

# HONOS65+

## Item Clarifications and Elaborations

**Note:** an updated, tabulated version of the HoNOS 65+ Glossary was produced by the British Royal College of Psychiatry in April 2002. This is the version currently posted on their website. However, in keeping with the NOCC protocol, Victorian health services should use the older version of the Glossary reproduced below for the sake of national uniformity and comparability of data. Because of different groupings and descriptors, the tabulated version is seen as an inherently different instrument and may take longer to complete. Services will be advised formally of any refinements or revisions to the protocol if and when these occur.

### **1 Behavioural disturbance (e.g., overactive, aggressive, disruptive or agitated behaviour, uncooperative or resistive behaviour)**

Include such behaviour due to any cause, e.g., 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 co-operative and not requiring any specific action.

2 Includes aggressive gestures, pushing or pestering others; threats or verbal aggression; lesser damage to property (e.g., broken cup, window); significant over-activity or agitation; intermittent restlessness or wandering (day or night); uncooperative at times, requiring encouragement and persuasion.

3 Physically aggressive to others or animals (short of rating 4); more serious damage to, or destruction of, property; frequently threatening manner, more serious or persistent over-activity or agitation; frequent restlessness or wandering; significant problems with co-operation, largely resistant to help or assistance.

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

### **2 Non-accidental self-injury**

Do not include accidental self-injury (due e.g., 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 or 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 problem of this kind during the period rated.

1 Fleeting thoughts of self-harm or suicide; but little or no risk during the period rated.

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 during the period rated; includes frequent or persistent thoughts or talking about self-harm; includes preparatory behaviours, e.g., collecting tablets.

4 Suicidal attempt or deliberate self-injury during period.

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

Do not include aggressive or 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 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 taking; 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 or incapacitated due to alcohol or 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, drug or 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) or memory (e.g., a degree of forgetfulness but still able to learn new information), no apparent difficulties with the use of language.
- 2 Mild problems with orientation (e.g., frequently disorientated to time) or memory (e.g., definite problems learning new information such as names, recollection of 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 or expression of more complex language.
- 3 Moderate problems with orientation (e.g., usually disorientated to time, often place) 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 or receptive).
- 4 Severe disorientation (e.g., consistently disorientated to time and place, and sometimes to person) 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 or relatives); no effective communication possible through language or inaccessible to speech.

#### 5 **Physical illness or disability problems**

*Include illness or disability from any cause that limits mobility, impairs sight or hearing, or otherwise interferes with personal functioning (e.g., pain).*

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

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

- 0 No physical health, disability or mobility problems during the period rated.
- 1 Minor health problem during the period (e.g., cold); some impairment of sight or hearing (but still able to function effectively with the aid of glasses or hearing aid).
- 2 Physical health problem associated with mild restriction of activities or mobility (e.g., restricted walking distance, some degree of loss of independence); moderate impairment of sight or hearing (with functional impairment despite the appropriate use of glasses 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 or mobility (e.g., mobile only with an aid – stick or Zimmer frame – or with help); more severe impairment of sight 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 problem associated with severe restriction of activities or mobility (e.g., chair or bed bound); severe impairment of sight or hearing (e.g., registered blind or deaf); high risk of falling (one or 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 delusions**

*Include hallucinations and delusions (or false beliefs) irrespective of diagnosis.*

*Include odd and bizarre behaviour associated with hallucinations or delusions (or false beliefs).*

*Do not include aggressive, destructive or overactive behaviours attributed to hallucinations, delusions or false beliefs, 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 or manifested in obviously bizarre behaviour, that is, moderately severe clinical problem.

- 4 Mental state and behaviour is seriously and adversely affected by delusions or hallucinations, with a major impact on patient or others.

**7 Problems with depressive symptoms**

*Do not include over-activity 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 or objective measures (e.g., loss of interest or pleasure, lack of energy, loss of self-esteem, feelings of guilt).
- 3 Moderate depression on subjective or objective measures (depressive symptoms more marked).
- 4 Severe depression on subjective or objective grounds (e.g., profound loss of interest or pleasure, preoccupation with ideas of guilt or worthlessness).

**8 Other mental and behavioural problems**

*Rate only the most severe clinical problem not considered at Scales 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, but at a mild level, for example the problem is intermittent, the patient maintains a degree of control or is not unduly distressed.
- 3 Moderately severe clinical problem, for example, more frequent, more distressing or more marked symptoms.
- 4 Severe persistent problems which dominates or seriously affects most activities.

**9 Problems with relationships**

*Problems associated with social relationships, identified by the patient or apparent to carers or others. Rate the patient's most severe problem associated with active or passive withdrawal from, or tendency to dominate, social relationships or non-supportive, destructive or self-damaging relationships.*

- 0 No significant problems during the period.
- 1 Minor non-clinical problems.
- 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 but mild difficulties reported by patient or evident to carers or others.
- 3 Persisting significant problems with relationships; moderately severe conflicts or problems identified within the relationship by the patient or evident to carers or others.
- 4 Severe difficulties associated with social relationships (e.g., isolation, withdrawal, conflict, abuse); major tensions and stresses (e.g., threatening breaking down of relationship).

**10 Problems with activities of daily living**

*Rate the overall level of 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, recreation and 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 opportunities for exercising intact abilities and skills, rated at Scales 11 and Scale 12.*

- 0 No problems during 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.
- 2 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 interest especially outside the home situation, problems with driving, transport or financial judgements).
- 3 Problems evident in one or more areas of self-care activities (e.g., needs some supervision with dressing and eating, occasional urinary incontinence or continent only if toileted) as well as inability to perform several complex skills.
- 4 Severe disability or incapacity in all or nearly all areas of basic and complex skills (e.g., full supervision required with dressing and eating, frequent urinary or faecal incontinence).

## 11 Problems with living conditions

*Rate the 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 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 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 obtainable, rate 9.*

- 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 or regime (e.g., lack of proper adaptation to optimise function relating for instance to stairs, lifts or other problems of access); may be associated with risk to patient (e.g., injury) which would otherwise be reduced.
- 3 Distressing multiple problems with accommodation; e.g., some basic necessities are absent (unsatisfactory or unreliable heating, lack of proper cooking facilities, inadequate sanitation); clear elements of risk to the patient resulting from aspects of the physical environment.
- 4 Accommodation is unacceptable: e.g., lack of basic necessities, insecure, or living conditions are otherwise intolerable, contributing adversely to the patient's condition or placing them at high risk of injury or other adverse consequences.

## 12 Problems with occupation and activities

*Rate the overall level of problems with quality of 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, e.g., staffing and equipment of day centres, social clubs, etc.*

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

**NB:** *Rate the 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 possible, and maximising autonomy.
- 1 Minor or temporary problems, e.g., good facilities available but not always at appropriate times for the patient.
- 2 Limited choice of activities; e.g., 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.

## **Scoring**

All HoNOS 65+ items are answered on an item-specific anchored 4-point scale with higher scores indicating more problems.

The 12 HoNOS 65+ items can be aggregated into 4 subscales as shown in the table below.

### ***The Four HoNOS 65+ Subscales and their component items***

<b>Subscale and Brief item name</b>	<b>Item scores</b>	<b>Subscale scores</b>
<b>A. Behavioural Problems</b>		0 - 12
1. Aggression	0 - 4	
2. Self-harm	0 - 4	
3. Substance use	0 - 4	
<b>B. Impairment</b>		0 - 8
4. Cognitive dysfunction	0 - 4	
5. Physical disability	0 - 4	
<b>C. Symptomatic Problems</b>		0 - 12
6. Hallucinations & delusions	0 - 4	
7. Depression	0 - 4	
8. Other symptoms	0 - 4	
<b>D. Social Problems</b>		0 - 16
9. Personal relationships	0 - 4	
10. Overall functioning	0 - 4	
11. Residential problems	0 - 4	
12. Quality of daytime environment	0 - 4	
<b>E. Total score (1-12)</b>	0 - 48	

The total score, E, range 0-48, represents overall severity. For some purposes, items 11 and 12 may be excluded from this total because they measure features of the consumer's environment rather than of the consumer.

## **Missing Data**

As a general 'rule of thumb' there should be no missing data from the Clinician completed suite of measures. As part of routine clinical practice, observation of the consumer's presentation and information gathering from the consumer or their significant others should allow the clinician to make a rating. In calculating total and sub-scale scores, missing items (and items scored as a 9) are assigned a value of 0 because no problem has been recorded. This is completed as part of the Wellbeing Reporting Tool.