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| **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:**  |

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**HoNOS**