**Table 1. HoNOS Older Adults - Summary of changes to the HoNOS65+.**

As well as the revised HoNOS Older Adults, each item’s original HoNOS65+ wording is included in greyed out boxes to aid comparison

| **Item** | **0** | **1** | **2** | **3** | **4** |
| --- | --- | --- | --- | --- | --- |
| **Summary of rating instructions*** Rate each scale in order from 1 to 12.
* Rate the MOST SEVERE problem that occurred during the previous TWO WEEKS, unless otherwise specified.
* A clinical assessment should enable the rater to score all HoNOS scales.
* Use all available information in making your rating.
* Take into account factors such as culture and context when assessing whether specific behaviours, experiences or beliefs are problematic.
* Consider the impact on behaviour and/or the degree of distress that the problem causes.
* Do not include information rated in an earlier item except for item 10 which is an overall rating.
* All scales follow the format:

0 = no problem1 = minor problem requiring no action2 = mild problem but definitely present3 = moderately severe problem4 = severe to very severe problem* This glossary provides guidance as to the meaning of each rating level.
* The glossary contains examples of behaviours to be rated but these are examples NOT exhaustive lists of things to be considered. Therefore, at times, referring to the underlying rating format above may be helpful.
* As a guide, ratings of 0 and 1 are not clinically significant, requiring no specific action other than possible monitoring for change. Ratings of 2 and above are regarded as clinically significant and would warrant recording in the clinical record for ongoing monitoring. A rating of 2 may be incorporated in the care plan. Ratings 3 and 4 should always be incorporated in the patient’s care plan.
* When a lack of information from assessment means rating is not possible, a 9 is used to denote this. Where possible, this should be avoided, because missing data make scores less comparable over time or between settings.
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| * Rate each scale in order from 1 to 12.
* Do not include information already rated in an earlier item except for Item 10 which is an overall rating.
* Rate the most severe problem that has occurred in the period rated.
* All scales follow the format:0 No problem.1 Minor problem requiring no formal action.2 Mild problem.3 Problem of moderate severity.4 Severe to very severe problem.
* 9 Not known or not applicable.
 |
| **1. Overactive or aggressive or disruptive or agitated behaviour** |
| * *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).*
* *Do not include bizarre behaviour to be rated at Scale 6, unless it is aggressive, destructive or overactive.*
 | No problems of this kind during the period rated. | Irritability, quarrels, restlessness etc. not requiring action. | Includes aggressive gestures; pushing or pestering others; threats or verbal aggression; lesser damage to property (e.g. broken cup; window); marked overactivity, or agitation; intermittent restlessness or wandering (day or night); uncooperative at times, requiring encouragement and persuasion. | Physically aggressive to others or animals (short of rating 4); threatening manner; more serious overactivity, agitation, or destruction of property; frequent restlessness or wandering; significant problems with co-operation; largely resistant to help or assistance. | At least one serious physical attack on others or on animals; destruction of property (e.g. fire-setting); serious intimidation; sexually disinhibited or other severe inappropriate behaviour (e.g. deliberate inappropriate urination or defecation); severe overactivity or agitation; virtually constant restlessness or wandering; severe problems related to non-compliant or resistive behaviour. |
| Behavioural disturbance (eg, overactive, aggressive, disruptive or agitated behaviour, uncooperative or resistive behaviour)*Include such behaviour due to any cause, eg, dementia, drugs, alcohol, psychosis, depression, etc.**Do not include bizarre behaviour, rated at Scale 6.* | Occasional irritability, quarrels, restlessness etc., but generally calm and co‑operative and not requiring any specific action. | Includes aggressive gestures, for example pushing or pestering others; verbal threats or aggression; lesser damage to objects/property (eg, broken cup, window); significant over-activity or agitation; intermittent restlessness and/or wandering (day or night); uncooperative at times, requiring encouragement and persuasion. | Physically aggressive to others (short of rating 4); more serious damage to, or destruction of, property; frequently threatening manner; more serious and/or wandering persistent over-activity or agitation; frequent restlessness and/or wandering (e.g. day and night); significant problems with co-operation, largely resistant to help or assistance. | At least one serious physical attack on others (over and above rating on 3); major and/or persistent destructive activity (eg, fire–setting); persistent and serious threatening behaviour; severe over-activity or agitation; sexually disinhibited or other inappropriate behaviour (eg, deliberate inappropriate urination and/or defecation); virtually constant restlessness and/or wandering; severe problems related to non-compliant/resistive behaviour. |
| **2. Non-accidental self-injury** |
| * *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.*
 | No problem of this kind during the period rated. | Fleeting thoughts about ending it all but little risk during the period rated; no self-harm. | 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). | Moderate to serious risk of deliberate self-harm; includes frequent/ persistent thoughts or talking about self-harm; includes preparatory behaviours (e.g. collecting tablets). | Suicidal attempt and/or serious deliberate self-injury during the period rated. |
| *Do not include accidental self-injury (e.g. due 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/alcohol use rated at Scale 3, (eg, cirrhosis of the liver or injury resulting from drink–driving are rated at Scale 5).* | Fleeting thoughts of self-harm or suicide, but little or no risk during the period rated. |
| **3. Problem drinking or drug-taking** |
| * *Include psychological as well as behavioural impacts of drug (illicit and/or prescription) and alcohol use.*
* *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.*
 | No problem of this kind during the period rated. | Some excessive consumption but no adverse consequences. | Excessive and/or harmful consumption resulting in adverse consequences, but no obvious craving or dependency. | Definite craving and/or dependence on alcohol or drugs. | Severe craving/dependence resulting in severe adverse consequences from alcohol/drug problems. |
| * *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.*
* *Do not include accidental misuse of alcohol or drugs (prescribed or otherwise) for example, in the context of dementia where the cognitive problem is rated at Scale 4 and any resulting illness or disability at Scale 5.*
 | Some over-indulgence, but within social norm. | Occasional loss of control of drinking or drug-taking; but not a serious problem. | Marked craving or dependence on alcohol or drug use with frequent loss of control, drunkenness, etc. | Major adverse consequences or incapacitated from alcohol/drug problems. |
| **4. Cognitive problems** |
| * *Include problems of orientation, memory, language, thought disorder and problem solving 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.*
* *Do not rate disorders of thought content (e.g. eccentric or delusional thinking) that will be rated at Scale 6.*
 | No problem of this kind during the period rated. | 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). | 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.) | 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.) | 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; consistently unable to recognise or to name close friends or relatives. |
| * *Include problems of orientation, memory, and language associated with any disorder: dementia, learning disability, schizophrenia, etc.*
* *Do not include temporary problems (eg, hangovers) which are clearly associated with alcohol or drug/medication use, rated at Scale 3.*
 | Minor problems with orientation (eg, some difficulty with orientation to time) and/or memory (eg, a degree of forgetfulness but still able to actively learn new information), no apparent difficulties with the use of language. | Mild problems with orientation (eg, frequently disorientated to time) and/or memory (eg, 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 and/or expression of more complex language. | Moderate problems with orientation (eg, usually disorientated to time, often to place) and/or memory (eg, 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 and/or receptive). | Severe disorientation (eg, consistently disorientated to time and place, and sometimes to person) and/or memory impairment (eg, 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/relatives); no effective communication possible through language/inaccessible to speech. |
| 1. **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; effects of drug/alcohol use; physical disabilities resulting from accidents or self-harm associated with cognitive problems, drink-driving, etc.*
* *Do not include mental or behavioural problems already rated at Scale 4.*
 | No physical health problem during the period rated.  | Minor health problems 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). | Physical health problem imposes mild restriction on mobility and activity; moderate impairment of sight or hearing (with functional impairment despite the appropriate use of glasses or hearing aid); risk of falling, but risk is low and no episodes to date; problems associated with mild degree of pain. | Moderate degree of restriction on activity due to physical health problem (e.g. mobile only with an aid – stick or walking 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. | Severe or complete incapacity due to physical health problem with severe restriction of activities or mobility (e.g. chair or bed bound); severe impairment of sight or hearing; recent repeated falls because of physical illness or disability; problems associated with severe pain. |
| * *Include illness or disability from any cause that limits mobility, impairs sight or hearing, or otherwise interferes with personal functioning (eg, 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.*
 | No significant physical health, disability or mobility problems during the period rated | Minor health problem during the period (eg, cold); some impairment of sight and/or hearing (but still able to function effectively with the aid of glasses and/or hearing aid | Physical health problem associated with mild restriction of activities and/or mobility (eg, restricted walking distance, some degree of loss of independence); moderate impairment of sight and/or hearing (with functional impairment despite the appropriate use of glasses and/or hearing aid); some degree of risk of falling, but low and no episodes to date; problems associated with mild degree of pain. | Physical health problem associated with moderate restriction of activities and/or mobility (eg, mobile only with an aid – stick or zimmer frame – or with help); more severe impairment of sight and/or hearing (short of rating 4); significant risk of falling (one or more falls); problems associated with a moderate degree of pain. | Major physical health problems associated with severe restriction of activities and/or mobility (eg, chair or bed bound); severe impairment of sight and/or hearing (eg, registered blind or deaf); high risk of falling (one or (usually) more falls) because of physical illness or disability; problems associated with severe pain; presence of impaired level of consciousness. |
| 1. **Problems associated with hallucinations and /or delusions**
 |
| * *Include hallucinations and/or delusions irrespective of diagnosis.*
* *Include unusual and bizarre behaviour associated with hallucinations or delusions.*
* *Do not include aggressive, destructive or overactive behaviours attributed to hallucinations and/or delusions, already rated at Scale 1.*
 | No evidence of hallucinations or delusions during the period rated.  | Somewhat unusual or eccentric beliefs not in keeping with cultural norms. | Hallucinations or delusions are present, but there is little distress to patient or manifestation in bizarre behaviours, i.e. clinically present but mild. | Marked preoccupation with hallucinations or delusions, causing much distress and/or manifested in obviously bizarre behaviour, i.e. moderately severe clinical problem. | Mental state and behaviour is seriously and adversely affected by hallucinations or delusions, with severe impact on patient. |
| * *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.*
 | Somewhat odd or eccentric beliefs not in keeping with cultural norms. | Delusions or hallucinations (eg, voices, visions) are present, but there is little distress to patient or manifestation in bizarre behaviour, that is, a present, but mild clinical problem. | Marked preoccupation with delusions or hallucinations, causing significant distress and/or manifested in obviously bizarre behaviour, i.e. moderately severe clinical problem. | Mental state and behaviour is seriously and adversely affected by delusions and/or hallucinations, with a major impact on patient and/or others, that is, a severe clinical problem. |
| 1. **Problems with depressed mood**
 |
| * *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).*
* *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).*
 | No problem associated with depressed mood during the period rated. | Gloomy or minor changes in mood. | Mild but definite depressed mood and distress (e.g. loss of interest or pleasure; feelings of guilt; loss of self-esteem). | Moderate depressed mood on subjective or objective measures (depressive symptoms more marked). | Severe depressed mood on subjective or objective grounds (e.g. profound loss of interest or pleasure; preoccupation with ideas of guilt or worthlessness). |
| * *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 (eg, changes in sleep, appetite or weight; anxiety symptoms) at Scale 8.*
 | No problems associated with depression during the period rated. | Gloomy; or minor changes in mood only. | Mild but definite depression on subjective and/or objective measures (eg, loss of interest and/or pleasure, lack of energy, loss of self-esteem, feelings of guilt). | Moderate depression on subjective and/or objective measures (depressive symptoms more marked). | Severe depression on subjective and/or objective grounds (eg, profound loss of interest and/or pleasure, preoccupation with ideas of guilt or worthlessness). |
| 1. **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 | 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 | Recurrent obsessions or compulsive acts that are distressing and typically perceived by the patient as irrational. |
| D Reactions to stressful events or trauma. | Acute stress reactions and/or response to traumatic events. |
| E Dissociative | Mental process where the patient disconnects from their thoughts, feelings, memories or sense of identity. |
| F Somatoform | 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 has been deliberately omitted to allow compatibility with the previous version of the HoNOS.* | No evidence of any of these problems during period rated. | Minor non-clinical problems. | 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). | Moderately severe clinical problem (e.g. more frequent, more distressing or more marked symptoms). | Severe problem which dominates or seriously affects many activities. |
| * *Rate only the single most severe clinical problem not considered at Scales 6 and 7. 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.*
 | Severe persistent problem which dominates or seriously affects most activities. |
| 1. **Problems with relationships**
 |
| * *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.*
 | No significant problems during the period.  | Minor non-clinical problems. | 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. | 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. | 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. |
| * *Problems associated with social relationships, identified by the patient and/or apparent to others/carers. Rate the patient’s most severe problem associated with active or passive withdrawal from, or tendency to dominate, social relationships and/or non-supportive, destructive or self-damaging relationships.*
 | Definite problems in making, sustaining or adapting to supportive relationships (eg, because of controlling manner, or arising out of difficult, exploitative or abusive relationships), definite difficulties reported by patient and/or evident to others/carers but mild. | Persisting significant problems with relationships; moderately severe conflict or problems identified within the relationship by the patient and/or apparent to others/carers. | Severe difficulties associated with social relationships (eg, isolation, withdrawal, conflict, abuse); major tensions and stresses (eg, threatening break-down of relationship). |
| 1. **Problems with activities of daily living**
 |
| * *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.*
* *Do not include lack of opportunities for exercising intact abilities and skills, to be rated at Scales 11-12.*
 | No problems during period rated; good ability to function in all areas.  | 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. | 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). | Major problems in one or more areas of self-care (e.g. eating; washing; dressing; toilet, including occasional urinary incontinence or continent only if toileted) as well as major inability to perform several complex skills. | Severe disability or incapacity in all or nearly all areas of self-care and complex skills (e.g. full supervision required with dressing and eating; frequent incontinence). |
| * *Rate the overall level of functioning in activities of daily living (ADL): eg, problems with basic activities of self-care such as eating, washing, dressing, toilet; also complex skills such as budgeting, recreate on 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.*
 | No problems during period rated; good ability to function effectively in all basic activities (eg, continent – or able to manage incontinence appropriately, able to feed self and dress) and complex skills (eg, driving or able to make use of transport facilities, able to handle financial affairs appropriately). | 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. | Self-care and basic activities adequate (though some prompting may be required), but difficulty with more complex skills (eg, problem organising and making a drink or meal, deterioration in personal interests especially outside the home situation, problems with driving, transport or financial judgements). | Problems evident in one or more areas of basic self-care activities (eg, needs some supervision with dressing and eating, occasional urinary incontinence or continent only if toileted), inability to perform several complex skills in addition. | Severe disability or incapacity in all or nearly all areas of basic and complex skills (eg, full supervision required with dressing and eating, frequent urinary or faecal incontinence). |
| 1. **Problems with housing and living conditions**
 |
| * *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.*
* *Do not rate the level of functional disability itself, already rated at Scale 10.*
 | 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 while minimising any associated risk(s). | Housing and living conditions are reasonably acceptable although there are minor risks or transient problems (e.g. not ideal location; not preferred option; etc.). | Problem with one or more aspects of housing, living conditions or routine (e.g. limited facilities to improve patient’s independence; lack of proper adaptation to optimise function); may be associated with risk to patient (e.g. injury) which would otherwise be reduced. | 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); clear elements of risk to the patient resulting from aspects of the physical environment. | 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 or placing them at severe risk of injury or other adverse consequences |
| * *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, which is rated at Scale 10.*
* *NB: Rate patient’s usual accommodation.*
 | 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. | 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 (eg, not ideal location, not preferred option, doesn’t like food). | Basics are met but significant problems with one or more aspects of the accommodation and/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. of injury) which would otherwise be reduced. | Distressing/multiple problems with accommodation; e.g. some basic necessities are absent (unsatisfactory and/or unreliable heating, lack of proper cooking facilities, inadequate sanitation); clear elements of risk to the patient resulting from aspects of physical environment. | Accommodation is unacceptable: e.g. lack of basic necessities, insecure, or living conditions are otherwise intolerable, contributing adversely to the patient’s condition and/or placing them at high risk of injury or other adverse consequences. |
| 1. **Problems with occupation and activities**
 |
| * *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.*
* *Do not rate the level of functional disability itself, already rated at Scale 10.*
 | 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.   | Minor or temporary problems (e.g. reasonable facilities available but not always at desired times, etc.). | 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). | 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. | 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. |
| * *Rate the overall level of problems with the quality of the day-time 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.*
 | Patient’s day–time environment is acceptable; helpful in keeping any disability rated at Scale 10 to the lowest level possible, and maximising autonomy. | Minor or temporary problems, e.g. good facilities available but not always at appropriate times for the patient. | Limited choice of activities; e.g. insufficient carer or professional support, useful day setting available but for very limited hours. | 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. | Lack of any effective opportunity for daytime activities makes the patient’s problems worse or patient refuses services offered which might improve their situation. |