|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Health of Nation Outcome Scale** | | | **UR:**  **Surname:**  **Given Name:**  **Address:**  **DOB:**   **Sex:** | | | |
| **Rating Period:**  **Scoring:** 0= no problem, 1= Minimal problem, 2= Moderate problem, 3= Substantial problem, 4= Severe problem, 9= Unknown/ Not app  **Question 8:** A- Phobic, B- Anxiety, C- OCD, D- Stress, E- Dissociative, F- Somatoform, G- Eating, H- Sleep,  I- Sexual, J- Other | | | | | | |
| **HoNOS** | | 7) Problems with depressed mood | | | |  |
| 1) Overactive, aggressive, disruptive, agitated behaviour |  | 8) Other mental and behavioural (above) | | [ letter/ score] |  |  |
| 2) Non accidental self-injury |  | 9) Problems with relationships | | | |  |
| 3) Problem drinking or drug taking |  | 10) Problems with activities of daily living | | | |  |
| 4) Cognitive problems |  | 11) Problems with living conditions | | | |  |
| 5) Physical illness or disability problems |  | 12) Problems with residential rehabilitation participation and activities | | | |  |
| 6) Problems associated with hallucinations/ delusions |  | **TOTAL** | | | |  |
| **Therapist Name: Therapist Signature: Date:** | | | | | | |



**HoNOS**