Australian Mental Health Outcomes and Classification Network

Sharing Information to Improve Outcomes

Rater and Clinical Utility Training Manual

ADULT

Acknowledgements

Acknowledgement of Country
We acknowledge the Traditional Custodians of the lands where we work and live. We celebrate the diversity of Aboriginal peoples and their ongoing cultures and connections to the lands and waters of Australia. We pay our respects to Elders past, present and emerging and acknowledge the Aboriginal and Torres Strait Islander people that contributed to the development of AMHOCN resources.

Acknowledgment of Lived Experience
We would like to recognise those with lived experience of mental health conditions in Australia. We acknowledge that we can only provide quality care through valuing, respecting and drawing upon the lived experience and expert knowledge of consumers, their families, carers and friends, staff and the local communities. We acknowledge their contribution to the development of AMHOCN resources.

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Australian Mental Health Outcomes and Classification Network. (2021). Rater and clinical utility training manual: Adult. Rev. ed. Sydney: Australian Mental Health Outcomes and Classification Network.

Contents

1. Introduction to the manual

This training manual has been developed as part of a training package designed to provide rater and clinical utility training. It has been structured so that it provides the contents of a one day training workshop which not only covers refresher training but also includes resources to assist mental health staff explore the clinical utility of the measures introduced under the National Outcomes and Casemix Collection (NOCC).

Some of the underlying principles, which shape this training manual, include:

- the need to utilise the principles of adult learning;
- ensuring that participants can relate the material to their work environment; and
- giving participants the opportunity to engage with the material.

Before commencing training, trainers should have a good understanding of the measures introduced under NOCC and their clinical application. Additionally, trainers should possess knowledge and/or experience in the use of aggregate reports in service development and/or improvement activities.

Before commencing training, trainers should ensure that they have access to the following training materials:

- Adult Rater and Clinical Utility Training Manual (this document);
- Adult self report measure appropriate to jurisdiction;
- PowerPoint projector and laptop;
- Materials to support discussion e.g., white board, flip chart, markers;
- Vignette material (Video, written material); and
- Example service reports of outcome measures.

In this training manual symbols are used to indicate activities that the trainer should undertake:

This symbol indicates that trainers should make explicit certain important training points.

This symbol indicates that trainers should show a particular video clip or written vignette.

This symbol indicates that trainers should encourage group discussion.

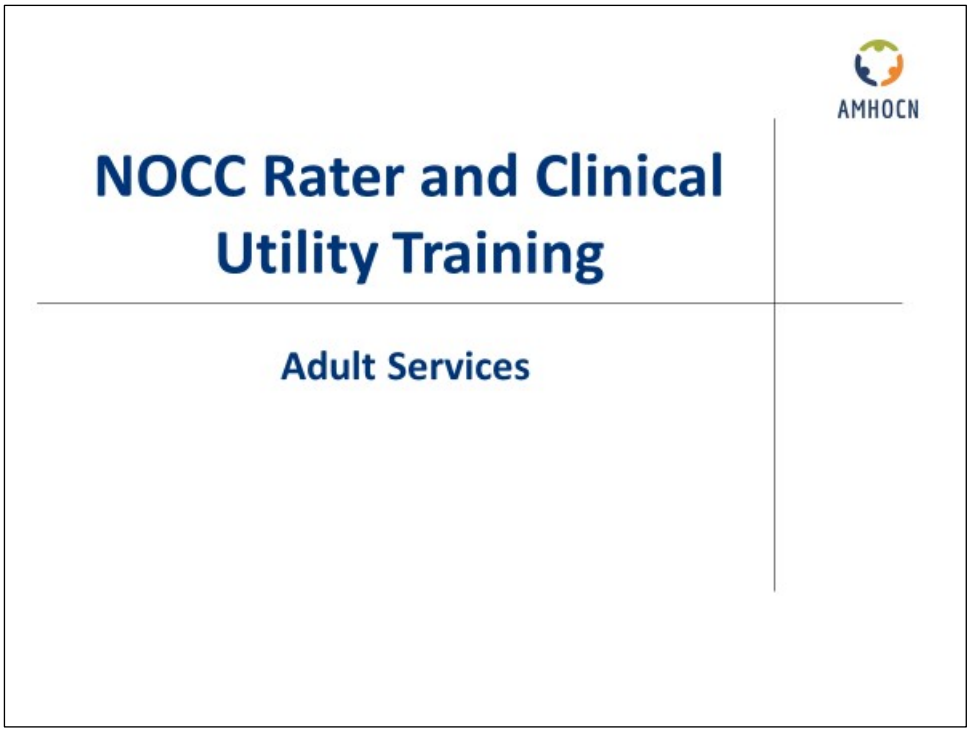
This symbol indicates that trainers should distribute specific handout materials.

This symbol indicates the notional time each section should take.

2. Workshop timetable

This is a notional timetable as groups will vary in size and knowledge of the measures. Given this potential variation and its impact on the amount of discussion that takes place during activities, the timing of each activity may vary. The optimum group size is 15. This enables the creation of 3 teams of 5 people and 5 groups of 3 for individual activities. These notional timings are based on 15 participants.

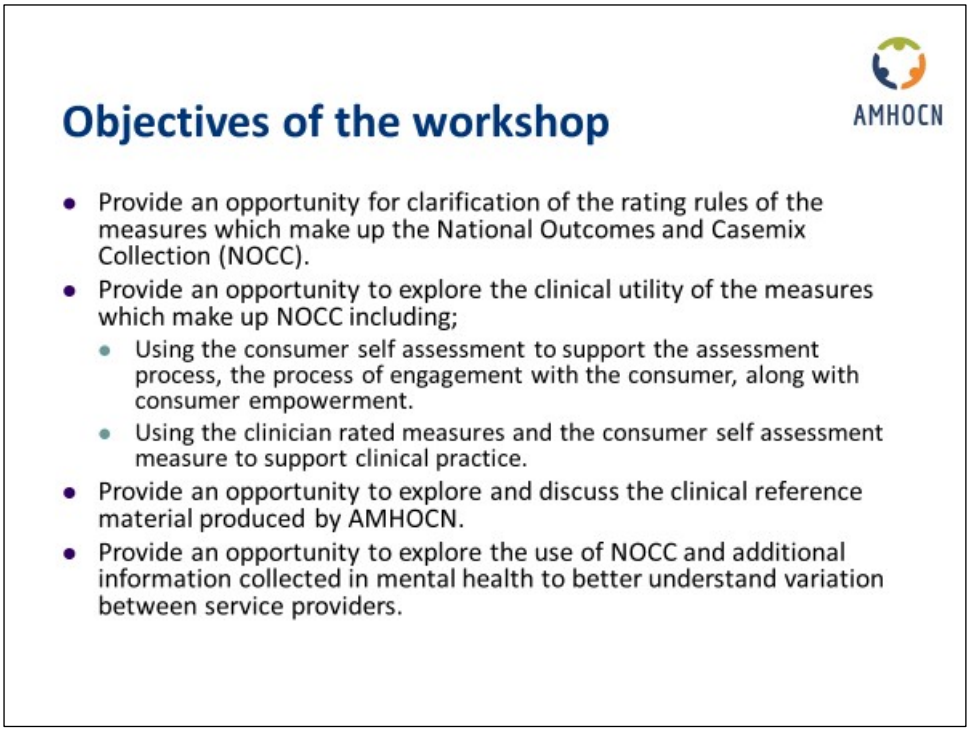
Approximate Timing	**Content**
10 minutes	Introduction • Objectives of workshop
90 minutes	Refresher HoNOS rating • Overview of rating the HoNOS • Practice rating - vignette • HoNOS feedback/discussion of ratings • Clarification of rating rules
	Morning tea
10 Minutes	LSP-16
15 Minutes	Review other measures • Mental Health Phase of Care • Diagnosis • Mental Health Legal Status
90 minutes	Consumer self assessment • Measure overview and offering • Activity - Consumer Self Assessment Fidelity Checklist • Discussion
	Lunch
15 minutes	Making sense of the numbers • Exploring reference material
45 minutes	Care and treatment planning • Preparation, action and expectations
30 minutes	Understanding variation across teams • What additional information is required?
	Afternoon tea / Close



This slide simply provides an introduction to the title of the workshop.

Take this opportunity to have acknowledgement of country, recognition of lived experience, undertake housekeeping activities such as fire and evacuation procedures, bathrooms, messages, mobile phone etiquette. Introduce presenter and, depending on group size, participants.

3. Training introduction and learning objectives



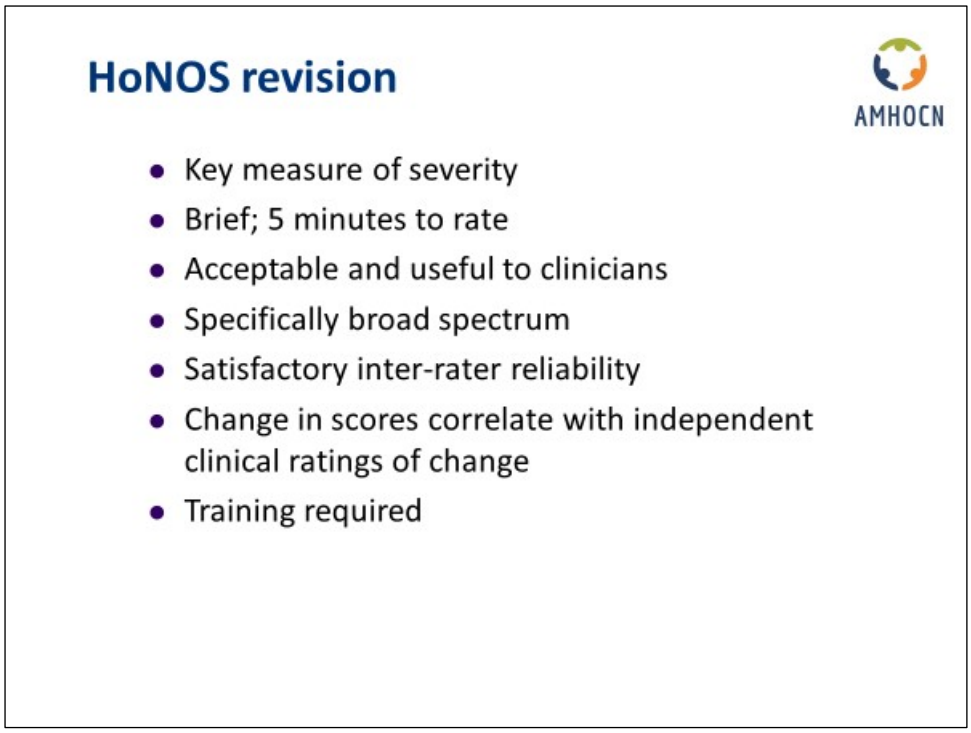
Trainers should identify the objectives of the workshop:

- Provide an opportunity for clarification of the rating rules of the measures which make up the National Outcomes and Casemix Collection (NOCC).
- Provide an opportunity to explore the clinical utility of the measures which make up NOCC including:
  - Using the consumer self assessment to support, the assessment process, the process of engagement with the consumer along with consumer empowerment; and
  - Using the clinician rated measures and the consumer self assessment measure to support clinical practice.
- Provide an opportunity to explore and discuss the clinical reference material being produced by AMHOCN.
- Provide an opportunity to explore the use of NOCC and additional information collected in mental health to better understand variation between service providers.

This section should take approximately 10 minutes to complete.

4. HoNOS refresher training

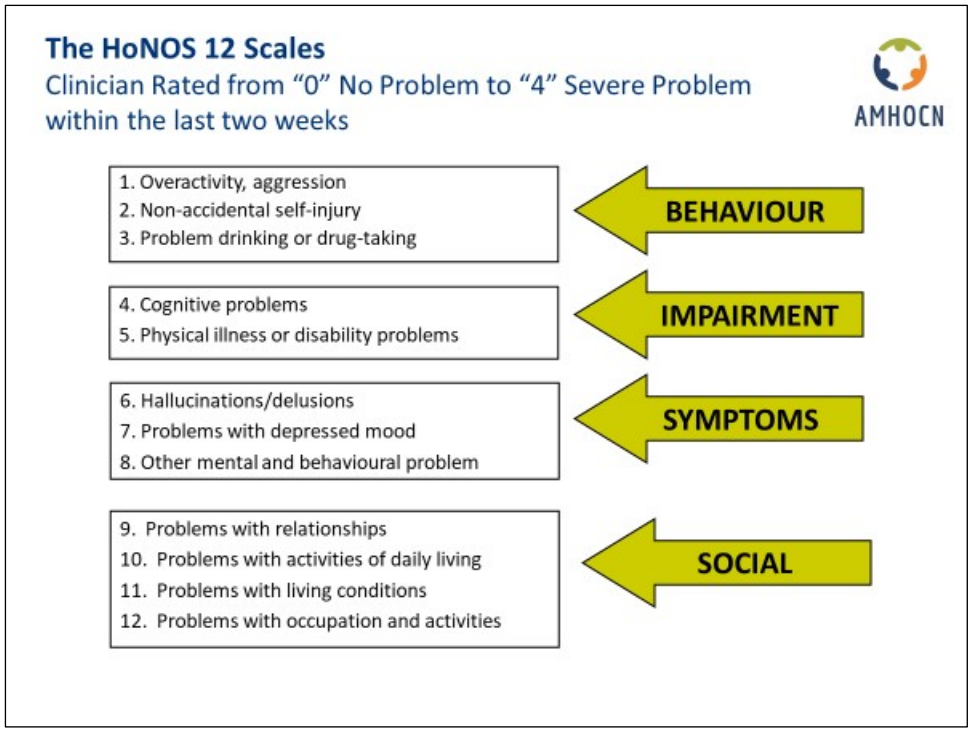
The slides that follow are simply an opportunity to provide refresher training in relation to the measures introduced under the NOCC.



The HoNOS is not a diagnostic or screening tool but was specifically designed to be a broad-spectrum measure of the severity of the consumer's problems over the past two weeks. It does display adequate psychometric properties.

Refer participants to the HoNOS Glossary and note that the HoNOS:

- is a key measure of severity;
- is brief – approximately 5 minutes to rate;
- is acceptable and useful to clinicians - specifically broad spectrum;
- has satisfactory inter-rater reliability;
- change in scores correlate with independent clinical ratings of change; and
- training required.



The 12 scales of the HoNOS can be broken down into 4 sub-scales:

- Behaviour;
- Impairment;
- Symptom; and
- Social

Reports on the measure can be generated at the scale, sub-scale and total score. Check your local systems for the current reports. You can also go to the AMHOCN web Decision Support Tool (wDST) or AMHOCN Reports Portal to view national or jurisdictional aggregated reports of the NOCC measures collected across states and territories.

Rating the HoNOS

AMHOCN

				Monitor ?	Active treatment or management plan ?
Clinically Significant	4	Severe to very severe problem	Most severe category for patient's with this problem. Warrants recording in clinical file. Should be incorporated in care plan. *Note – patient can get worse.*	✓	✓
	3	Moderate problem	Warrants recording in clinical file. Should be incorporated in care plan.	✓	✓
	2	Mild problem	Warrants recording in clinical notes. May or not be incorporated in care plan.	✓	✓
Not Clinically Significant	1	Minor problem	Requires no formal action. May or may not be recorded in clinical file.	Maybe	×
	0	No problem	Problem not present.	×	×

Note that the HoNOS is scored on a 5-point scale from 0 to 4 as below:

0 = no problem
1 = sub-clinical problem
2 = mild problem
3 = moderate problem
4 = severe problem
9 = not known

Trainees should be encouraged to avoid rating a "9" as much as possible, because:

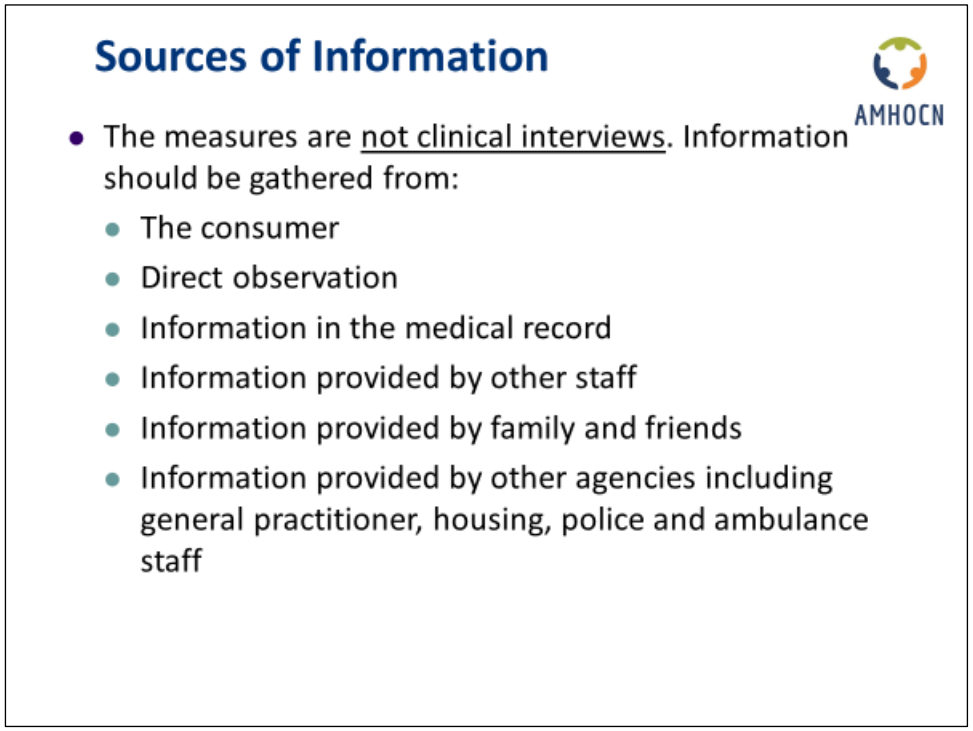
- the HoNOS is completed following an assessment, allowing the clinician to make some judgement about the severity of the consumer's problems; and
- the provision of a rating provides a point of reference for subsequent ratings. Without this reference point, valuable opportunities for reflection are lost.

The HoNOS is completed after a comprehensive assessment at admission, review or discharge. Following assessment, the clinician is able to make a judgement on the clinical significance of the problems experienced by the consumer. In this context clinical significance is seen as a problem that is monitored by the clinician and there are documented interventions.

If clinically significant, a rating of 2, 3 or 4 is appropriate and the clinician should refer to the glossary to determine specific ratings. If not clinically significant then a rating of 0 or 1 is more appropriate.

It is important to reinforce that the completion of the HoNOS is an overt judgement by the clinician

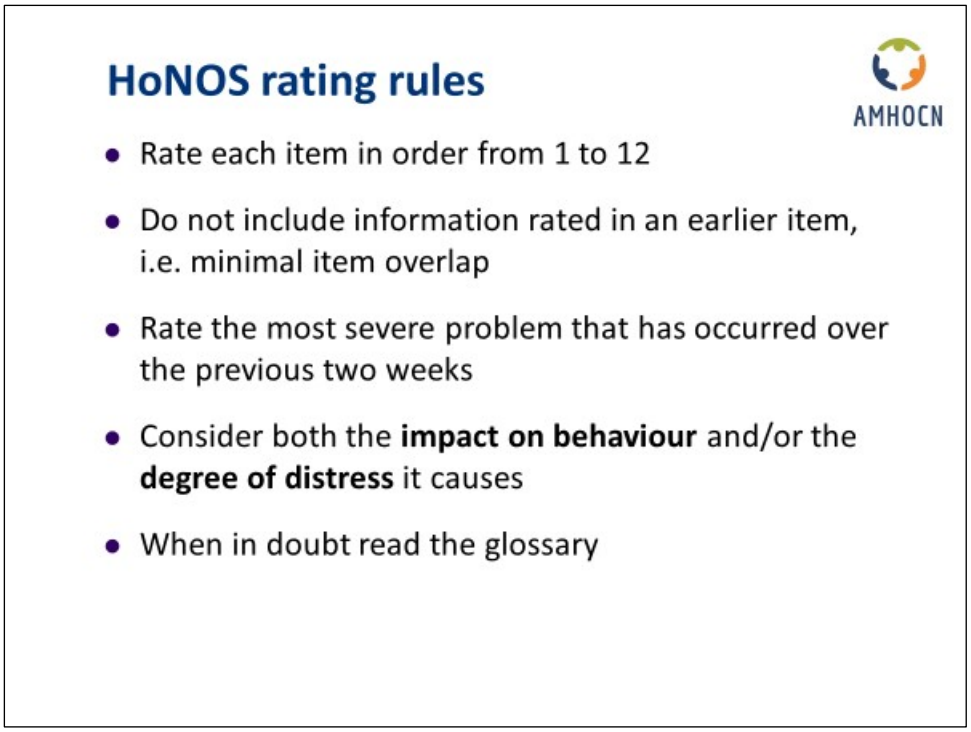
of the severity of the consumer's problems in a particular domain. Later activities in this workshop rely on clinicians' reflections on the significance of ratings and possible interventions.



The HoNOS is not a clinical interview. Information should be gathered from:

- the consumer;
- direct observation;
- information in the medical record;
- information provided by other staff;
- information provided by family and friends; and
- information provided by other agencies including general practitioner, housing, police or ambulance staff.

Whatever information the clinician has available to make a clinical judgement on the severity of the consumer's problems is the information used to guide the rating of the HoNOS.

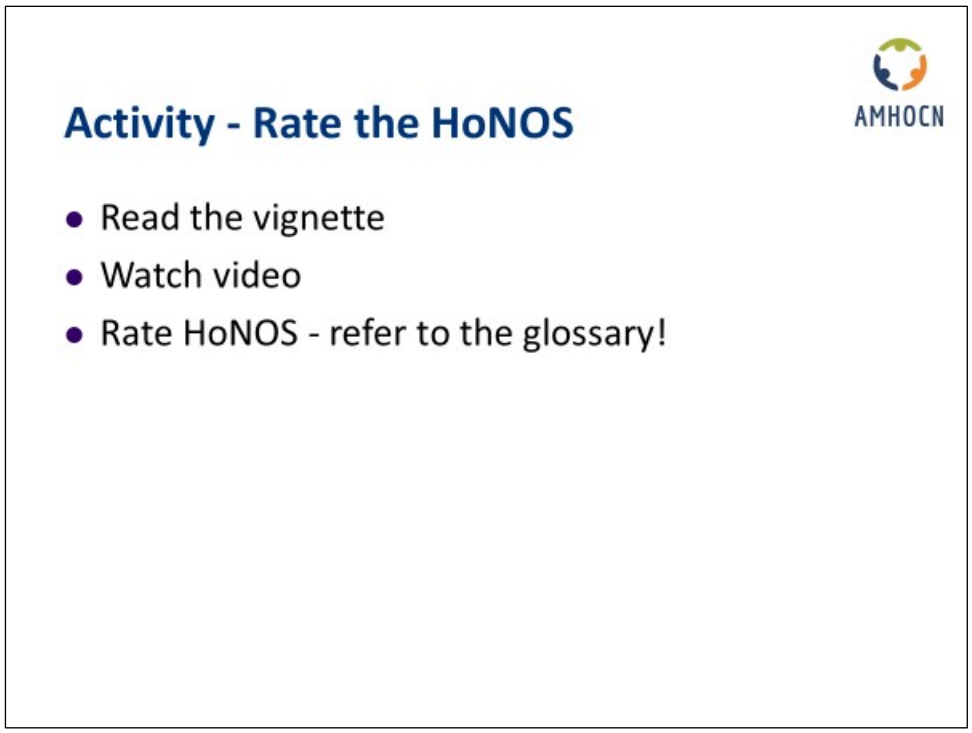


This slide outlines the basic rating rules of the HoNOS.

It is important to avoid overlapping ratings when completing the HoNOS. The HoNOS is a collection of 12 scales and, as such, to get as clear an impression of the unique presentation of the consumer, it is important to ensure that only problem areas for that consumer are identified. Therefore, once a problem has been rated, the severity of that rating should not influence subsequent ratings.

For example, consider the consumer who has been intoxicated once in the past two weeks but while intoxicated hits someone. This behaviour would score high on Scale 1 as a result of the assault, but may not score high on Scale 3, “drug and alcohol use” given that alcohol has only been consumed once in the past two weeks. Ratings are made on the worst manifestation of the problem over the preceding two weeks.

Ratings are based on the degree of distress the consumer is experiencing and/or the frequency or intensity of behaviour associated with the problem.



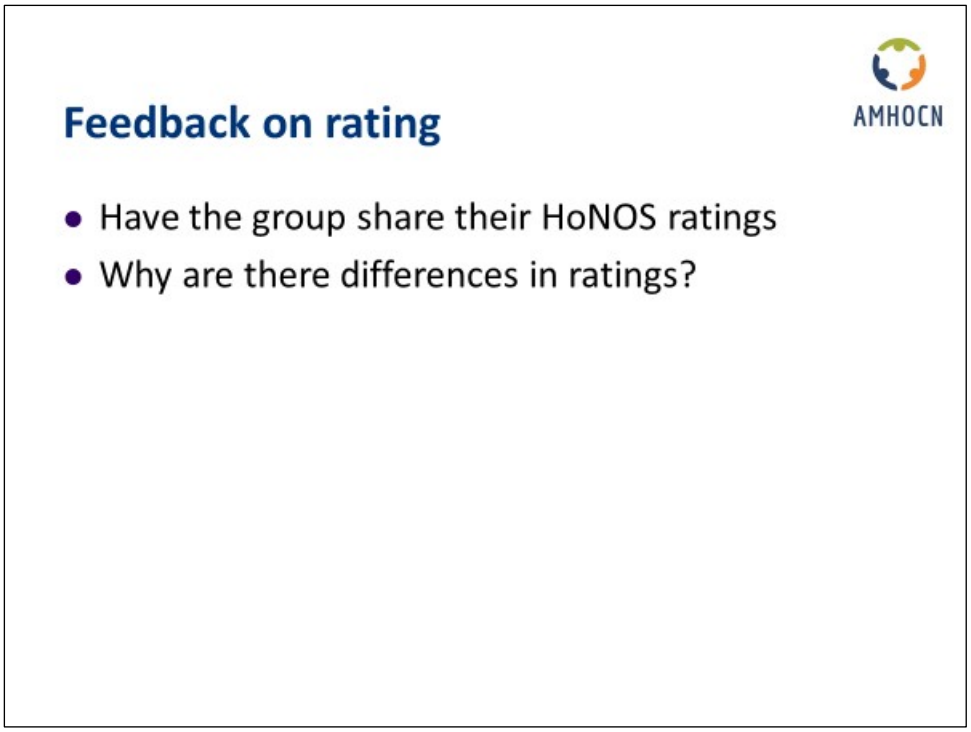
The practice rating of the HoNOS is a useful training activity where:

- Participants read a written vignette or watch a video vignette.
- Participants practice rating the HoNOS, referring to the glossary.
- Participants share their ratings and compare and contrast their ratings to the provided consensus ratings.

Trainers should have a good knowledge of the vignette, the HoNOS and its rating rules.

Distribute copies of the written vignette material, the Health of the Nation Outcomes Scales (HoNOS) Glossary and a blank rating sheet. The HoNOS Glossary and blank rating sheet are available in Section 11.4 of this manual. Written and video vignettes are available from the AMHOCN website.

Participants should then rate the HoNOS.



Participants share their ratings.

An essential component of training is promoting discussion around reasons for particular ratings. This discussion cannot be overlooked as it provides a valuable opportunity to clarify the rating rules of the measures.

As this is refresher training, trainers should not spend excessive time in discussing variation - it is to be expected. However, when there is wide variation in the ratings for scales, take the time to discuss.

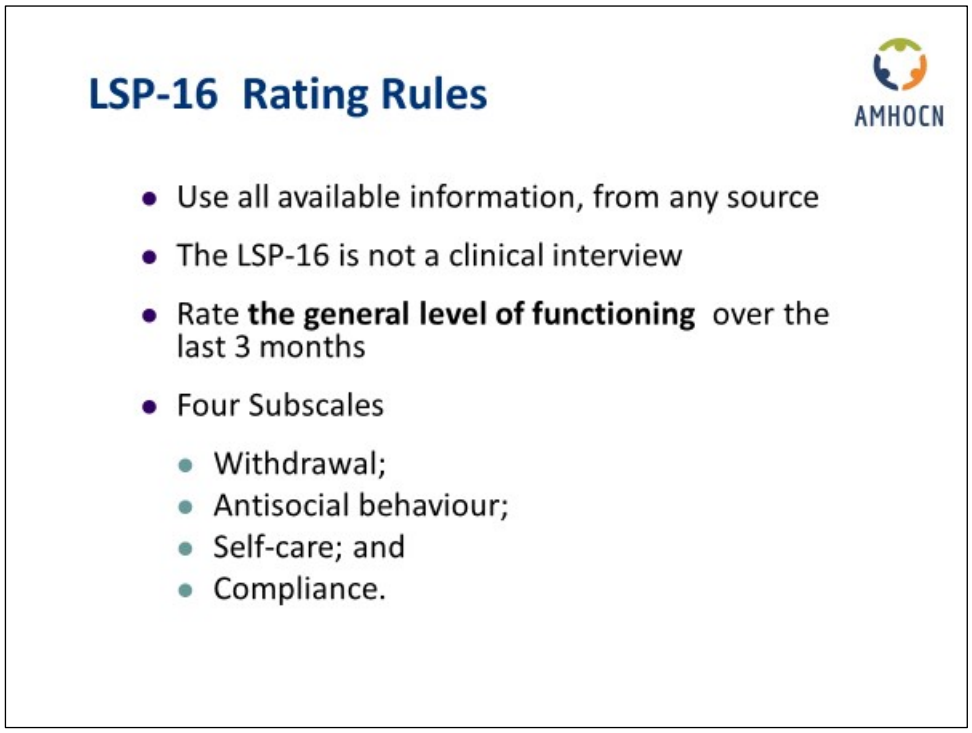
It is important to note:

- Perfect inter-rater reliability has never been demonstrated.
- Poor inter-rater reliability can be the result of misapplication of the rating rules on any measure.
- Inter-rater reliability can be affected by the quality of assessment or lack of information between raters.
- Note that the instrument usually demonstrates satisfactory inter-rater reliability during training.

This section should take approximately 90 minutes to complete.

Trainers should now take the opportunity to provide a brief recap of the other measures introduced under the NOCC.

5. LSP-16 refresher training



Inform participants about two important aspects of the Life Skills Profile 16 (LSP-16) that are commonly misunderstood:

- It is based on the general or average level of functioning over the last 3 months.
- The clinician attempts to rate each item according to what the client would do without assistance or prompting.

When combined with the HoNOS, which requires ratings of the most serious problem encountered, the LSP contributes towards gaining a more comprehensive understanding of the consumer.

For each item, higher scores reflect higher levels of disability, as is the case for the HoNOS. The 16 items cover four broad domains:

- Withdrawal;
- Antisocial behaviour;
- Self-care; and
- Compliance.

Reinforce to clinicians that they are not scoring the quality of care and assistance a consumer

receives. They should score what the consumer would do without assistance or prompting.

The focus is on the consumer's general functioning and disability rather than their clinical symptoms – that is, how the person functions in terms of social relationships, ability to do day-to-day tasks and so forth.

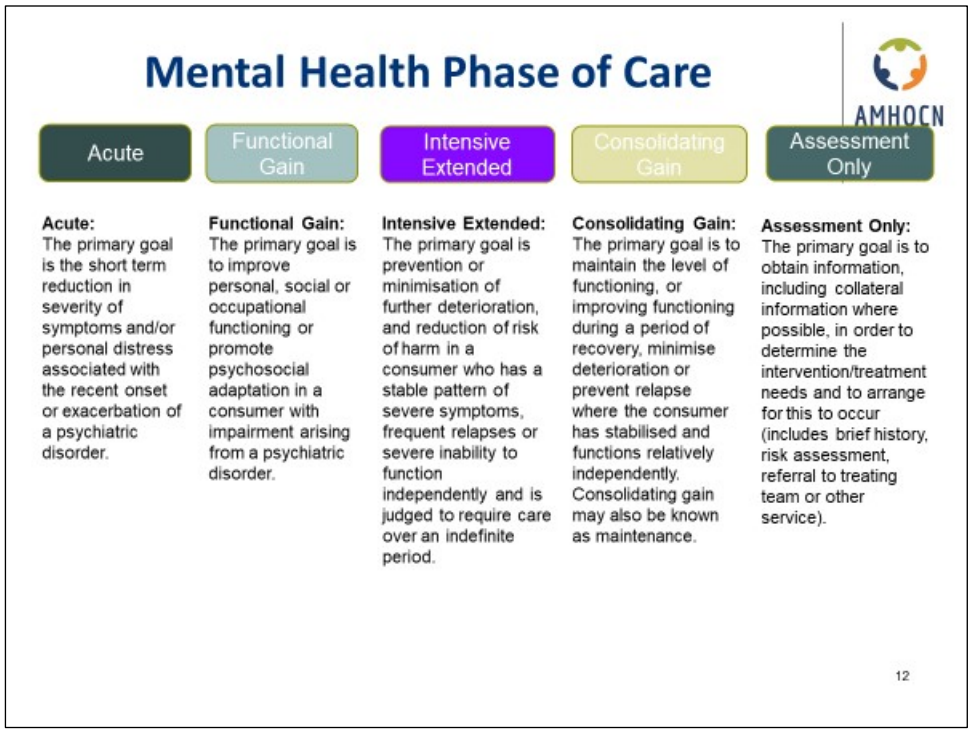
The clinician is required to rate the consumer's overall situation over the past three months. This differs from the HoNOS because it is necessary to take a longer-range view to make a proper assessment in these areas, rather than be swayed by the temporary ups and downs that may occur in a person's day-to-day functioning.

Distribute copies of the LSP-16 to workshop participants.

This section should take approximately 10 minutes to complete.

6. Other measures

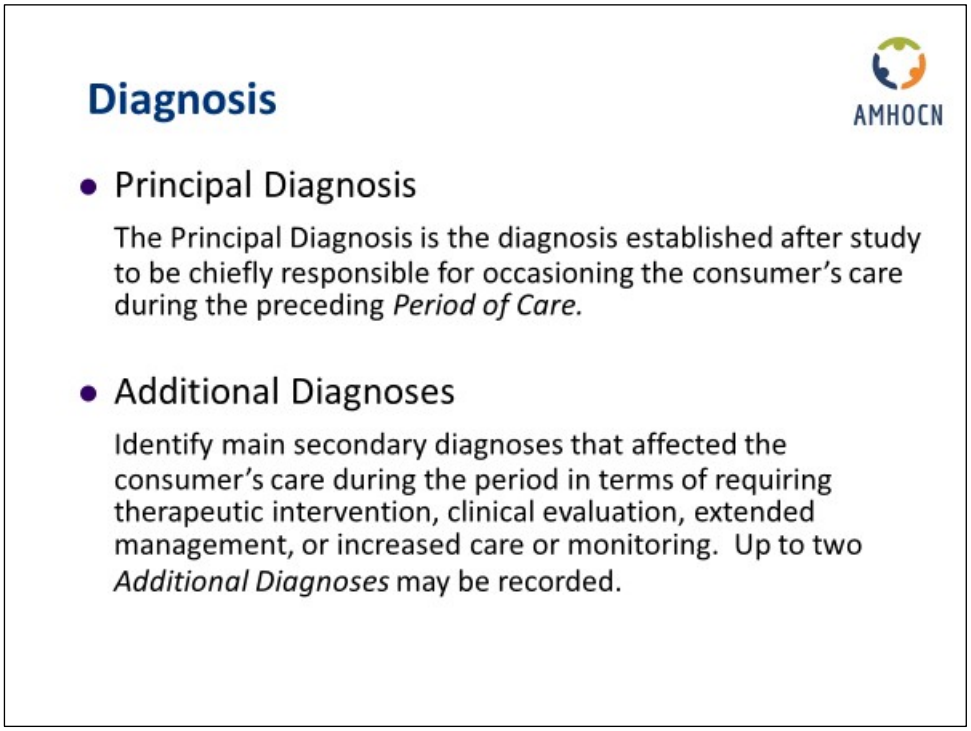
6.1 Mental Health Phase of Care



The Phase of Care is rated by the clinician and requires judgement about the consumer's primary goal of care and the duration and intensity of expected care.

The clinician selects one of 5 phases on admission and the consumer stays within that phase until there is a substantial and sustained change in the consumer's presentation prompting a change in care. The appropriate phase that reflects the new duration and intensity of care is then selected.

6.2 Diagnosis

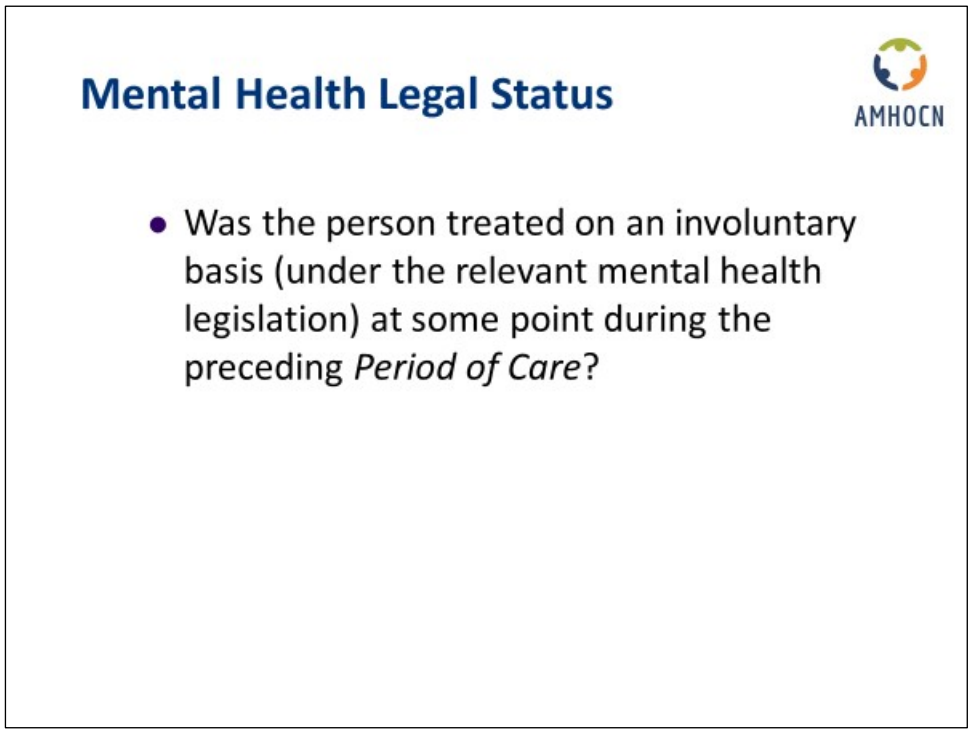


Principal diagnosis is only collected on review and discharge and may be different to the diagnosis identified on admission.

For example, a consumer who has a diagnosis of schizophrenia is admitted to an inpatient unit. Over the course of admission, it is clear that the consumer is suffering a severe depression. Although the admission diagnosis is "schizophrenia" (F20) the principal diagnosis is (F32.2) "severe depressive episode without psychotic symptoms".

The collection of Principal Diagnosis can be a contentious issue during training. Some clinicians feel uncomfortable attaching a diagnostic label to consumers. Others feel that legally only a medical practitioner can make a diagnosis; while others feel that, as a result of their educational preparation, they are more than capable of making a diagnosis and collecting this information.

6.3 Mental Health Legal Status

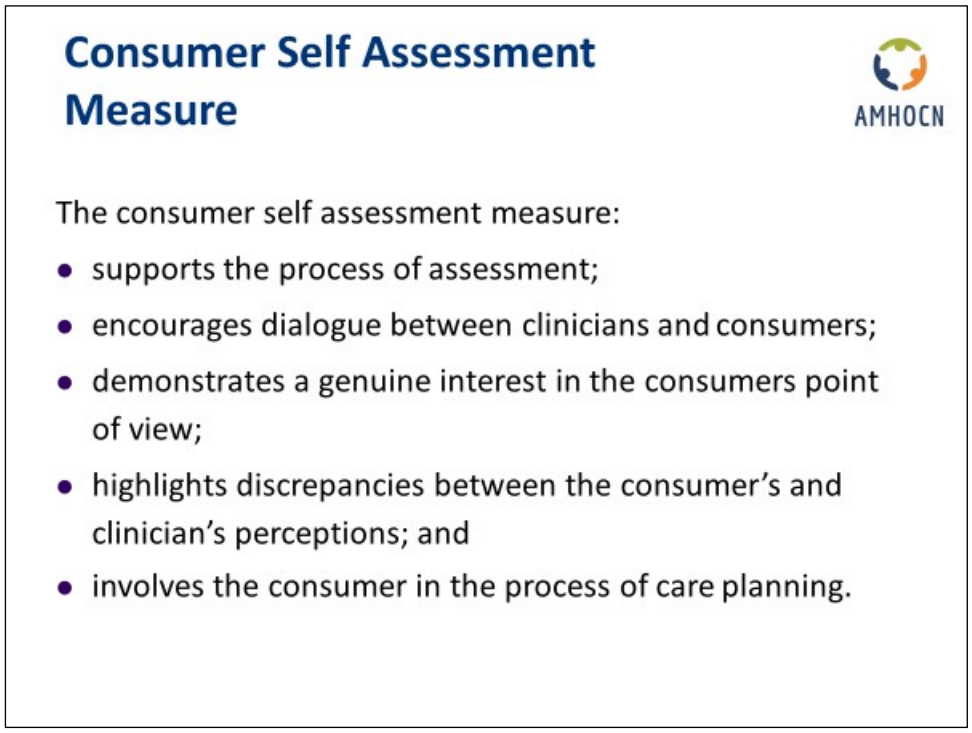


The Mental Health Legal Status is a retrospective indicator and is only collected on review and discharge. The consumer only has to have one episode of involuntary care during their episode of care for this indicator to be positive.

This section should take approximately 15 minutes to complete.

7. Consumer self assessment in clinical practice

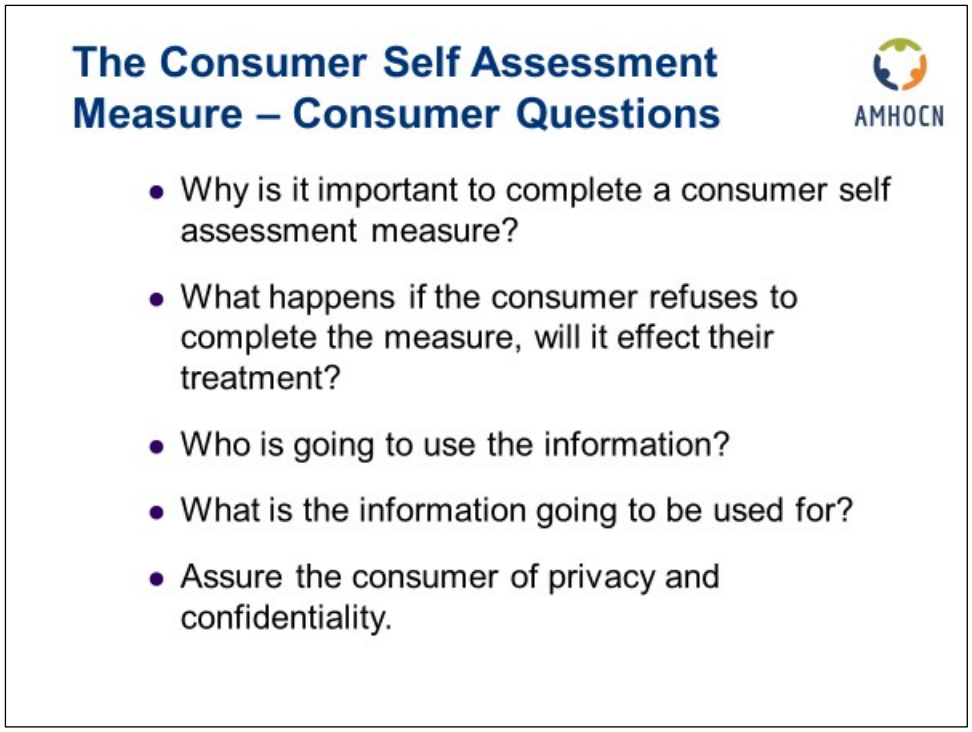
7.1 About the consumer self assessment measure



The introduction of a consumer self report measure provides a number of potential benefits. These include:

- supporting the process of assessment;
- demonstrating a genuine interest in the consumers point of view;
- encouraging dialogue between clinicians and consumers;
- highlighting discrepancies between the consumer's and clinician's perceptions; and
- involving consumer in the process of care planning.

These benefits provide an opportunity to support the development of the therapeutic relationship between the clinician and consumer. Offering the consumer self assessment measure demonstrates a genuine attempt on the part of the clinician to better understand the consumer's perceptions and needs and involve him or her in the process of care.



This slide identifies the types of concerns that consumers often have when offered a consumer self assessment measure. Therefore, when offering the measure it is important to:

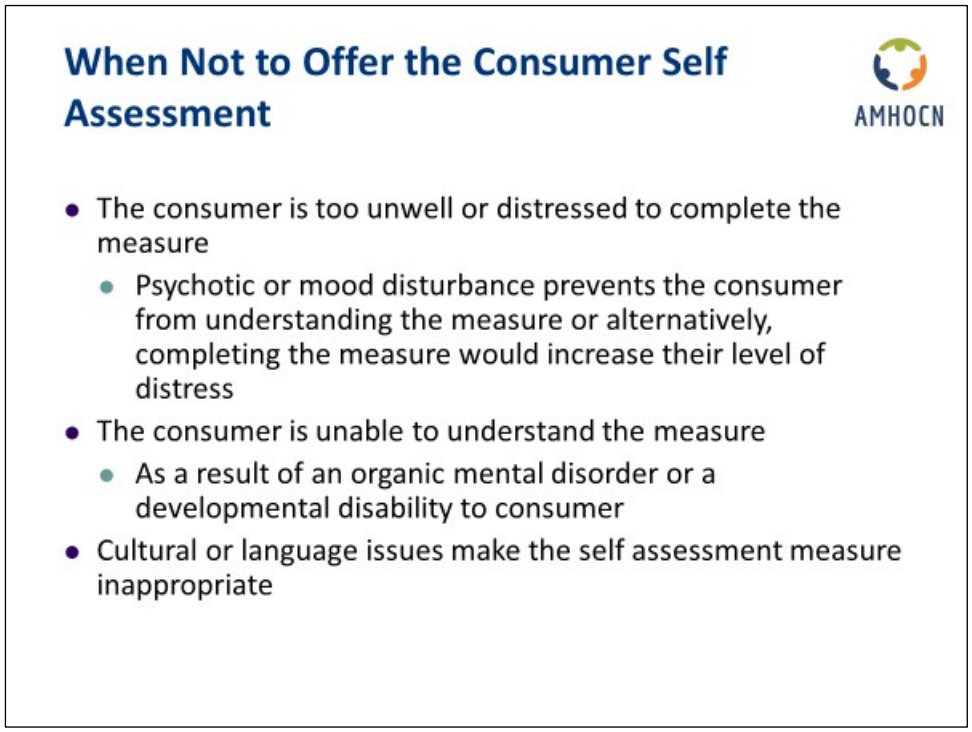
- identify for consumers that the completion of the consumer self assessment measure will provide useful information for the clinician that will inform their work;
- assure consumers that refusal to complete the consumer self assessment measure will not see them treated differently;
- explain to consumers that the information will be available to those involved in the direct care of the consumer but also that de-identified information will be available to service managers and those involved in policy development;
- explain that, in the first instance, the information will be used for individual treatment planning and in a de-identified form for service development and research activities; and
- assure consumers that the consumer self assessment measure is subject to the same rules of confidentiality and privacy as all other information held within the medical record.

When offering the consumer self assessment measure, there are some general activities or approaches to be adopted i.e., the “Do’s”:

- do be warm, friendly and helpful;
- do request and encourage carers and consumers to fill out the consumer self assessment measure;
- do let consumers and carers know that you will be there to assist them if needed;
- do tell carers and consumers to answer a question based on what THEY think the question

means;

- do encourage consumers and carers to answer ALL the questions;
- do read and repeat a question verbatim for the consumer or carer if necessary;
- do provide definition of a single word with which a person is unfamiliar;
- do stress there is no right or wrong answer;
- do inform carers and consumers that they will be asked to fill out the consumer self assessment measure again at a later date; and
- do thank carers and consumers for filling out the consumer self assessment measure.



However, there are circumstances when the clinician should exercise clinical judgement when offering the measure.

First, if the consumer is distressed and offering the consumer self report measure makes them more distressed, then offering the measure is counter-productive because it interferes with establishing rapport and promoting dialogue. Second, if the consumer is unable to understand the content and requirements for completing the consumer self report measure given their disordered or compromised metal state, then it is counter-productive to offer the measure. Third, if there are cultural or language impediments to offering the measure to consumers, then it should not be offered.

The general rule is that clinicians should exercise clinical judgement when offering the consumer self report measure and be mindful of the purpose of offering the measure i.e., to engage the consumer in their care.

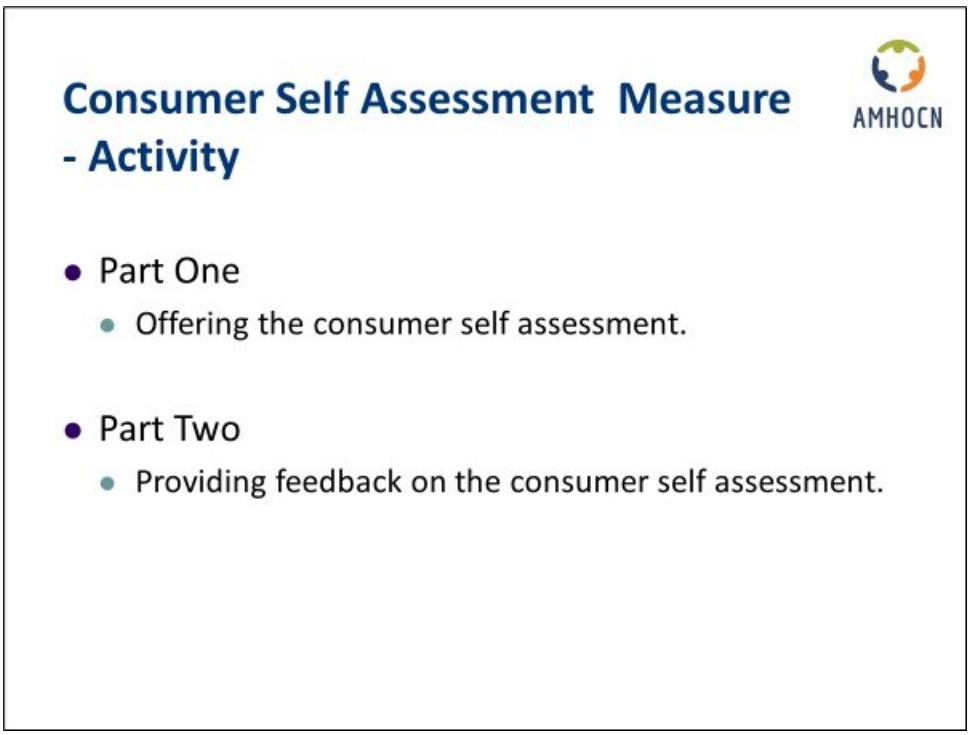
When administering the consumer self assessment measure, there are some general activities or

approaches to be avoided. These constitute the Don’ts of consumer self report measure administration:

- do not force or command consumers or carers to fill out the consumer self report measure;
- do not tell the consumer or carer that treatment is dependent on their filling out the consumer self report measure;
- do not minimise the importance of filling out the consumer self report measure;
- do not accept an incomplete consumer self report measure without first encouraging the consumer or carer to fill out unanswered questions;
- do not paraphrase, rephrase, interpret or explain a question;
- do not answer the question for the consumer or carer;
- do not tell the consumer or carer how you feel they should answer;
- do not allow other people to help the consumer or carer fill out the consumer self report measure; and
- do not assume the consumer or carer can do it and just doesn’t want to (i.e., if a person tells you they cannot do it - accept that).

Trainers should hand out copies of the jurisdiction specific consumer self assessment measure.

7.2 Consumer Self Assessment Measure - Activity



The aim of this two part activity, which includes role play, is to provide participants with an opportunity to better understand the clinical utility of the consumer self assessment measure and practice offering the measure. This activity will show:

- how the consumer self assessment can be used to facilitate consumer and clinician engagement; and
- how the act of offering the consumer self assessment can be used to support the process of care and treatment planning.

Trainers should be prepared for this activity by:

- being familiar with the consumer self assessment and its interpretation;
- having copies of the measure used in their jurisdiction available to assist in the training activity; and
- having sample reports for completed consumer self assessments (showing Time 1 and Time 2 completions) that can be generated from local clinical information systems.

Activity - Part 1

In Part 1 of the activity, participants form into groups of three where they will practice offering the consumer self assessment:

- Participant one plays the consumer and has a copy of the Consumer Character Information sheet (See a copy in Section 11.1).
- Participant two plays the clinician and has a copy of the consumer self assessment to offer.
- Participant three is the observer and holds a copy of Part A of the Consumer Self Assessment Fidelity Checklist to guide observation of consumer clinician interaction (See a copy in Section 11.2)

The activity involves:

- The clinician offering the consumer self assessment to the consumer.
- The consumer completing the measure based on the character information.
- During the offering and completion of the measure, the observer looks for fidelity with Part A of the Consumer Self Assessment Fidelity Checklist.
- Once the measure has been offered and completed, the observer gives feedback in relation to the fidelity checklist

Encourage participants playing the consumer or holding the Consumer Self Assessment Fidelity Checklist not to share this information with the person playing the clinician.

Encourage those playing the consumer to not “over play” the role exaggerating the consumer characteristics that prevent the consumer completing the measure. Part One of the activity does not end until the consumer self assessment has been completed. Indicate to those playing the clinician that they are offering the measure on admission to ambulatory services.

Once all observers have given feedback, facilitate a general group discussion on the opportunities and challenges that face clinicians and consumers in completing the consumer self assessment. Reinforce the clinical skills necessary to integrate the consumer self assessment into clinical practice.

Activity - Part 2

Part 2 of this activity involves providing feedback to the consumer on the results from completing the consumer self assessment, using available sample reports.

Regardless of how the consumer self assessment measure is offered, it is important that there is some discussion with the consumer about the results on completion of the measure. Part Two of this activity involves workshop participants exploring the process of providing feedback to the consumer on the issues and information that can be explored as a result of completion of the consumer self assessment.

During this activity, participants swap roles:

- The consumer now becomes the clinician.
- The clinician now becomes the observer.
- The observer now becomes the consumer.

Distribute the appropriate sample report on the consumer assessment measure from your jurisdiction or service to the participant now playing the clinician. This report should include at least two collection occasions so that clinicians are able to discuss change between two collection occasions.

- The person now playing the clinician has access to both the completed measure (having completed the measure in part one of the activity) along with an example report.
- The clinician provides feedback to the consumer on how the measure has been completed, and what has or has not changed from the consumer's perspective.
- During the feedback, the observer looks for fidelity with "Part B: Reviewing and Providing Feedback" of the Consumer Self Assessment Fidelity Checklist (See a copy in Section 11.2).

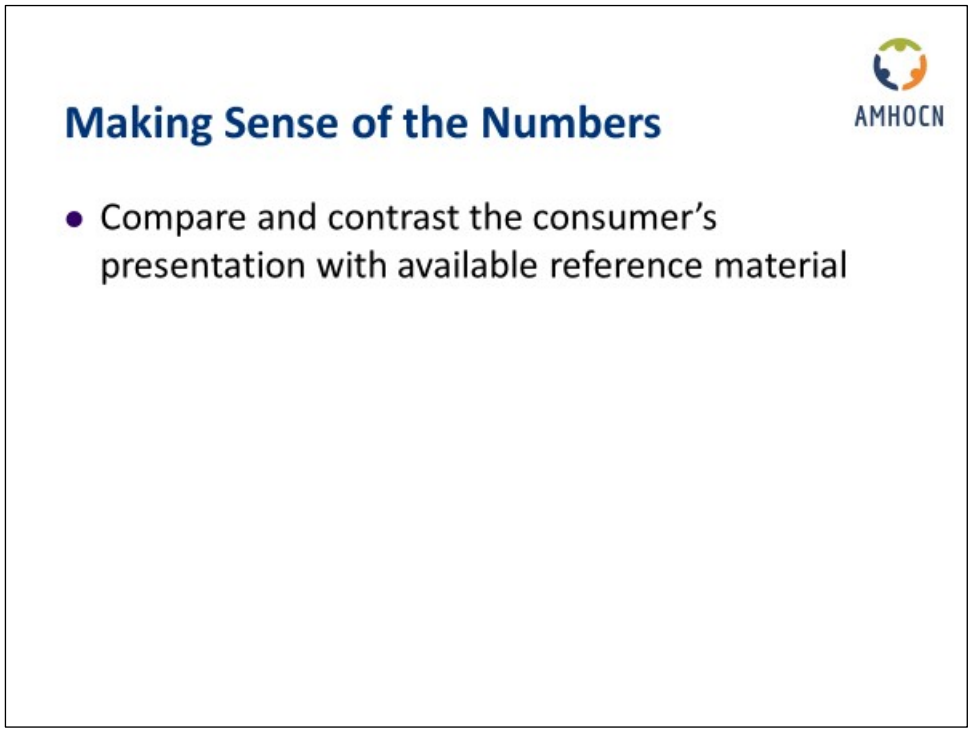
The trainer facilitates a general discussion around the clinical skills required to integrate this type of feedback into clinical practice noting that the consumer self assessment process:

- is an opportunity to support and demonstrate a genuine commitment on the part of mental health service providers to engage the consumer in the care/treatment planning process;
- can be used as a basis for discussion and exploration of differences in opinion;
- can also be used to support consumer empowerment, which includes:
    - the right to make decisions;

- access to information and resources;
- having choice and options;
- listening and being listened to;
- real people with 'real' lives – respect and recognition;
- opportunity to effect change; and
- reclaiming hope.

This section should take approximately 90 minutes to complete.

8. The measures and care / treatment planning



Given the reporting of national aggregate material by the Australian Mental Health Outcomes and Classification Network (AMHOCN), clinical reference material is increasingly available for the measures that make up the NOCC.

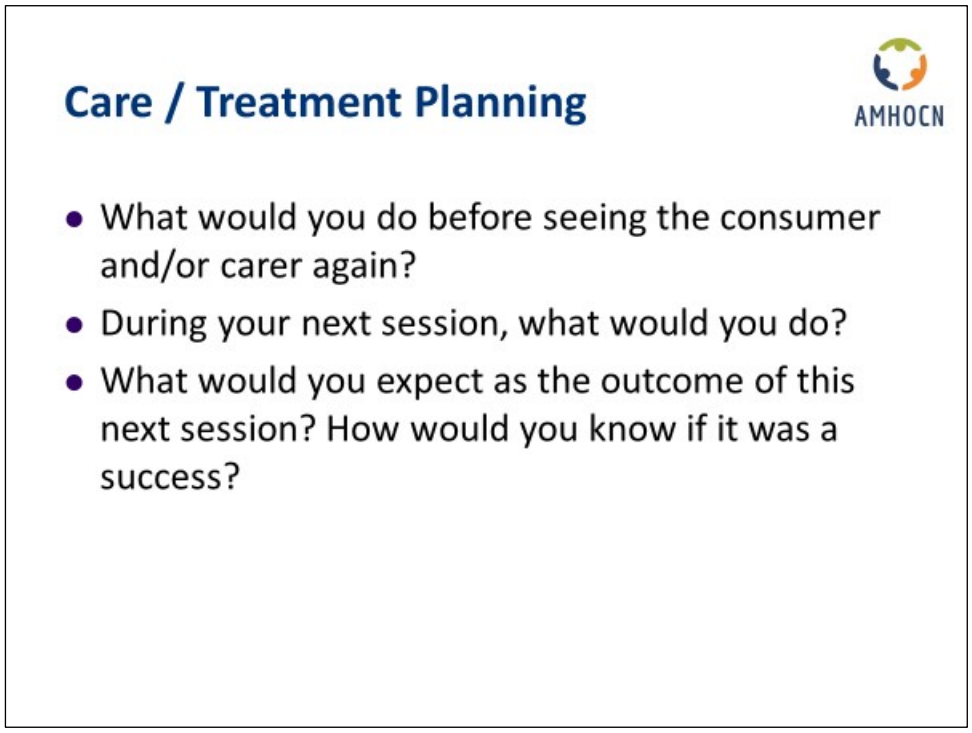
Trainers should generate reports on the outcomes of care from their local information systems or from the AMHOCN web Decision Support Tool which shows national aggregated data or jurisdictional aggregated data.

The purpose of this activity is to have participants begin to reflect on the use of clinical reference

material to support or inform decision making in clinical practice. Trainers should facilitate a discussion around comparison of the consumer's presentation with the available clinical reference material:

- How does the case study HoNOS score compare to the clinical reference material?
- If there is a difference, what does that tell you about the consumer's presentation?
- How would this information impact upon treatment/care planning for this case?

This section should take approximately 15 minutes to complete.



This activity aims to have participants understand how the measures can be used to inform the process of care or treatment planning.

Distribute butcher's paper and pens. Participants to remain in their teams.

You are a part of a multi- disciplinary team where the assessment of a consumer is presented. Using the HoNOS ratings and completed consumer/carer self assessment (as available), discuss the following:

- What would you do before seeing the consumer and/or carer again?
- During your next session what would you do?
- What would you expect as the outcome of this next session?

- How would you know if it was a success?

Trainer facilitates discussion around team feedback and then uses above questions to promote further discussion about good clinical practice. Teams are asked to address the three questions outlined in the slide. The teams' responses on the butcher's paper should be posted on walls in room.

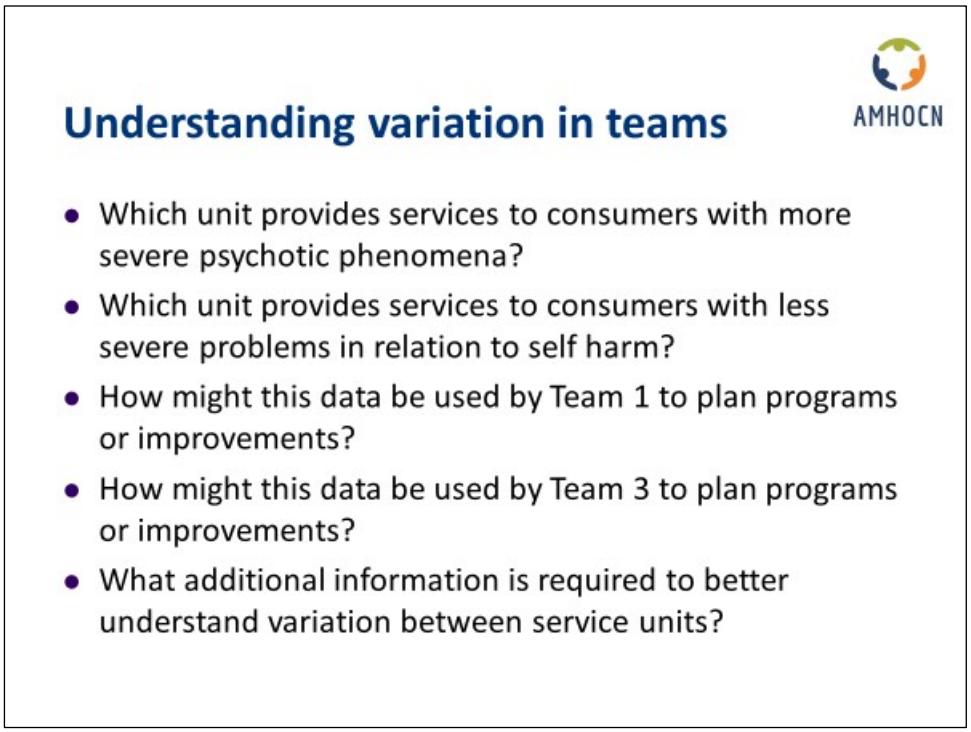
The trainer should expect teams to provide information about a treatment plan, processes to engage the consumer, processes to feedback information and reflection of good clinical practice.

During the course of the feedback, participants should be asked to reflect upon the activity and address the following questions:

- Does involving the consumer in the care planning process enhance the therapeutic alliance?
- Have you considered using the HoNOS and the consumer self assessment in this way in clinical practice?
- What other information would you require to enhance this process?
- How would this process impact upon clinician behaviour?

This section should take approximately 45 minutes to complete.

9. Understanding variation between teams



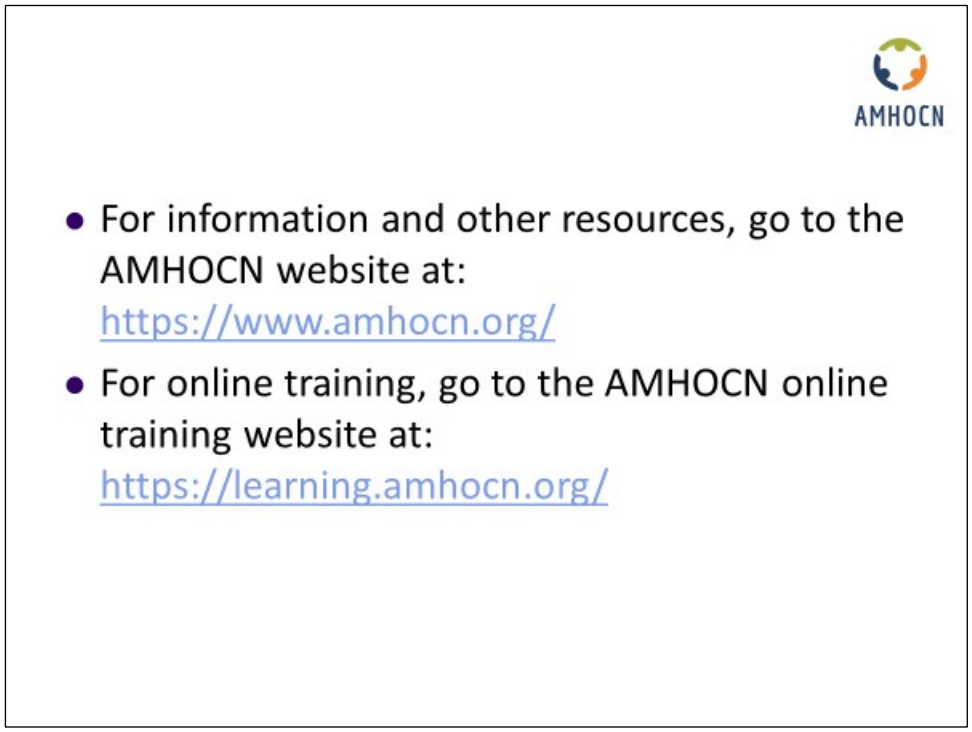
Distribute copies of the “Aggregate Report: Team Variation” found in Section 11.3 of this manual and additional butcher’s paper.

Review the service profile reports for each of the three services, answer the questions on the handout material and feedback using butcher’s paper. The trainer facilitates discussion of each the teams’ deliberations. The slide should remain on the screen for the duration of the activity.

The table displays the percentage of clinically significant HoNOS scores (2 or higher) for three different services. For example, 85% of consumers of Team 2 have clinically significant problems associated with hallucinations and delusions. Trainers should be aware that additional information might be required to provide an understanding of the reasons for variation between service units. For example, Team 3 may be an older person’s service given the predominance of clinically significant cognitive problems seen by this service. The trainer should highlight the potential utilisation of HoNOS aggregate data to inform and support service level activities such as service review and evaluation, quality improvement and service initiatives.

This section should take approximately 30 minutes to complete.

10. Other information



Discuss with trainees the availability of additional resources, local contact people or those responsible for ongoing support.

11. Materials used during training

11.1 Consumer Character Information

The consumer is willing to complete the measure however they are initially unsure about the reasons for completing a consumer self assessment. The consumer is hesitant during the completion of the measure and requires clarification of the meaning of some items on the measure. The consumer is reluctant to complete one item. The consumer is anxious and stressed but is willing to complete the measure. The consumer has a good supportive family network. The consumer has had no thoughts of self harm and does not use drugs or alcohol. Note: the consumer you are playing does respond, is not illiterate and does not have an acute paranoid delusion relating to the consumer self assessment.

11.2 Consumer Self Assessment Fidelity Checklist

PART A: Offering the Consumer Self Assessment

Observer instructions: Tick each item as you observe the clinician display that behaviour. Make notes on those clinician activities that supported completion of the self assessment and those that may have hindered completion or biased the responses.

- ☐ Clinician presents consumer self assessment as positive experience and genuine attempt to engage the consumer in treatment planning.

- ☐ Clinician assesses for potential difficulties the consumer may have in completing the self assessment.

- ☐ Clinician presents rationale for completion of the consumer self assessment including:
    - Genuine attempt to understand consumer perspective.
    - Genuine attempt to involve consume in assessment and care planning.
    - Tool for clinician to monitor progress.
    - Tool for consumer to monitor progress.
    - Information can be used for service development and quality improvement processes.

- ☐ Clinician reinforces consumer ownership and personal responsibility for completion of self assessment, promoting personal responsibility for illness self-management.

- ☐ Clinician explains the self assessment is part of the medical record and subject to the same protections of privacy and confidentiality.

- ☐ Clinician supports and encourages the consumers completion of the self assessment in an appropriate manner.

- ☐ Provides appropriate assistance and prompting during completion of the measure.

- ☐ Clinician provides positive reinforcement for completion of the measure.

- ☐ Clinician offers appropriate assistance if consumer becomes distressed or cannot complete the measure.

Comments/Feedback:

PART B: Reviewing and Providing Feedback on the Completed Self Assessment

Observer instructions: Tick each item as you observe the clinician display that behaviour. Make notes on those clinician activities that supported the review process of the self assessment and those that may have hindered review or obstructed collaboration.

- ☐ Clinician explores reasons why items are not completed.
- ☐ Clinician seeks clarification of responses to individual items as required.
- ☐ Clinician provides opportunities for consumer to discuss items in more detail.
- ☐ Clinician provides summary of consumer self assessment.
- ☐ Clinician explains graphical report to consumer.
- ☐ Clinician provides clarification of graphical report to consumer as required.
- ☐ Clinician discusses any change in the presentation of the consumer and its relationship to interventions or personal activities promoting recovery.
- ☐ Clinician discusses consumer self assessment in the context of goal setting.
- ☐ Clinician links summary to collaborative goal setting.
- ☐ Clinician discusses future review of consumer self assessment.
- ☐ Clinician offers the consumer a copy of the self assessment.

Comments/Feedback:

11.3 Aggregate Report: Team Variation

Comparison Consumer Variation Between Services: Percentage of all HoNOS item scores 2 or greater

HoNOS Scale	Team 1 (% scores 2>)	Team 2 (% scores 2>)	Team 3 (% scores 2>)
Overactive, aggressive, disruptive or agitated behaviour	30	67	12
Non-accidental self injury	75	55	13
Problem drinking or drug taking	20	78	24
Cognitive problems	10	24	67
Physical illness or disability problems	5	33	65
Problems associated with hallucinations and delusions	14	85	21
Problem with depressed mood	70	30	22
Other mental and behavioural problems	80	34	14
Problems with relationships	65	44	42
Problems with activities of daily living	40	23	82
Problems with living conditions	20	66	13
Problems with occupation and activities	23	71	14

- Which unit provides services to consumers with more severe psychotic phenomena?
- Which unit provides services to consumers with less severe problems in relation to self harm?
- How might this data be used by Team 1 to plan programs or improvements?
- How might this data be used by Team 3 to plan programs or improvements?
- What additional information is required to better understand variation between service units?

11.4 Health of the Nation Outcome Scales (HoNOS) Glossary and Sample Rating Sheet

Health of the Nation Outcome Scales Glossary

HoNOS rating guidelines

- Rate items in order from 1 to 12.
- Use all available information in making your rating.
- Do not include information already rated in an earlier item.
- Consider both the degree of distress the problem causes and the effect it has on behaviour
- Rate the most severe problem that occurred in the period rated.
- The rating period is generally the preceding two weeks, except at discharge from inpatient care, when it is the previous three days.
- Each item is rated on a five-point item of severity (0 to 4) as follows:

    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.

- As far as possible, the use of rating point 9 should be avoided, because missing data make scores less comparable over time or between settings.
- Specific information on how to rate each point on each item is provided in the Glossary.

HoNOS glossary

1 Overactive, aggressive, disruptive or agitated behaviour

Include such behaviour due to any cause, eg, drugs, alcohol, dementia, psychosis, depression, etc.

Do not include bizarre behaviour, rated at Scale 6.

0 No problems of this kind during the period rated.
1 Irritability, quarrels, restlessness etc. Not requiring action.
2 Includes aggressive gestures, pushing or pestering others; threats or verbal aggression; lesser damage to property (eg, broken cup or window); marked over-activity or agitation.
3 Physically aggressive to others or animals (short of rating 4); threatening manner; more serious over-activity or destruction of property.
4 At least one serious physical attack on others or on animals; destruction of property (e.g., fire-setting); serious intimidation or obscene behaviour.

2 Non-accidental self-injury

Do not include accidental self-injury (due eg, to dementia or severe learning disability); the 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, (eg, 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 about ending it all, but little risk during the period rated; no self-harm.

2 Mild risk during period; includes non-hazardous self-harm eg, wrist–scratching.

3 Moderate to serious risk of deliberate self-harm during the period rated; includes preparatory acts eg, collecting tablets.

4 Serious suicidal attempt or serious deliberate self-injury during the period rated.

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 Loss of control of drinking or drug-taking; but not seriously addicted.

3 Marked craving or dependence on alcohol or drugs with frequent loss of control, risk taking under the influence, etc.

4 Incapacitated by alcohol or drug problems.

4 Cognitive problems

Include problems of memory, orientation and understanding associated with any disorder: learning disability, dementia, schizophrenia, etc.

Do not include temporary problems (eg, hangovers) resulting from drug or alcohol use, rated at Scale 3.

0 No problem of this kind during the period rated.

1 Minor problems with memory or understanding eg, forgets names occasionally.

2 Mild but definite problems, eg, has lost way in a familiar place or failed to recognise a familiar person; sometimes mixed up about simple decisions.

3 Marked disorientation in time, place or person, bewildered by everyday events; speech is sometimes incoherent, mental slowing.

4 Severe disorientation, eg, unable to recognise relatives, at risk of accidents, speech incomprehensible, clouding or stupor.

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; 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 problem during the period rated.

1 Minor health problem during the period (eg, cold, non-serious fall, etc).

2 Physical health problem imposes mild restriction on mobility and activity.

3 Moderate degree of restriction on activity due to physical health problem.

4 Severe or complete incapacity due to physical health problem.

6 Problems associated with hallucinations and delusions

Include hallucinations and delusions irrespective of diagnosis.

Include 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.

0 No evidence of hallucinations or delusions during the period rated.

1 Somewhat odd or eccentric beliefs not in keeping with cultural norms.

2 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.

3 Marked preoccupation with delusions or hallucinations, causing much distress and/or manifested in obviously bizarre behaviour, that is, a moderately severe clinical problem.

4 Mental state and behaviour is seriously and adversely affected by delusions or hallucinations, with severe impact on patient.

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.

0 No problems associated with depressed mood during the period rated.

1 Gloomy; or minor changes in mood.

2 Mild but definite depression and distress: eg, feelings of guilt; loss of self-esteem.

3 Depression with inappropriate self-blame, preoccupied with feelings of guilt.

4 Severe or very severe depression, with guilt or self-accusation.

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, specify.*

0 No evidence of any of these problems during period rated.

1 Minor non-clinical problems.

2 A problem is clinically present at a mild level, eg, patient/client has a degree of control.

3 Occasional severe attack or distress, with loss of control eg, has to avoid anxiety provoking situations altogether, call in a neighbour to help, etc., that is, a moderately severe level of problem.

4 Severe problem dominates most activities.

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.

0 No significant problems during the period.

1 Minor non-clinical problems.

2 Definite problems in making or sustaining supportive relationships: patient complains and/or problems are evident to others.

3 Persisting major problems due to active or passive withdrawal from social relationships, and/or to relationships that provide little or no comfort or support.

4 Severe and distressing social isolation due to inability to communicate socially and/or withdrawal from social relationships.

10 Problems with activities of daily living

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, organising where to live, occupation and recreation, mobility and use of transport, shopping, self-development, 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 Scale 11 and Scale 12.

0 No problems during period rated; good ability to function in all areas.

1 Minor problems only eg, untidy, disorganised.

2 Self-care adequate, but major lack of performance of one or more complex skills (see above).

3 Major problems in one or more areas of self-care (eating, washing, dressing, toilet) as well as major inability to perform several complex skills.

4 Severe disability or incapacity in all or nearly all areas of self-care and complex skills.

11 Problems with living conditions

Rate the overall severity of problems with the quality of living conditions and daily domestic routine.

Are the basic necessities met (heat, light, hygiene)? If so, is there help to cope with disabilities and a choice of opportunities to use 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 supportive of self-help.

1 Accommodation is reasonably acceptable although there are minor or transient problems (eg, not ideal location, not preferred option, doesn't like food, etc).

2 Significant problems with one or more aspects of the accommodation and/or regime (eg, restricted choice; staff or household have little understanding of how to limit disability, or how to help develop new or intact skills).

3 Distressing multiple problems with accommodation (eg, some basic necessities absent); housing environment has minimal or no facilities to improve patient's independence.

4 Accommodation is unacceptable (eg, lack of basic necessities, patient is at risk of eviction, or 'roofless', or living conditions are otherwise intolerable making patient's problems worse).

12 Problems with occupation and activities

Rate the 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? Consider factors such as stigma, lack of qualified staff, access to supportive facilities, eg, staffing and equipment of day centres, workshops, 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 supportive of self-help.

1 Minor or temporary problems, eg, late pension cheques, reasonable facilities available but not always at desired times etc.

2 Limited choice of activities, eg, there is a lack of reasonable tolerance (eg, unfairly refused entry to public library or baths etc.); or handicapped by lack of a permanent address; or insufficient carer or professional support; or helpful day setting available but for very limited hours.

3 Marked deficiency in skilled services available to help minimise level of existing disability; no opportunities to use intact skills or add new ones; unskilled care difficult to access.

4 Lack of any opportunity for daytime activities makes patient's problem worse.

HoNOS - Sample rating sheet

Enter the severity rating for each item in the corresponding item box to the right of the item. Rate 9 if Not Known or Not Applicable.

1	Overactive, aggressive, disruptive or agitated	0	1	2	3	4	
2	Non-accidental self-injury	0	1	2	3	4	
3	Problem drinking or drug-taking	0	1	2	3	4	
4	Cognitive problems	0	1	2	3	4	
5	Physical illness or disability problems	0	1	2	3	4	
6	Problems with hallucinations and delusions	0	1	2	3	4	
7	Problems with depressed mood	0	1	2	3	4	
8	Other mental and behavioural problems	0	1	2	3	4	
	(specify disorder A, B, C, D, E, F, G, H, I, or J)						
9	Problems with relationships	0	1	2	3	4	
10	Problems with activities of daily living	0	1	2	3	4	
11	Problems with living conditions	0	1	2	3	4	
12	Problems with occupation and activities	0	1	2	3	4	

Key for Item 8

A Phobias – including fear of leaving home, crowds, public places, travelling, social phobias and specific phobias.

B Anxiety and panics.

C Obsessional and compulsive problems.

D Reactions to severely stressful events and traumas.

E Dissociative ('conversion') problems.

F Somatisation – persisting physical complaints in spite of full investigation and reassurance that no disease is present.

G Problems with appetite, over- or under-eating.

H Sleep problems.

I Sexual problems.

J Problems not specified elsewhere including expansive or elated mood.

11.5 Abbreviated Life Skills Profile (LSP-16)

LSP-16

		0	1	2	3
1	Does this person generally have any difficulty with initiating and responding to conversation?	No difficulty	Slight difficulty	Moderate difficulty	Extreme difficulty
2	Does this person generally withdraw from social contact?	Does not withdraw at all	Withdraws slightly	Withdraws moderately	Withdraws totally or near totally
3	Does this person generally show warmth to others?	Considerable warmth	Moderate warmth	Slight warmth	No warmth at all
4	Is this person generally well groomed (eg, neatly dressed, hair combed)?	Well groomed	Moderately well groomed	Poorly groomed	Extremely poorly groomed
5	Does this person wear clean clothes generally, or ensure that they are cleaned if dirty?	Maintains cleanliness of clothes	Moderate cleanliness of clothes	Poor cleanliness of clothes	Very poor cleanliness of clothes
6	Does this person generally neglect her or his physical health?	No neglect	Slight neglect of physical problems	Moderate neglect of physical problems	Extreme neglect of physical problems
7	Is this person violent to others?	Not at all	Rarely	Occasionally	Often
8	Does this person generally make and/or keep up friendships?	Friendships made or kept up well	Friendships made or kept up with slight difficulty	Friendships made or kept up with considerable difficulty	No friendships made or none kept
9	Does this person generally maintain an adequate diet?	No problem	Slight problem	Moderate problem	Extreme problem
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	Slightly unreliable	Moderately unreliable	Extremely unreliable
11	Is this person willing to take psychiatric medication when prescribed by a doctor?	Always	Usually	Rarely	Never
12	Does this person co-operate with health services (eg, doctors and/or other health workers)?	Always	Usually	Rarely	Never
13	Does this person generally have problems (eg, friction, avoidance) living with others in the household?	No obvious problem	Slight problems	Moderate problems	Extreme problems
14	Does this person behave offensively (includes sexual behaviour)?	Not at all	Rarely	Occasionally	Often
15	Does this person behave irresponsibly?	Not at all	Rarely	Occasionally	Often
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	Capable of part time work	Capable only of sheltered work	Totally incapable of work

11.6 Mental Health Phase of Care (MH-PoC)

Phase of Care

Definition: The mental health phase of care is defined as the prospective primary goal of treatment within the episode of care in terms of the recognised phases of mental health care. Whilst it is recognised that there may be aspects of each mental health phase of care represented in the consumer's mental health plan, the mental health phase of care is intended to identify the main goal or aim that will underpin the next period of care. The mental health phase of care is independent of both the treatment setting and the designation of the treating service, and does not reflect service unit type.

Domain:
1 – Acute
2 – Functional Gain
3 – Intensive Extended
4 – Consolidating Gain
5 – Assessment Only
9 – Not stated/inadequately described

Acute
The primary goal of care is the short term reduction in severity of symptoms and/or personal distress associated with the recent onset or exacerbation of a psychiatric disorder.

Functional Gain
The primary goal of care is to improve personal, social or occupational functioning or promote psychosocial adaptation in a patient with impairment arising from a psychiatric disorder.

Intensive Extended
The primary goal of care is prevention or minimisation of further deterioration, and reduction of risk of harm in a patient who has a stable pattern of severe symptoms, frequent relapses or severe inability to function independently and is judged to require care over an indefinite period.

Consolidating gain
The primary goal of care is to maintain the level of functioning, or improving functioning during a period of recovery, minimise deterioration or prevent relapse where the patient has stabilised and functions relatively independently. Consolidating gain may also be known as maintenance.

Assessment only
The primary goal of care is to obtain information, including collateral information where possible, in order to determine the intervention/treatment needs and to arrange for this to occur (includes brief history, risk assessment, referral to treating team or other service).

11.7 Consumer self assessment measures:- K-10+, BASIS-32, MHI-38

The K-10+ LM

Instructions

The following ten questions ask about how you have been feeling in the **last four weeks**. For each question, mark the circle under the option that best describes the amount of time you felt that way.

The following ten questions ask about how you have been feeling in the **past four weeks**. For each question, mark the circle under the option that best describes the amount of time you felt that way.						
		None of the time	**A little of the time**	**Some of the time**	**Most of the time**	**All of the time**
1.	In the past four weeks, about how often did you feel tired out for no good reason?	O	O	O	O	O
2.	In the past four weeks, about how often did you feel nervous?	O	O	O	O	O
3.	In the past four weeks, about how often did you feel so nervous that nothing could calm you down?	O	O	O	O	O
4.	In the past four weeks, about how often did you feel hopeless?	O	O	O	O	O
5.	In the past four weeks, about how often did you feel restless or fidgety?	O	O	O	O	O
6.	In the past four weeks, about how often did you feel so restless you could not sit still?	O	O	O	O	O
		None of the time	**A little of the time**	**Some of the time**	**Most of the time**	**All of the time**
7.	In the past four weeks, about how often did you feel depressed?	O	O	O	O	O
8.	In the past four weeks, about how often did you feel that everything was an effort?	O	O	O	O	O
9.	In the past four weeks, about how often did you feel so sad that nothing could cheer you up?	O	O	O	O	O
10.	In the past four weeks, about how often did you feel worthless?	O	O	O	O	O
The next few questions are about how these feelings may have affected you in the **past four weeks.** You need not answer these questions if you answered 'None of the time' to all of the ten questions about your feelings						
11.	In the past four weeks, how many days were you TOTALLY UNABLE to work, study or manage your day to day activities because of these feelings?	_____ (Number of days)				

12.	[Aside from those days], in the past 4 weeks, HOW MANY DAYS were you able to work or study or manage your day to day activities, but had to CUT DOWN on what you did because of these feelings?			_____ (Number of days)		
13.	In the past 4 weeks, how many times have you seen a doctor or any other health professional about these feelings?			_____ (Number of consultations)		
		None of the time	**A little of the time**	**Some of the time**	**Most of the time**	**All of the time**
14.	In the past 4 weeks, how often have physical health problems been the main cause of these feelings?	O	O	O	O	O

Ref: Kessler, R.C., Barker, P.R., Colpe, L.J., Epstein, J.F., Gfroerer, J.C., Hiripi, E., Howes, M.J, Normand, S-L.T., Manderscheid, R.W., Walters, E.E., Zaslavsky, A.M. (2003). Screening for serious mental illness in the general population Archives of General Psychiatry. 60(2), 184-189.

K10L3D

The following ten questions ask about how you have been feeling in the **past three days**. For each question, mark the circle under the option that best describes the amount of time you felt that way.						
		None of the time	**A little of the time**	**Some of the time**	**Most of the time**	**All of the time**
1.	In the past three days, about how often did you feel tired out for no good	○	○	○	○	○
		None of the time	**A little of the time**	**Some of the time**	**Most of the time**	**All of the time**
2.	In the past three days, about how often did you feel nervous?	○	○	○	○	○
3.	In the past three days, about how often did you feel so nervous that nothing could calm you down?	○	○	○	○	○
4.	In the past three days, about how often did you feel hopeless?	○	○	○	○	○
5.	In the past three days, about how often did you feel restless or fidgety?	○	○	○	○	○
6.	In the past three days, about how often did you feel so restless you could not sit still?	○	○	○	○	○
7.	In the past three days, about how often did you feel depressed?	○	○	○	○	○
8.	In the past three days, about how often did you feel that everything was an effort?	○	○	○	○	○
9.	In the past three days, about how often did you feel so sad that nothing could cheer you up?	○	○	○	○	○
10.	In the past three days, about how often did you feel worthless?	○	○	○	○	○

NOTE: The K10 and K10+ forms displayed above are the generic forms.

K10 versions

The version referred to in the NOCC specification as K10LM, is also referred to as the K10+ because it contains four additional questions (items 11-14) that assess variables relevant to distress. The label "LM" stands for Last Month, because the rating period is the last four weeks. The version referred to as 'K10L3D' contains only the ten psychological distress items and has the label 'L3D' because consumers are instructed to base their ratings on the last three days. This version is only for use at discharge from brief episodes of care where the 'standard' 4-week rating period would overlap with the ratings made at the beginning of the episode.

Mental Health Inventory (MHI–38)

INSTRUCTIONS: Please read each question and tick the box by the ONE statement that best describes how things have been FOR YOU during the past month. There are no right or wrong answers.

1. How happy, satisfied, or pleased have you been with your personal life during the past month? ***(Tick one)***

1☐ Extremely happy, could not have been more satisfied or pleased
2☐ Very happy most of the time
3☐ Generally, satisfied, pleased
4☐ Sometimes fairly satisfied, sometimes fairly unhappy
5☐ Generally dissatisfied, unhappy
6☐ Very dissatisfied, unhappy most of the time

2. How much of the time have you felt lonely during the past month? ***(Tick one)***

1☐ All of the time
2☐ Most of the time
3☐ A good bit of the time
4☐ Some of the time
5☐ A little of the time
6☐ None of the time

3. How often did you become nervous or jumpy when faced with excitement or unexpected situations during the past month? ***(Tick one)***

1☐ Always
2☐ Very often
3☐ Fairly often
4☐ Sometimes
5☐ Almost never
6☐ Never

4. During the past month, how much of the time have you felt that the future looks hopeful and promising? ***(Tick one)***

1☐ All of the time
2☐ Most of the time
3☐ A good bit of the time
4☐ Some of the time
5☐ A little of the time
6☐ None of the time

5. How much of the time, during the past month, has your daily life been full of things that were interesting to you? ***(Tick one)***

1☐ All of the time
2☐ Most of the time
3☐ A good bit of the time
4☐ Some of the time
5☐ A little of the time
6☐ None of the time

6. How much of the time, during the past month, did you feel relaxed and free from tension? ***(Tick one)***

1☐ All of the time
2☐ Most of the time
3☐ A good bit of the time
4☐ Some of the time
5☐ A little of the time
6☐ None of the time

7. During the past month, how much of the time have you generally enjoyed the things you do? ***(Tick one)***

1☐ All of the time
2☐ Most of the time
3☐ A good bit of the time
4☐ Some of the time
5☐ A little of the time
6☐ None of the time

8. During the past month, have you had any reason to wonder if you were losing your mind, or losing control over the way you act, talk, think, feel, or of your memory? ***(Tick one)***

1☐ No, not at all
2☐ Maybe a little
3☐ Yes, but not enough to be concerned or worried about
4☐ Yes, and I have been a little concerned
5☐ Yes, and I am quite concerned
6☐ Yes, I am very much concerned about it

9. Did you feel depressed during the past month? ***(Tick one)***

1☐ Yes, to the point that I did not care about anything for days at a time
2☐ Yes, very depressed almost every day
3☐ Yes, quite depressed several times
4☐ Yes, a little depressed now and then
5☐ No, never felt depressed at all

10. During the past month, how much of the time have you felt loved and wanted? ***(Tick one)***

1☐ All of the time
2☐ Most of the time
3☐ A good bit of the time
4☐ Some of the time
5☐ A little of the time
6☐ None of the time

11. How much of the time, during the past month, have you been a very nervous person? ***(Tick one)***

1☐ All of the time
2☐ Most of the time
3☐ A good bit of the time
4☐ Some of the time
5☐ A little of the time
6☐ None of the time

12. When you have got up in the morning, this past month, about how often did you expect to have an interesting day? ***(Tick one)***

1☐ Always
2☐ Very often
3☐ Fairly often
4☐ Sometimes
5☐ Almost never
6☐ Never

13. During the past month, how much of the time have you felt tense or "high-strung"? ***(Tick one)***

1☐ All of the time
2☐ Most of the time
3☐ A good bit of the time
4☐ Some of the time
5☐ A little of the time
6☐ None of the time

14. During the past month, have you been in firm control of your behaviour, thoughts, emotions or feelings? ***(Tick one)***

1☐ Yes, very definitely
2☐ Yes, for the most part
3☐ Yes, I guess so
4☐ No, not too well
5☐ No, and I am somewhat disturbed
6☐ No, and I am very disturbed

15. During the past month, how often did your hands shake when you tried to do something? ***(Tick one)***

1☐ Always
2☐ Very often
3☐ Fairly often
4☐ Sometimes
5☐ Almost never
6☐ Never

16. During the past month, how often did you feel that you had nothing to look forward to? ***(Tick one)***

1☐ Always
2☐ Very often
3☐ Fairly often
4☐ Sometimes
5☐ Almost never
6☐ Never

17. How much of the time, during the past month, have you felt calm and peaceful? ***(Tick one)***

1☐ All of the time
2☐ Most of the time
3☐ A good bit of the time
4☐ Some of the time
5☐ A little of the time
6☐ None of the time

18. How much of the time, during the past month, have you felt emotionally stable? ***(Tick one)***

1☐ All of the time
2☐ Most of the time
3☐ A good bit of the time
4☐ Some of the time
5☐ A little of the time
6☐ None of the time

19. How much of the time, during the past month, have you felt downhearted and blue? ***(Tick one)***

1☐ All of the time
2☐ Most of the time
3☐ A good bit of the time
4☐ Some of the time
5☐ A little of the time
6☐ None of the time

20. How often have you felt like crying, during the past month? ***(Tick one)***

1☐ Always
2☐ Very often
3☐ Fairly often
4☐ Sometimes
5☐ Almost never
6☐ Never

21. During the past month, how often have you felt that others would be better off if you were dead? ***(Tick one)***

1☐ Always
2☐ Very often
3☐ Fairly often
4☐ Sometimes
5☐ Almost never
6☐ Never

22. How much of the time, during the past month, were you able to relax without difficulty? ***(Tick one)***

1☐ All of the time
2☐ Most of the time
3☐ A good bit of the time
4☐ Some of the time
5☐ A little of the time
6☐ None of the time

23. How much of the time, during the past month, did you feel that your love relationships, loving and being loved, were full and complete? ***(Tick one)***

1☐ All of the time
2☐ Most of the time
3☐ A good bit of the time
4☐ Some of the time
5☐ A little of the time
6☐ None of the time

24. How often, during the past month, did you feel that nothing turned out for you the way you wanted it to? ***(Tick one)***

1☐ Always
2☐ Very often
3☐ Fairly often
4☐ Sometimes
5☐ Almost never
6☐ Never

25. How much have you been bothered by nervousness, or your "nerves", during the past month? ***(Tick one)***

1☐ Extremely so, to the point where I could not take care of things

2☐ Very much bothered

3☐ Bothered quite a bit by nerves

4☐ Bothered some, enough to notice

5☐ Bothered just a little by nerves

6☐ Not bothered at all by this

26. During the past month, how much of the time has living been a wonderful adventure for you? ***(Tick one)***

1☐ All of the time

2☐ Most of the time

3☐ A good bit of the time

4☐ Some of the time

5☐ A little of the time

6☐ None of the time

27. How often, during the past month, have you felt so down in the dumps that nothing could cheer you up? ***(Tick one)***

1☐ Always

2☐ Very often

3☐ Fairly often

4☐ Sometimes

5☐ Almost never

6☐ Never

28. During the past month, did you think about taking your own life? ***(Tick one)***

1☐ Yes, very often

2☐ Yes, fairly often

3☐ Yes, a couple of times

4☐ Yes, at one time

5☐ No, never

29. During the past month, how much of the time have you felt restless, fidgety, or impatient? ***(Tick one)***

1☐ All of the time

2☐ Most of the time

3☐ A good bit of the time

4☐ Some of the time

5☐ A little of the time

6☐ None of the time

30. During the past month, how much of the time have you been moody or brooded about things? ***(Tick one)***

1☐ All of the time

2☐ Most of the time

3☐ A good bit of the time

4☐ Some of the time

5☐ A little of the time

6☐ None of the time

31. How much of the time, during the past month, have you felt cheerful, lighthearted? ***(Tick one)***

1☐ All of the time

2☐ Most of the time

3☐ A good bit of the time

4☐ Some of the time

5☐ A little of the time

6☐ None of the time

32. During the past month, how often did you get rattled, upset or flustered? ***(Tick one)***

1☐ Always

2☐ Very often

3☐ Fairly often

4☐ Sometimes

5☐ Almost never

6☐ Never

33. During the past month, have you been anxious or worried? ***(Tick one)***

1☐ Yes, extremely to the point of being sick or almost sick

2☐ Yes, very much so

3☐ Yes, quite a bit

4☐ Yes, some, enough to bother me

5☐ Yes, a little bit

6☐ No, not at all

34. During the past month, how much of the time were you a happy person? ***(Tick one)***

1☐ All of the time

2☐ Most of the time

3☐ A good bit of the time

4☐ Some of the time

5☐ A little of the time

6☐ None of the time

35. How often during the past month did you find yourself trying to calm down? ***(Tick one)***

1☐ Always

2☐ Very often

3☐ Fairly often

4☐ Sometimes

5☐ Almost never

6☐ Never

36. During the past month, how much of the time have you been in low or very low spirits? ***(Tick one)***

1☐ All of the time

2☐ Most of the time

3☐ A good bit of the time

4☐ Some of the time

5☐ A little of the time

6☐ None of the time

37. How often, during the past month, have you been waking up feeling fresh and rested? ***(Tick one)***

1☐ Always, every day

2☐ Almost every day

3☐ Most days

4☐ Some days, but usually not

5☐ Hardly ever

6☐ Never wake up feeling rested

38. During the past month, have you been under or felt you were under any strain, stress or pressure? ***(Tick one)***

1☐ Yes, almost more than I could stand or bear

2☐ Yes, quite a bit of pressure

3☐ Yes, some more than usual

4☐ Yes, some, but about normal

5☐ Yes, a little bit

6☐ No, not at all

Behavior and Symptom Identification Scale (BASIS-32)

The BASIS-32 is copyrighted by McLean Hospital and cannot be reproduced here. Participants should check with their service to obtain a copy of the BASIS-32.