

<div style="border: 1px solid black; border-radius: 50%; width: 80px; height: 80px; margin: 0 auto; display: flex; align-items: center; justify-content: center;"> <p style="font-size: 8px; margin: 0;">Insert health unit logo here</p> </div>	<p><b>NOCC ASSESSMENT</b> Version 1.1 February 2004</p>	<p><b>PATIENT LABEL</b></p>																
		<p>Unit Record No.:</p> <p>Surname:</p> <p>Given Names:</p> <p>Date of Birth: <span style="float: right;">Sex:</span></p>																
<p><b>ADULTS</b></p>																		
<p><b>Age Group</b></p> <p>0-17 [    ]<sub>1</sub>    18-64 [    ]<sub>2</sub>    65+ [    ]<sub>3</sub></p>		<p><b>CME Number:</b></p>																
<p><b>Mental Health Service Setting</b></p> <p>Inpatient [    ]<sub>1</sub>    Community Residential [    ]<sub>2</sub>    Ambulatory [    ]<sub>3</sub></p>																		
<p><b>Reason for Collection (Collection Occasion)</b></p> <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%;"><b>Admission</b></td> <td style="width:33%;"><b>Review</b></td> <td style="width:33%;"><b>Discharge</b></td> </tr> <tr> <td>New Referral [    ]<sub>01</sub></td> <td>Three Month Review [    ]<sub>04</sub></td> <td>No Further Care [    ]<sub>06</sub></td> </tr> <tr> <td>Admitted from other treatment setting [    ]<sub>02</sub></td> <td>Review - Other [    ]<sub>05</sub></td> <td>Discharge to change of treatment setting [    ]<sub>07</sub></td> </tr> <tr> <td>Admission - Other [    ]<sub>03</sub></td> <td></td> <td>Death [    ]<sub>08</sub></td> </tr> <tr> <td></td> <td></td> <td>Discharge - Other [    ]<sub>09</sub></td> </tr> </table>			<b>Admission</b>	<b>Review</b>	<b>Discharge</b>	New Referral [    ] <sub>01</sub>	Three Month Review [    ] <sub>04</sub>	No Further Care [    ] <sub>06</sub>	Admitted from other treatment setting [    ] <sub>02</sub>	Review - Other [    ] <sub>05</sub>	Discharge to change of treatment setting [    ] <sub>07</sub>	Admission - Other [    ] <sub>03</sub>		Death [    ] <sub>08</sub>			Discharge - Other [    ] <sub>09</sub>	
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<p><b>About the Preceding Period of Care</b></p> <p><b>Diagnoses:</b> (For Inpatient, Community Residential and Ambulatory Services. Complete Diagnosis at Review and Discharge, but NOT at Admission.)</p> <p style="text-align: right;"><b>Principal (1):</b> [    ] [    ] [    ] [    ] [    ] [    ]</p> <p style="text-align: right;"><b>Additional (2):</b> [    ] [    ] [    ] [    ] [    ] [    ]</p> <p style="text-align: right;"><b>(3):</b> [    ] [    ] [    ] [    ] [    ] [    ]</p>																		
<p><b>Focus of Care for Preceding Period (for Ambulatory Services only):</b> Complete the Focus of Care at Review and Discharge, but NOT at Admission. Define the main Focus of Care for the preceding period of care. [    ]</p> <p><b>Acute</b> ..... 1 Short-term reduction in severity of symptoms and/or personal distress associated with the recent onset or exacerbation of psychiatric disorder.</p> <p><b>Functional gain</b> ..... 2 Improve personal, social or occupational functioning or the promotion of psychosocial adaptation in a consumer with impairment arising from psychiatric disorder.</p> <p><b>Intensive extended</b> ..... 3 Prevent or minimise further deterioration and reduce the risk of harm to self or others in a consumer who has a stable pattern of severe symptoms/frequent relapses/severe inability to function independently, and is judged to require care over an indefinite period.</p> <p><b>Maintenance</b> ..... 4 Maintain level of functioning, minimise deterioration or prevent relapse where the consumer has stabilised and functions relatively independently.</p>																		
<p><b>Mental Health Legal Status:</b> (Complete at Review and Discharge. For all services.)</p> <p>Person was an involuntary patient for all or part of the period of care [    ]<sub>1</sub></p> <p>Not an involuntary patient at any time during the period of care [    ]<sub>2</sub></p> <p>Not applicable (collection not required due to protocol exclusion) [    ]<sub>8</sub></p> <p>Not stated / Missing [    ]<sub>9</sub></p>																		
<p><b>About the collection of the required Routine Outcome Measures</b></p> <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:15%;"><b>Collection Status Code:</b></td> <td style="width:15%;"><b>Date of Completion:</b></td> <td style="width:15%;"><b>Total Scores:</b></td> <td></td> </tr> <tr> <td>HoNOS [    ]</td> <td>___/___/_____</td> <td>[    ]</td> <td></td> </tr> <tr> <td>LSP-16 [    ]</td> <td>___/___/_____</td> <td>[    ]</td> <td></td> </tr> <tr> <td>K10+ [    ]</td> <td>___/___/_____</td> <td></td> <td></td> </tr> </table> <p>Offer the K10+ at Admission, Review and Discharge in Community Residential and Ambulatory Service Settings.</p>		<b>Collection Status Code:</b>	<b>Date of Completion:</b>	<b>Total Scores:</b>		HoNOS [    ]	___/___/_____	[    ]		LSP-16 [    ]	___/___/_____	[    ]		K10+ [    ]	___/___/_____			<p><b>Codes for Collection Status</b></p> <ol style="list-style-type: none"> <li>1. Complete or partially complete</li> <li>2. Not completed due to temporary contraindication (applies only to K-10+)</li> <li>3. Not completed due to general exclusion (applies only to K-10+)</li> <li>4. Not completed due to refusal by consumer (applies only to K-10+)</li> <li>7. Not completed for reasons not elsewhere classified</li> <li>8. Not completed due to protocol exclusion (eg. Collection not required at admission immediately following inpatient discharge)</li> <li>9. Not stated / Missing</li> </ol> <p><b>Total Scores</b> are derived by adding-up the individual scores, excluding scores of 9, on the HoNOS &amp; LSP-16</p>
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# HoNOS

Complete the ratings at Admission to all mental health service settings only after the first comprehensive clinical assessment has been completed. Only use code 9 if you have insufficient information to make the rating. The rating period is generally the preceding two weeks, except for inpatient discharge which is the preceding 72 hours. Rate in order 1 to 12. For Scales 1 to 8 always rate the worst manifestation. For Scales 9 to 12 base ratings on usual or typical situation. Scales 11 & 12 may necessitate going back beyond two weeks.

## 1. Overactive, aggressive, disruptive or agitated behaviour

*Include such behaviour due to any cause, e.g. drugs, alcohol, dementia, psychosis, depression, etc. Do not include bizarre behaviour, rated at Scale 6.*

- No problems 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, marked over-activity or agitation ..... 2
- Physically aggressive to others or animals threatening manner; more serious over-activity or destruction of property ..... 3
- At least one serious physical attack on others or on animals; destruction of property; serious intimidation or obscene behaviour ..... 4
- Not known or not applicable ..... 9

## 2. Non-accidental self-injury

*Do not include accidental self-injury due e.g. to dementia or severe learning disability (Scales 4 & 5). Do not include illness or injury as a direct consequence of drug or alcohol use (Scale 3).*

- 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 period; includes non-hazardous self-harm, e.g. wrist-scratching ..... 2
- Moderate to serious risk of deliberate self-harm during the period rated; includes preparatory acts, e.g. collecting tablets ..... 3
- Serious suicidal attempt or serious deliberate self-injury during the period rated ..... 4
- Not known or not applicable ..... 9

## 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.*

- No problem of this kind during the period rated ..... 0
- Some over-indulgence, but within social norm ..... 1
- Loss of control of drinking or drug-taking; but not seriously addicted ..... 2
- Marked craving or dependence on alcohol or drugs with frequent loss of control, risk taking; under the influence, etc ..... 3
- Incapacitated by alcohol or drug problems ..... 4
- Not known or not applicable ..... 9

## 4. Cognitive problems

*Include problems of memory, orientation and understanding associated with any disorder; learning disability, dementia, schizophrenia, etc. Do not include temporary problems resulting from drug or alcohol use, rated at Scale 3.*

- No problem of this kind during the period rated ..... 0
- Minor problems with memory or understanding, e.g. forgets names occasionally ..... 1
- Mild but definite problems, e.g. has lost way in a familiar place or failed to recognise a familiar person; sometimes mixed up about simple decisions ..... 2
- Marked disorientation in time, place or person, bewildered by everyday events; speech is sometimes incoherent, mental slowing ..... 3
- Severe disorientation, e.g. unable to recognise relatives, at risk of accidents, speech incomprehensible, clouding or stupor ..... 4
- Not known or not applicable ..... 9

## 5. Physical illness or disability problems

*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, 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.*

- No physical health problem during the period rated ..... 0
- Minor health problem 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
- Not known or not applicable ..... 9

## 6. Problems associated with hallucinations and delusions

*Include hallucinations & delusions irrespective of diagnosis; odd and bizarre behaviour associated with hallucinations or delusions. Do not include aggressive, destructive or overactive behaviours attributed to hallucinations or delusions, rated at Scale 1.*

- No evidence of hallucinations or delusions ..... 0
- Somewhat odd or eccentric beliefs not in keeping with cultural norms ..... 1
- Delusions or hallucinations are present, but there is little distress to patient or manifestation in bizarre behaviour, that is, moderately severe clinical problem ..... 2
- Marked preoccupation with delusions or hallucinations, causing much distress and/or manifested in obviously bizarre behaviour, that is, moderately severe clinical problem ..... 3
- Mental state & behaviour is seriously and adversely affected by delusions or hallucinations, with severe impact on patient ..... 4
- Not known or not applicable ..... 9

# HoNOS Continued

## 7. Problems with depressed mood

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.

No problems associated with depressed mood during the period rated .....	0
Gloomy; or minor changes in mood .....	1
Mild but definite depression and distress: e.g. feelings of guilt; loss of self-esteem .....	2
Depression with inappropriate self-blame, preoccupied with feelings of guilt .....	3
Severe or very severe depression, with guilt or self-accusation .....	4
Not known or not applicable .....	9

## 8. Other mental and behavioural problems

Rate only the most severe clinical problem not considered at items 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, (mandatory to specify if J is selected).

TYPE OF DISORDER \_\_\_\_\_ [ ]

No evidence of any of these problems .....	0
Minor non-clinical problems .....	1
A problem is clinically present at a mild level, e.g. patient/client has a degree of control .....	2
Occasional severe attack or distress, with loss of control e.g. has to avoid anxiety provoking situations altogether, call in a neighbour to help etc., that is, a moderately severe level of problem .....	3
Severe problem dominates most activities .....	4
Not known or not applicable .....	9

## 9. Problems with relationships

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

No significant problems during the period .....	0
Minor non-clinical problems .....	1
Definite problems in making or sustaining supportive relationships: patient complains and/or problems are evident to others .....	2
Persisting major problems due to active or passive withdrawal from social relationships, and/or to relationships that provide little or no comfort or support .....	3
Severe and distressing social isolation due to inability to communicate socially and/or withdrawal from social relationships .....	4
Not known or not applicable .....	9

## 10. Problems with activities of daily living

Rate overall level of functioning in activities of daily living, e.g. problems with basic activities of self care such as eating, washing, dressing; also complex skills such as budgeting, occupation & recreation, mobility, use of transport etc. Include lack of motivation. Do not include lack of opportunities for exercising intact abilities & skills, rated at Scale 11 & Scale 12.

No problems during period rated; good ability to function in all areas .....	0
Minor problems only, e.g. untidy, disorganised .....	1
Self-care adequate, but major lack of performance of one or more complex skills (see above) .....	2
Major problems in one or more areas of self-care (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
Not known or not applicable .....	9

## 11. Problems with living conditions

Rate overall severity of problems with the quality of living conditions and daily domestic routine. Are the basic necessities met? Do not rate level of functional disability itself, rated at Scale 10. NB: Rate patient's usual accommodation

Accommodation & living conditions are acceptable; helpful in keeping any disability rated at Scale 10 to the lowest level possible, and supportive of self-help .....	0
Accommodation is reasonably acceptable although there are minor or transient problems .....	1
Significant problems with one or more aspects of accommodation &/or regime (e.g. restricted choice; staff or household have little understanding of how to limit disability, or how to help develop new skills) .....	2
Distressing multiple problems with accommodation; housing environment has minimal or no facilities to improve patient's independence .....	3
Accommodation is unacceptable or non-existent .....	4
Not known or not applicable .....	9

## 12. Problems with occupation and activities

Rate overall level of problems with quality of day-time environment. Is there help to cope with disabilities, and opportunities for maintaining or improving occupational and recreational skills and activities? Do not rate the level of functional disability itself, rated at Scale 10.

Patient's day-time environment is acceptable; helpful in keeping any disability rated at Scale 10 to the lowest level possible, and supportive of self-help .....	0
Minor or temporary problems .....	1
Limited; choice of activities, e.g. there is a lack of tolerance or handicapped by lack of a permanent address; or insufficient carer or professional support; or very limited helpful day setting available .....	2
Marked deficiency in skilled services available to minimise level of disability; no opportunities to use intact skills or add new ones; unskilled care difficult to access .....	3
Lack of any opportunity for daytime activities makes patient's problem worse .....	4
Not known or not applicable .....	9

**1. Does this person generally have any difficulty with initiating and responding to conversation?**

- No difficulty .....0
- Slight difficulty .....1
- Moderate difficulty .....2
- Extreme difficulty .....3

**2. Does this person generally withdraw from social contact?**

- Does not withdraw at all .....0
- Withdraws slightly .....1
- Withdraws moderately .....2
- Withdraws totally or near totally .....3

**3. Does this person generally show warmth to others?**

- Considerable warmth .....0
- Moderate warmth .....1
- Slight warmth .....2
- No warmth at all .....3

**4. Is this person generally well groomed (eg. neatly dressed, hair combed)?**

- Well groomed .....0
- Moderately well groomed .....1
- Poorly groomed .....2
- Extremely poorly groomed .....3

**5. Does this person wear clean clothes generally, or ensure that they are cleaned if dirty?**

- Maintains cleanliness of clothes .....0
- Moderate cleanliness of clothes .....1
- Poor cleanliness of clothes .....2
- Very poor cleanliness of clothes .....3

**6. Does this person generally neglect her or his physical health?**

- No neglect .....0
- Slight neglect of physical problems .....1
- Moderate neglect of physical problems .....2
- Extreme neglect of physical problems .....3

**7. Is this person violent to others?**

- Not at all .....0
- Rarely .....1
- Occasionally .....2
- Often .....3

**8. Does this person generally make and/or keep up friendships?**

- Friendships made or kept up well .....0
- Friendships made or kept up with slight difficulty .....1
- Friendships made or kept up with considerable difficulty .....2
- No friendships made or none kept .....3

**9. Does this person generally maintain an adequate diet?**

- No problem .....0
- Slight problem .....1
- Moderate problem .....2
- Extreme problem .....3

**10. Does this person generally look after and take her or his own prescribed medication (or attend for prescribed injections on time) without reminding?**

- Reliable with medication .....0
- Slightly unreliable .....1
- Moderately unreliable .....2
- Extremely unreliable .....3

**11. Is this person willing to take psychiatric medication when prescribed by a doctor?**

- Always .....0
- Usually .....1
- Rarely .....2
- Never .....3

**12. Does this person co-operate with health services (eg. doctors and/or other health workers)?**

- Always .....0
- Usually .....1
- Rarely .....2
- Never .....3

**13. Does this person generally have problems (eg. friction, avoidance) living with others in the household?**

- No obvious problem.....0
- Slight problems.....1
- Moderate problems .....2
- Extreme problems .....3

**14. Does this person behave offensively (includes sexual behaviour)?**

- Not at all .....0
- Rarely .....1
- Occasionally .....2
- Often .....3

**15. Does this person behave irresponsibly?**

- Not at all .....0
- Rarely .....1
- Occasionally .....2
- Often .....3

**16. What sort of work is this person generally capable of (even if unemployed, retired or doing unpaid domestic duties)?**

- Capable of full-time work .....0
- Capable of part-time work .....1
- Capable only of sheltered work .....2
- Totally incapable of work .....3