to time); memory (e.g. new material rapidly lost; only highly learned material retained); language (e.g. speech can be incoherent; fails to understand common words/phrases); moderate thought disorder evident; problem solving (e.g. frequently unable to think clearly or solve simple problems).

3

Severe difficulties with orientation (e.g. consistently disorientated to time, person and place); memory (e.g. loss of distant and recent memory; unable to learn new information); language (e.g. very limited receptive or expressive communication); severe thought disorder; no effective problem solving.

4



Do

- **Include problems of orientation, memory, language, thought disorder and problem solving associated with any disorder: dementia, learning disability, schizophrenia, etc.**



Don't

- **Do not include temporary problems (e.g. hangovers) which are clearly associated with alcohol, drug or medication use, rated at Scale 3.**
- **Do not rate disorders of thought content (e.g. eccentric or delusional thinking) that will be rated at Scale 6.**

# Scale 4: Cognitive problems

## Additional notes for Scale 4



1

Intellectual and memory problems associated with any disorder, including dementia, learning disability, schizophrenia, very severe depression, etc., are taken into account



2

for example:

- 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.

## Scale 5: Physical illness or disability problems

### Severity description

### Level

No problem of this kind during the period rated.

0

Minor health problems during the period (e.g. cold; non-serious fall; etc.).

1

Physical health problem imposes mild restriction on mobility and activity.

2

Moderate degree of restriction on activity due to physical health problem.

3

Severe or complete incapacity due to physical health problem.

4



Do

- 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.



Don't

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

## Scale 5: Physical illness or disability problems

### Additional notes for Scale 5



Consider the impact of physical disability or disease on the service user in the recent past. Problems likely to clear up fairly rapidly, without longer term consequences (such as a cold or bruising from a fall), are rated 0 or 1.



A service user 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 to 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.

## Scale 6: Problems associated with hallucinations and /or delusions

### Severity description

### Level

No problem of this kind during the period rated.

0

Somewhat unusual or eccentric beliefs not in keeping with cultural norms.

1

Hallucinations or delusions are present, but there is little distress to patient or manifestation in bizarre behaviours, i.e. clinically present but mild.

2

Marked preoccupation with hallucinations or delusions, causing much distress and/or manifested in obviously bizarre behaviour, i.e. moderately severe clinical problem.

3

Mental state and behaviour is seriously and adversely affected by hallucinations or delusions, with severe impact on patient.

4



Do

- 
- **Include hallucinations and/or delusions irrespective of diagnosis.**
  - **Include unusual and bizarre behaviour associated with hallucinations or delusions.**



Don't

- 
- **Do not include aggressive, destructive or overactive behaviours attributed to hallucinations and/or delusions, already rated at Scale 1.**

# Scale 6: Problems associated with hallucinations and /or delusions

## Additional notes for Scale 6

 1  
Rate such phenomena irrespective of diagnosis. Rating point 1 is reserved for harmless eccentricity or oddness. If a service user has a delusional conviction of royal descent but does not act accordingly and is not distressed the rating is at point 2.

 2  
If the service user is distressed, or behaves bizarrely in accordance with the delusion (for example 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.

 3  
Any violent, overactive and disruptive behaviour, however, has already been rated at scale 1 and should not be included again. Similar considerations apply to other kinds of delusion and to hallucinations.

## Scale 7: Problems with depressed mood

### Severity description

### Level

No problem associated with depressed mood during the period rated.

0

Gloomy or minor changes in mood.

1

Mild but definite depressed mood and distress (e.g. loss of interest or pleasure; feelings of guilt; loss of self-esteem).

2

Moderate depressed mood on subjective or objective measures (depressive symptoms more marked).

3

Severe depressed mood on subjective or objective grounds (e.g. profound loss of interest or pleasure; preoccupation with ideas of guilt or worthlessness).

4



Do

- Include cognitive, affective or behavioural aspects of depressed mood (e.g. loss of interest or pleasure; lack of energy; loss of self-esteem; feelings of guilt).



Don't

- Do not include overactivity or agitation, already rated at Scale 1.
- Do not include suicidal ideation or attempts, already rated at Scale 2.
- Do not include delusions or hallucinations, already rated at Scale 6.
- Do not include other symptoms of depression as described at Scale 8 (i.e. changes in sleep, appetite or weight; anxiety symptoms).

## Scale 7: Problems with depressed mood

### Additional notes for Scale 7



Depressed mood and symptoms closely associated with it often occur in disorders other than depression.

Consider symptoms only, for example loss of self-esteem and guilt. These are rated at scale 7 irrespective of diagnosis. The more such symptoms there are the more severe the problems tend to be.



Overactivity and agitation are rated at scale 1; self-harm at scale 2; stupor at scale 4; delusions and hallucinations at scale 6.

Note that the rule is followed that symptoms, not diagnoses, are rated. Sleep and appetite problems are rated separately at scale 8.

## Scale 8: Other mental and behavioural problems

- Rate only the most severe mental and behavioural problem not considered in previous items.
- Specify the type of problem by entering the appropriate letter from the following table.

### **A - Phobic**

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Fear or avoidance behaviour in response to specific situations/objects that is out of proportion to actual threat.

### **B - Anxiety**

---

Patient experiences general anxiety, panic or similar experiences.

### **C - Obsessive compulsive**

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Recurrent obsessions or compulsive acts that are distressing and typically perceived by the patient as irrational.

### **D - Reactions to stressful events/trauma**

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Acute stress reactions and/or response to traumatic events.

### **E - Dissociative**

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Mental process where the patient disconnects from their thoughts, feelings, memories or sense of identity.

### **F - Somatoform**

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Persistent perceived physical health problems that have no known medical basis.

### **G - Eating**

---

Excessive intake or persistent restriction of food intake; includes related disordered behaviours to manage weight e.g. purging, excessive exercise, dieting etc.

### **H - Sleep**

---

Problems with the quality, timing or duration of sleep that impact on sense of fatigue, cognitive function or mood.

### **I - Sexual**

---

Disturbance of the patient's ability to respond sexually or experience sexual pleasure.

### **K - Elated mood**

---

Feelings of euphoria, excitement, expansive mood or optimism that do not reflect person's actual circumstances.

### **O - Other**

---

Any other mental or behavioural problem, not rated elsewhere, that is significant that results in patient distress or impacts upon their behaviour.

N.B 'J' from 1996 version has been deliberately omitted to allow compatibility with the previous version of the HoNOS.

## Scale 8: Other mental and behavioural problems

### Severity description

### Level

No evidence of any of these problems during period rated.

0

Minor non-clinical problems.

1

A problem is clinically present, but at a mild level (e.g. the problem is intermittent; the patient maintains a degree of control or is not unduly distressed).

2

Moderately severe clinical problem (e.g. more frequent, more distressing or more marked symptoms).

3

Severe problem which dominates or seriously affects many activities.

4

## Scale 8: Other mental and behavioural problems

### Additional notes for Scale 8



1

This scale provides an opportunity to rate symptoms not included in the previous clinical scales. Several types of problem are specified, distinguished by the capital letters A to O. Only the single most severe problem occurring during the period is rated.

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2

The most severe problem is always rated for each succeeding time period.

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## Scale 9: Problems with relationships

### Severity description

### Level

No significant problems during the period.

0

Minor non-clinical problems.

1

Definite problems in making or sustaining supportive relationships which create mild but significant distress or difficulty for the patient; patient complains and/or problems are evident to others.

2

Persisting major problems due to active or passive withdrawal from social relationships; relationships that provide little or no comfort or support; and/or problematic relationships which create moderate levels of distress or difficulty for the patient.

3

Severe and distressing social isolation or withdrawal from social relationships; and/or problematic relationships which create severe levels of distress or difficulty for the patient.

4



Do

- Rate the patient's most severe problem associated with active or passive withdrawal from interpersonal relationships, and/or non-supportive, destructive or self-damaging relationships.
- Include family as well as broader social relationships.

# Scale 9: Problems with relationships

## Additional notes for Scale 9



This scale concerns the quality as well as the quantity of service users' communications and social relationships with others. Both active and passive relationships are considered, as are problems arising from service users' own intrusive or withdrawn behaviour.



Take into account the wider social environment as well as the family or residential scene. Is the service user able to gain emotional support from others? If service users with dementia or learning disability (including the autistic spectrum) are over-friendly, 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 service user 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 service user withdraws, or is shunned by others, or both) is rated 4. Take the degree of the service users' distress about personal relationships, as well as degree of withdrawal or difficulty, into account when deciding between points 2 and 3. Aggressive behaviour by the service user towards another person is rated at scale 1.

## Scale 10: Problems with activities of daily living

### Severity description

### Level

No problems during period rated; good ability to function in all areas.

0

Minor problems only with self-care without significantly adverse consequences (e.g. untidy; disorganised), and / or minor difficulty with complex skills but still able to function independently.

1

Self-care and basic activities adequate (though some prompting may be required) but major lack of performance of one or more complex skills (see above).

2

Major problems in one or more areas of self-care (e.g. eating; washing; dressing; toilet) as well as major inability to perform several complex skills.

3

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

4



Do

- Rate the overall level of functioning in activities of daily living (ADL) (e.g. problems with basic activities or 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.)
- Rate what the person is capable of doing, independently of current support from others.
- Include any lack of motivation, including the use of self-help opportunities, since this contributes to a lower overall level of functioning.



Don't

- Do not include lack of opportunities for exercising intact abilities and skills, to be rated at Scales 11-12.

# Scale 10: Problems with activities of daily living

## Additional notes for Scale 10



Consider the overall level of functioning achieved by the service user 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:

1. a summary of the effects on personal and social functioning of the problems rated at scales 1 to 9
2. a lack of opportunities in the environment to use and develop intact skills
3. a lack of motivation or encouragement to use opportunities that is 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 service user's circumstances. If these are normal or as adequate as they can be, rate 0 or 1. Ratings 2 and 3 are intermediate.

## Scale 11: Problems with housing and living conditions

### Severity description

### Level

Housing and living conditions are acceptable; helpful in keeping any disabilities rated at Scale 10 to the lowest level possible and supportive of self-help.

0

Housing and living conditions are reasonably acceptable although there are minor or transient problems (e.g. not ideal location; not preferred option etc.).

1

Problem with one or more aspects of housing or living conditions (e.g. limited facilities to improve patient's independence).

2

Multiple significant problems with housing or living conditions (e.g. some basic necessities absent; housing or living conditions have minimal or no facilities to improve patient's independence).

3

Housing or living conditions are unacceptable (e.g. lack of basic necessities; patient is at risk of eviction or 'roofless'; or living conditions are otherwise intolerable) making patient's problems worse.

4



Do

- **NB: Rate patient's usual housing and living conditions. In general, try to rate the housing and living conditions most relevant to the patient's situation (e.g. if a brief stay in an acute ward is anticipated, rate the patient's home environment; if discharge is imminent, rate the patient's destination accommodation; if a lengthy hospital stay (e.g. over 6 months) is anticipated, rate the suitability of the ward).**
- **Rate the overall severity of problems with the quality of housing and living conditions. Are the basic necessities met (e.g. adequate heat; light; sanitation; cooking facilities)?.**
- **In addition to basic necessities, consider how well the patient's housing and living conditions match their current needs.**



Don't

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

# Scale 11: Problems with housing and living conditions

## Additional notes for Scale 11



The scale requires knowledge of the service user'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 service user 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 service user's optimal performance and quality of life? Do staff know (as they should) what the service user's capacities are?



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 indicates substantial.



The rating must be realistic, taking into account the overall problem level during the period, ratings on scales 1 to 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, for example 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.

**N.B** see training video for explanation of 'rating 9'.

**Source:** 1. Gresham et al (2014) Te Pou- New Zealand

## Scale 12: Problems with occupation and activities

### Severity description

### Level

Patient's occupation and activities are acceptable; helpful in keeping any disability rated at Scale 10 to the lowest level possible and supportive of self-help, and maximising autonomy and role functioning.

0

Minor or temporary problems (e.g. reasonable facilities available but not always at desired times, etc.).

1

Limited choice of activities to maintain or improve autonomy and role functioning (e.g. there is a lack of reasonable tolerance such as unfairly refused entry to public facilities; or insufficient skilled services; or helpful service is available but for very limited hours).

2

Marked deficiency in skilled services available to help minimise level of disability and help optimise autonomy and role functioning. No opportunities to use intact skills or add new ones; unskilled care difficult to access.

3

Lack of any opportunity for meaningful activities, or complete inability of services to involve the patient in such activities, may make patient's problems worse.

4



Do

- **NB: Rate patient's usual situation. In general, try to rate the occupation and activities most relevant to the patient's situation (e.g. if a brief stay in an acute ward is anticipated, rate the patient's usual occupation and activities; if discharge is imminent, rate the occupation and activities of the patient's destination; if a lengthy hospital stay (e.g. over 6 months) is anticipated, rate the suitability of the ward's provision).**
- **Rate the overall level of problems with the quality of meaningful occupation and activities. 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 suitably skilled staff; access to supportive facilities (e.g. staffing and equipment of day centres, workshops, social clubs, etc.)**
- **Consider how well the patient's occupation and activities match their current needs.**



Don't

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

# Scale 12: Problems with occupation and activities

## Additional notes for Scale 12



The principles considered at scale 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; possibly 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 service user at day hospital, drop-in or day centre, sheltered workshop, etc. Are specific (for example educational) courses available to correct deficits or provide new skills and interests? Is a sheltered outside space available if the service user is vulnerable in public (for example, because of odd mannerisms such as talking to themselves)? For how long is the service user unoccupied during the day? Do staff know what the service user'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 service user during the period rated, whatever the level of disability rated at scale 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 service user severely neglected and/or with nothing constructive to do), rate 4.
- Between these points, a judgement is required as to how far the environment restricts achievable autonomy; 2 indicates moderate restriction and 3 indicates substantial.