AMHOCN

Australian Mental Health Outcomes and Classification Network

Sharing Information to Improve Outcomes

National Outcomes and Casemix Collection (NOCC) basic training manual:

OLDER PERSONS SERVICES

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For further information: Email: contact@amhocn.org Website: www.amhocn.org

Contents

1. Introduction to the manual

This training manual has been developed as part of a training package designed to provide a basic introduction to:

- the context of the National Outcomes and Casemix Collection (NOCC);
- the data collection protocol; and
- the measures used specific to each age group and service setting.

This training manual identifies the core information that should form the basis of any local training for the age group and service setting of the title. 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
- that participants have the opportunity to engage with the material.

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

- Older persons Training Manual (this document);
- Older persons 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.

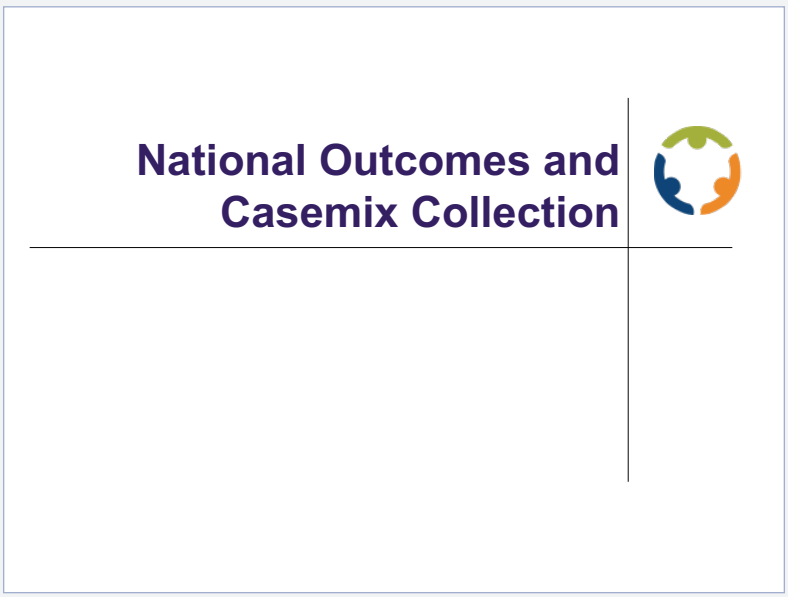
This symbol indicates that trainers should distribute specific handout materials.

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

This symbol indicates the notional time each section should take.

This symbol indicates that trainers should encourage group discussion.

2. Training introduction and learning objectives



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.

This context section should take approximately 10 minutes to complete.

2. Training introduction and learning objectives

Learning Objectives

- Understanding of the context of the collection of Outcome Measures in Mental Health
- Understanding of the National Outcomes and Casemix Collection Data Collection Protocol and local adaptation
- Development of skills in the completion of the standard measures of Outcome and Casemix

Participants should be given a brief orientation to the content of the workshop and the expected outcomes of participation. This includes:

- the background and rationale for the introduction of outcomes and casemix measures;
- the agreed national data collection protocol and the local adaptations to this protocol; and
- the development of skills in the completion of the measures introduced into routine clinical practice.

Ask the group what they know about the activities and outcomes of mental health services?

- How do we measure outcome?
- How do we monitor outcome?
- How do we know if someone has improved or deteriorated and how do we share this information?

Write the responses on a whiteboard and discuss them with the group.

3. Use of NOCC information

The collection and use of information from the National Outcomes and Casemix Collection should benefit multiple stakeholders, including consumers and carers, clinicians, managers, policy makers, funding bodies and the broader community.

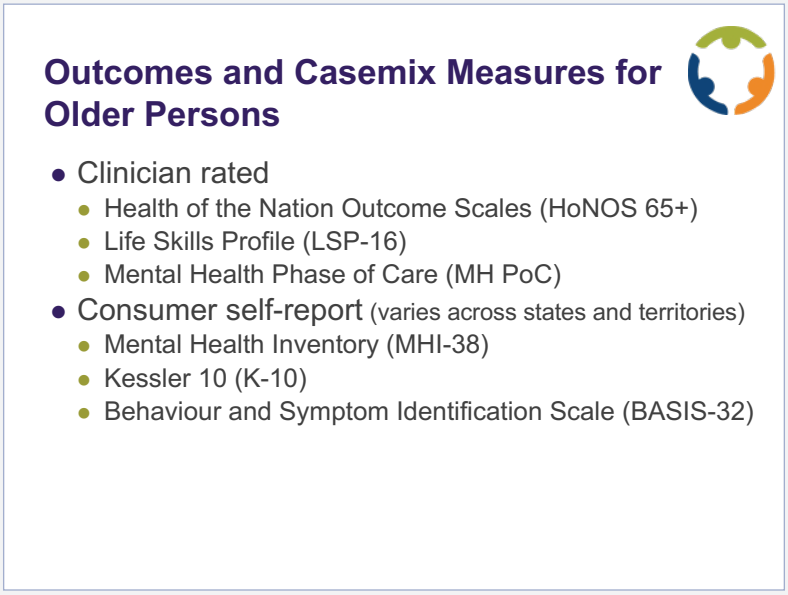
These are summarised in the table below.

Stakeholder	Benefits
Consumers	• Provides the opportunity to have input into the process of care through active engagement by sharing their perspective • Gives consumers a voice and input into the system to describe issues important to them • Provides information back to the consumer regarding their completion of the measure and change over time • Provides an opportunity for dialogue between clinicians, consumers, carers and families, enabling different perspectives to be represented and discussed
Carers/Parents	• Provides the opportunity to have input into the process of care through sharing their perspective and being actively engaged in the process of care • Gives carers and families a voice and input into the system to describe issues important to them • Provides information back to carers and families regarding measures and progress • Provides an opportunity for dialogue between clinicians, consumers, carers and families, enabling different perspectives to be represented and discussed
Clinicians	• Provides tools to support care planning, goal setting and monitoring change over time • Provides tools that support reflective practice and the evaluation of care
Service Managers	• Provides tools that support service development through the use of information to inform decision-making • Provides information that describes clinician workload • Provides information that can describe variation in groups of consumers presenting to mental health services • Provides information that describes the outcomes of care
Policy Makers	• Provides information that describes the needs of consumers and carers • Provides information that informs policy development
Funders	• Provides information that informs decisions regarding value for money
Communities	• Provides information to support transparency and accountability, highlighting how mental health services operate and where opportunities for quality improvement can occur
Researchers and Evaluators	• Provides information to support both research into, and evaluation of services, with the aim of supporting clinical practice and quality improvement activities

Use of NOCC information

4. Brief overview of measures

Provide a brief overview of the measures that comprise the National Outcomes and Casemix Collection (NOCC).



Hand out copies of the measures. Use your local service material.

Provide a brief overview of the measures being used in public sector mental health services, highlighting that there are clinician rated measures as well as consumer rated measures.

The Health of the Nation Outcome Scales (HoNOS) is a collection of 12 scales designed to capture information regarding the severity of problems for a consumer in 12 common areas.

The Life Skills Profile 16 (LSP-16) is an abbreviated version of the Life Skills Profile - a measure of function and disability.

The Mental Health Phase of Care (PoC) aims to operationalise the concept of a phase of illness with people moving between stable and acute phases within an episode of illness.

Consumer self-report measures differ across jurisdictions and trainers should refer to the appropriate measure for their jurisdiction.

4. Brief overview of measures

These instruments were selected on the following criteria:

- Acceptable
  - Brief - minimum rater workload
  - Practical - fit clinical processes
  - Minimal cost
  - Simple scoring & interpretation
  - Minimal training required
- Valid
- Reliable
- Sensitive to change

Different jurisdictions are using different consumer self report measures. This highlights the developmental nature of outcome measurement within mental health

This brief overview should take approximately 5 minutes to complete.

5. The data collection protocol

The Basic Data Collection Protocol

Standardised measures of consumers' clinical status are collected at three critical occasions during episodes of mental health care:

- **Admission** (to episode of health care)
- **Discharge** (from episode of care)
- And where an episode lasts for more than 91 days, at **Review**

Provide a brief overview of the 3 critical occasions during episodes of mental health care when data should be collected. The National Outcomes and Casemix Collection protocol is outlined in the table below.

NOCC - Collection Protocol

Collection Occasion: Older Persons	A	R	D
HoNOS 65+	✓	✓	✓
LSP-16[1]	×	✓	✓
RUG-ADL[2]	×	×	×
Consumer completed measure (MHI-38, BASIS-32, K10+) [3]	✓	✓	✓
Principal and Additional Diagnosis	×	✓	✓
Phase of Care	✓	✓	×
Mental Health Legal Status	×	✓	✓

Abbreviations and Symbols	
A Admission to mental health care	✓ Collection of data on this occasion is mandatory
R Review of mental health care	× No collection requirements apply
D Discharge from mental health care	

Notes

[1] LSP is not collected in inpatient settings. It is collected at admission, review and discharge in community residential.

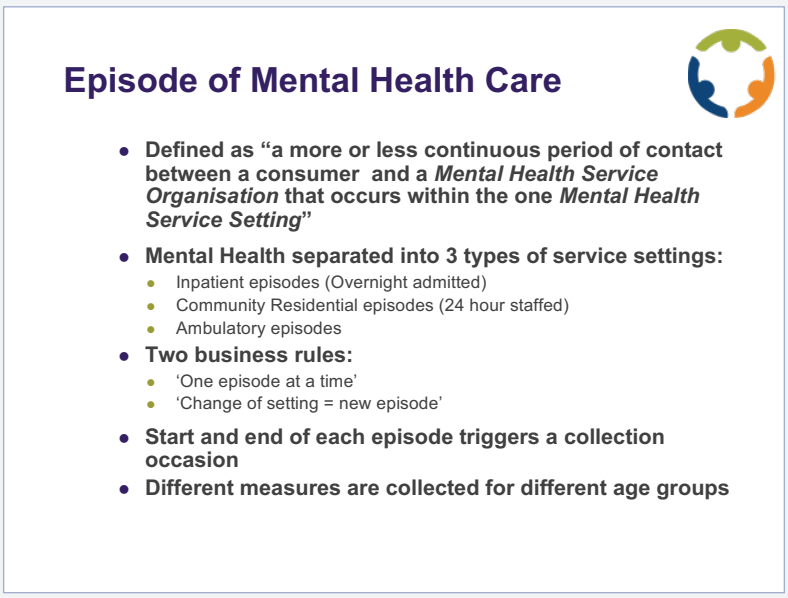
[2] RUG-ADL is collected at admission and review in inpatient and community residential settings.

[3] The classification of consumer self-report measure as mandatory is intended only to indicate the expectation that consumer's will be invited to complete self-report measure.

It is important to note that the National Outcomes and Casemix Collection specifies the minimum requirement and that States and Territories as well as regions or units have made modifications to this protocol. Review the NOCC Technical Specifications, available on the AMHOCN website at www.amhocn.org, for more detail.

This data collection protocol section should take approximately 10 minutes with questions.

5. The data collection protocol



This slide outlines the core concepts of the data collection protocol:

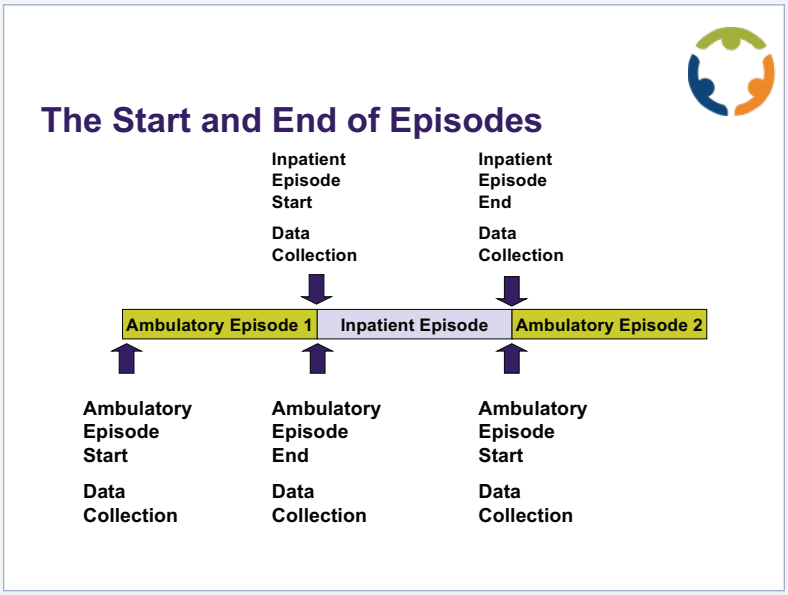
- the definition of an episode of care;
- the three service settings where mental health care can be delivered; and
- the basic business rules.

Note that this nationally agreed collection protocol might use different terminology than your local service hence the need for local adaptation.

The data collection protocol was designed to meet several criteria:

- The data collection protocol should be clinically meaningful - it should be consistent with and encourage good clinical practice.
- The data collection protocol should not be overly complicated.
- The protocol must give rise to data that can be statistically analysed.
- The protocol should assist individual services to collect data at the most appropriate occasions that are consistent with generally agreed criteria.

5. The data collection protocol



This slide provides the opportunity to discuss the complex nature of mental health care and the potential for consumers to move between various service settings during their treatment. These moves between service settings, as we have seen, are a trigger for data collection.

Trainers should hand out copies of the local adaptation to the data collection protocol that are pertinent to the unit or group they are training.

6. Consumer self report measure

Consumer Self Report Measure: When NOT to Offer

- The consumer is too unwell or distressed to complete the measure
  - Psychotic or mood disturbance prevents the consumer from understanding the measure or alternatively, completing the measure would increase their level of distress
- The consumer is unable to understand the measure
  - As a result of an organic mental disorder or a developmental disability to consumer
- Cultural or language issues make the self-report measure inappropriate

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 consumers and clinicians 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 report 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.

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.**

6. Consumer self report measure

When administering the consumer self report 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 they are telling the truth).

6. Consumer self report measure

Offering the Measure

- Why is it important to complete a consumer self rated measure?
- What happens if the consumer refuses to complete the measure, will it effect their treatment?
- Who is going to use the information?
- What is the information going to be used for?
- Assure the consumer of privacy and confidentiality.

This slide identifies the types of concerns that consumers often have when offered a consumer self report measure.

When offering the consumer self report measure it is important to:

- identify for consumers that the completion of the consumer self report measure will provide useful information for the clinician that will inform their work;
- assure consumers that refusal to complete the consumer self report 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 report measure is subject to the same rules of confidentiality and privacy as all other information held within the medical record.

When administering the consumer self report measure, there are some general activities or approaches to be adopted. These are the Do's of consumer self report measure administration:

- do be warm, friendly and helpful;
- do request and encourage carers and consumers to fill out the consumer self report 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;

6. Consumer self report measure

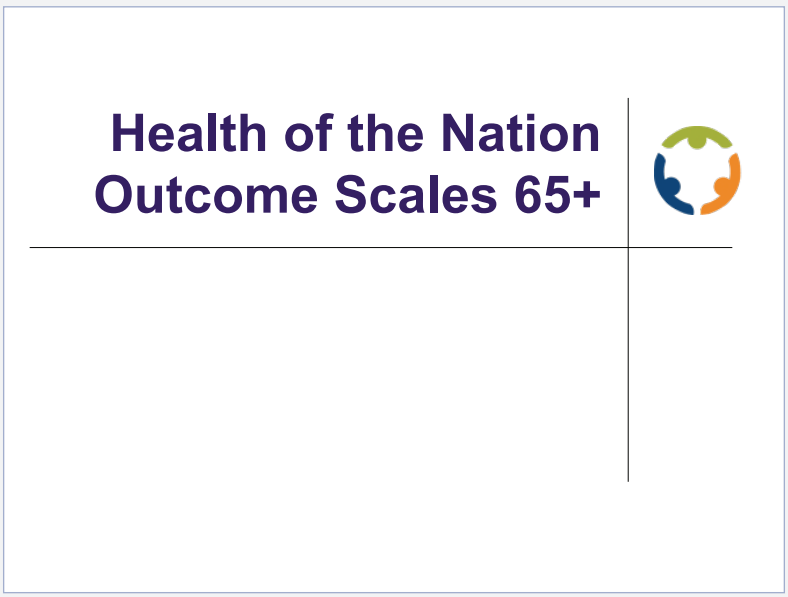
- do provide definition of a single word with which a person is unfamiliar;
- do stress there is no right or wrong answer;
- do inform carers and consumers that they will be asked to fill out the consumer self report measure again at a later date; and
- do thank carers and consumers for filling out the consumer self
- report measure.

Trainers should hand out copies of the jurisdiction specific consumer self report measure. See appendix for measures used across jurisdictions.

Session length may vary depending on the consumer self report measure, but should take no longer than 30 minutes.

7. Health of the Nation Outcome Scales 65+

(HoNOS 65+)

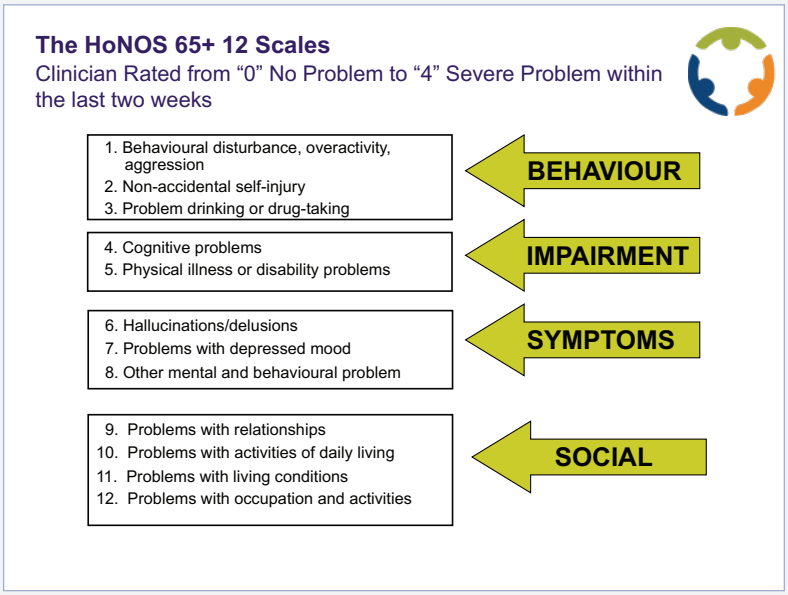


This slide introduces the section on training in the clinical measures. The aim of this section is provide participants with the skills to complete the primary measure of problem severity the Health of the Nation Outcome Scales.

This section should take the majority of any session, approximately 1.5 hours.

7. Health of the Nation Outcome Scales 65+

(HoNOS 65+)



Refer trainees 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.

Note that 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.

The Health of the Nation Outcome Scales (HoNOS) is the key measure of problem severity in the suite of outcome measures. Usually, some trainees will have experienced completing the HoNOS. Ask them how long it usually takes to complete. Remember to make the distinction between first completing the measure and completing following some practice.

7. Health of the Nation Outcome Scales 65+ (HoNOS 65+)

The HoNOS measure was designed to be broad spectrum, capturing information about the consumer in a number of domains, not just symptoms. Field trials have identified the HoNOS:

- as acceptable and useful to clinicians; and
- shown satisfactory inter-rater reliability during development and in subsequent Australian trials.

See *Mental Health National Outcomes and Casemix Collection: Overview of clinician-rated and consumer self-report measures V.2.1*, available on the AMHOCN website (www.amhocn.org), for further information.

Limitations of the HoNOS should be acknowledged, however it is important to note that:

- perfect inter-rater reliability has never been demonstrated;
- poor inter-rater reliability can be the result of misapplication of the rating rules;
- inter-rater reliability can be affected by the quality of assessment or lack of information between raters; and
- satisfactory inter-rater reliability will be demonstrated during practice in training.

Rating the HoNOS 65+

				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.	×	×

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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

7. Health of the Nation Outcome Scales 65+ (HoNOS 65+)

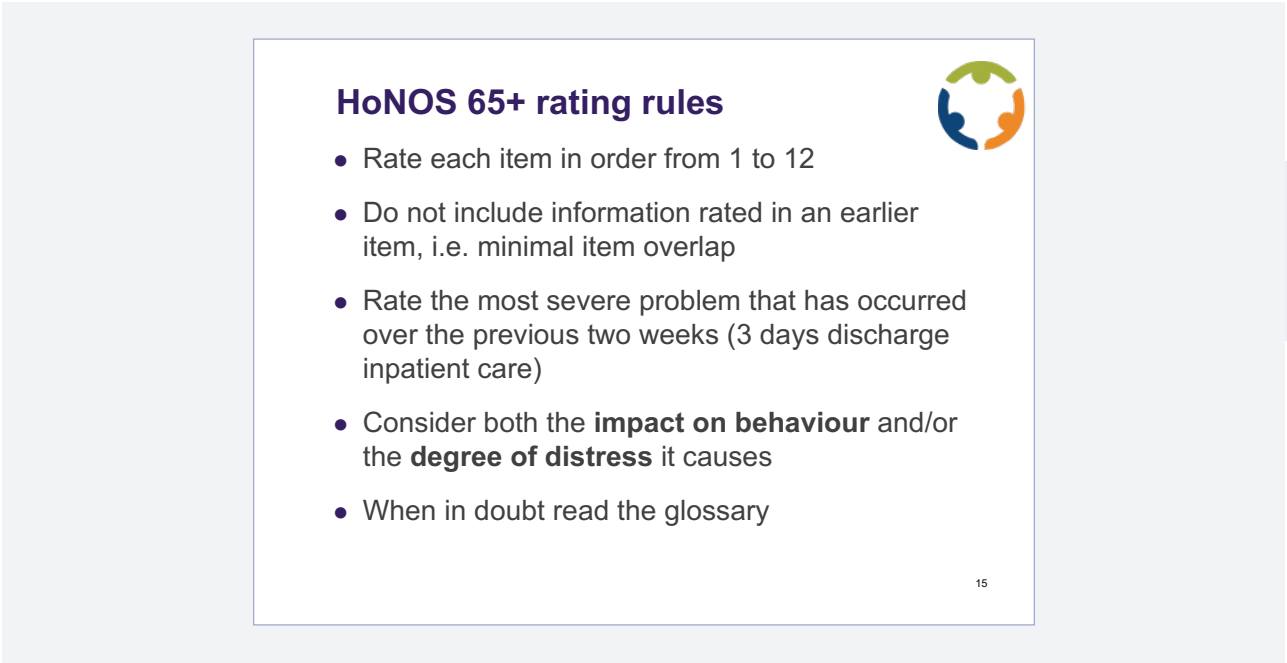
The HoNOS is <u>not a clinical interview.</u> Information should be gathered from:

- 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.

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.
- point, valuable opportunities for reflection are lost.



This slide outlines the basic rating rules of the HoNOS.

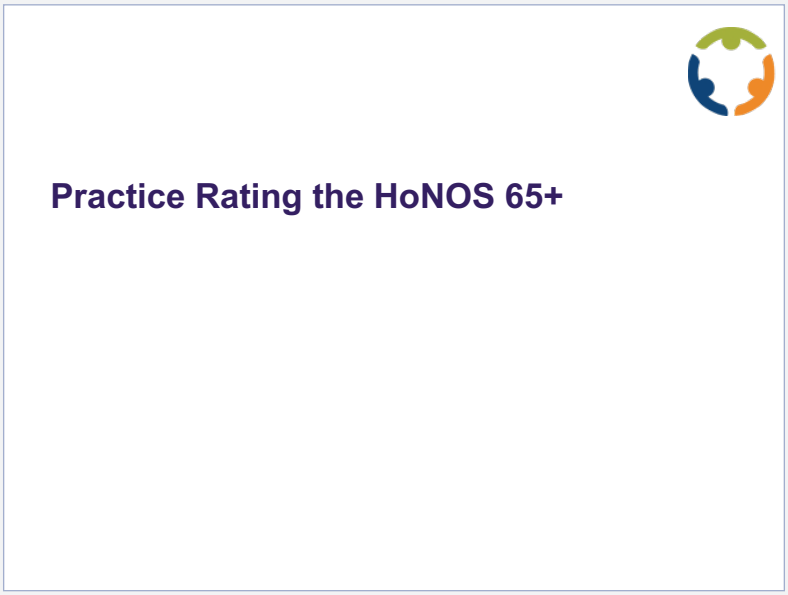
It is important to avoid overlapping ratings when completing the HoNOS. The HoNOS is a collection of 12 scales and, as such, to get as clear an impression of the unique presentation of the consumer, it is important to ensure that only problem areas for that consumer are identified. Therefore, once a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

7. Health of the Nation Outcome Scales 65+ (HoNOS 65+)

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.



During training, practicing a rating the HoNOS is a multi-stage process which involves having training participants:

- reading a written vignette or watch a video vignette;
- reviewing the consumer self report measure, if available, as part of the vignette;
- practice rating the HoNOS referring to the glossary; and
- sharing their ratings and comparing and contrasting their ratings to the provided consensus ratings.

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

Ask trainees who rated the consensus score to explain their rationale for rating in the way that they did. Promote discussion around differences between consensus ratings and trainees' ratings.

Work through all the scales in the same fashion, one at a time. Take opportunities to clarify and reinforce the rating rules.

7. Health of the Nation Outcome Scales 65+ (HoNOS 65+)

Take opportunities to reinforce that there is generally agreement between raters.

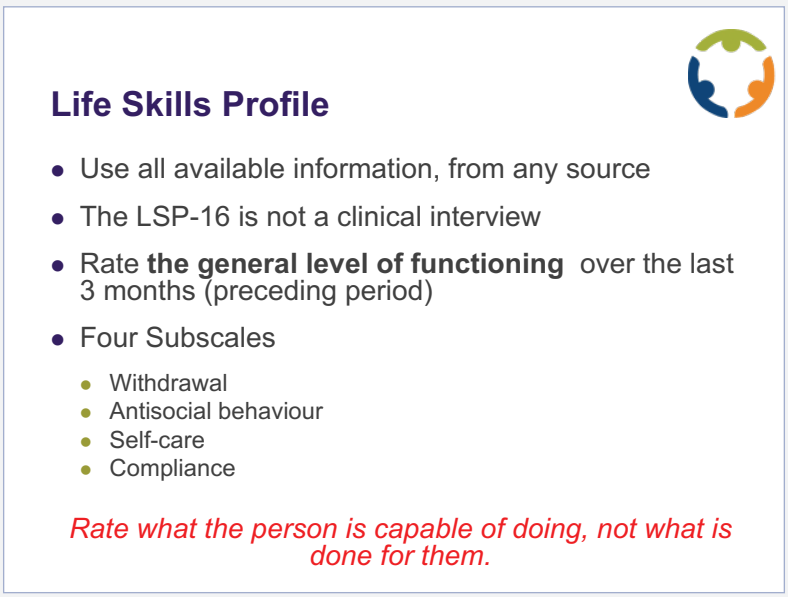
It is important to provide an environment within which trainees feel comfortable sharing their ratings, discussing their reasons for particular ratings and correcting misunderstandings as they arise. It is important that this session does not become a battle between the trainees and trainer. A trainee rating one point either side of the consensus rating for the purposes of training is quite acceptable.

How could the HoNOS be used in Mental Health? A variety of potential uses for the HoNOS have been identified, these include:

- a standard record of progress across 12 common types of problems;
- a simple check list for notes;
- a measure of outcome against expectation based on intervention or natural course;
- an audit tool;
- a method of matching consumer's needs to practitioner skills;
- a standard tool for clinical research;
- a means of assessing the outcomes and efficiency of services; and
- a means of facilitating discussion between clinicians, the consumer and carers.

Indeed, all the measures introduced as part of NOCC have the potential to be used in this way, not only individually but in combination.

8. Life Skills Profile
(LSP-16)



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

- it is based on the general or average level of functioning over the last 3 months; and
- the clinician attempts to rate each item according to what the consumer 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.

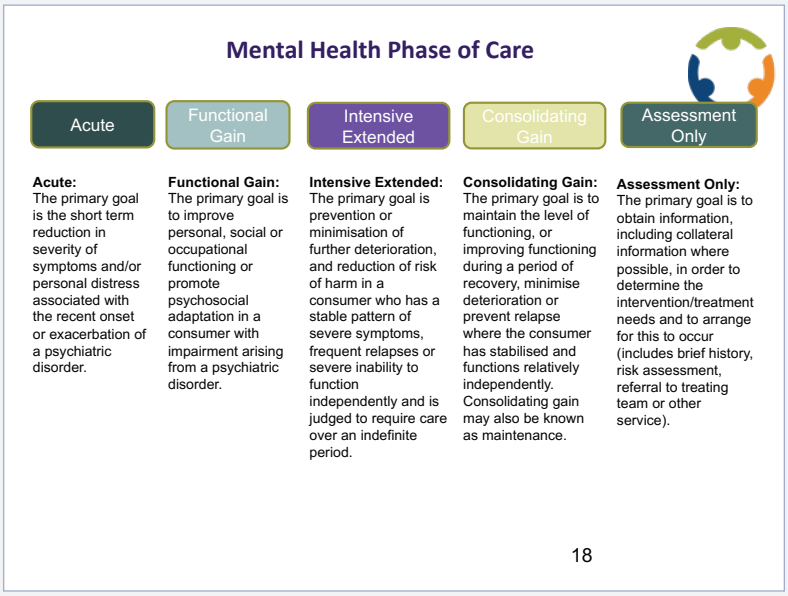
Reinforce to clinicians that they are not scoring the quality of care and assistance a consumer receives. They should score what the consumer would do without assistance or prompting.

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.

9. Other measures

9.1. Mental Health Phase of Care

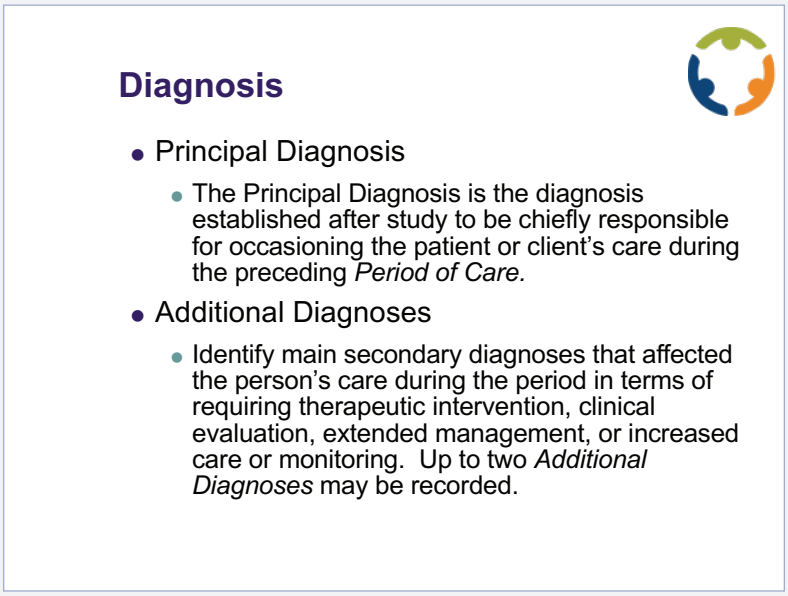


The Phase of Care is rated by the clinician and requires judgement about the consumer's primary goal of care and the duration and intensity of expected care.

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.

9. Other measures

9.2. Diagnosis



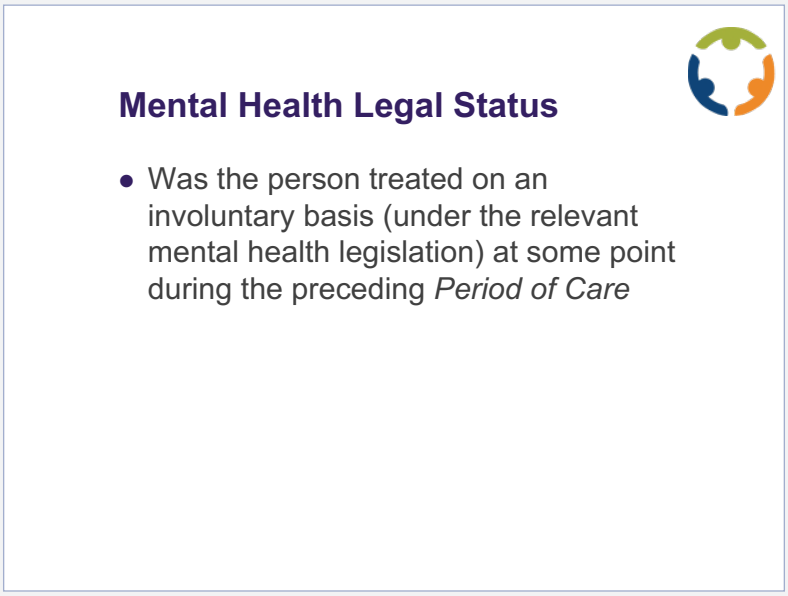
Principal diagnosis is only collected on review and discharge and may be different to the diagnosis identified on admission.

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.

9. Other measures

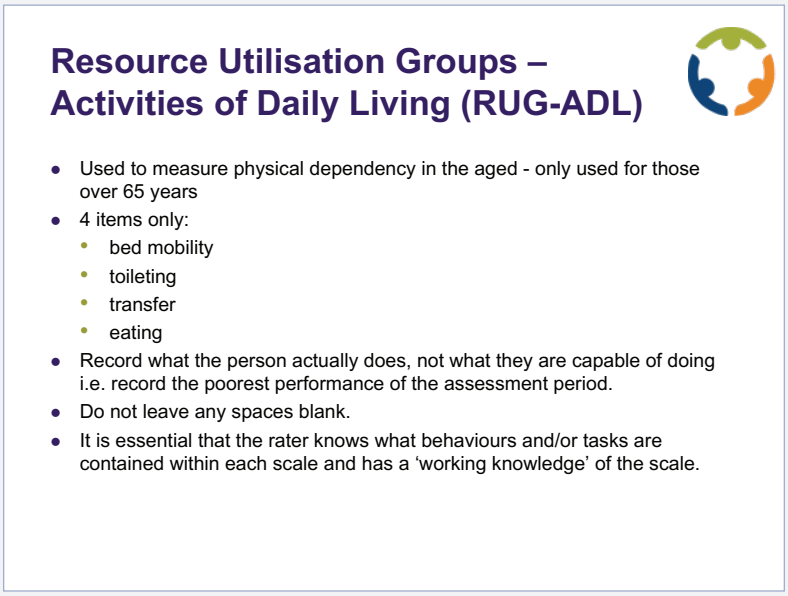
9.3. Mental Health Legal Status



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.

9. Other measures

9.4. Resources Utilisation Groups – Activities of Daily Living (RUG-ADL)



Give a brief overview of the Resource Utilisation Groups – Activities of Daily Living (RUG-ADL).

The RUG-ADL is not collected in ambulatory settings, only in inpatient and community residential settings. The RUG-ADL measures ability with respect to what are called 'late loss' activities – those activities that are likely to be lost last in life (e.g., eating, mobility). 'Early loss' activities (such as dressing and grooming) are included in the LSP.

To complete the RUG-ADL, clinicians are asked to rate the consumer's needs for assistance in four activities of daily living: bed mobility; toileting; transfer; and eating. The instrument is simple to use, taking only a few minutes to complete.

Clinicians record what the person actually does, not what they are capable of doing i.e., they record the poorest performance of the assessment period. All items should be completed. It is essential that the rater knows what behaviours and/or tasks are contained within each scale and has a 'working knowledge' of the scale.

10. Additional information

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

The AMHOCN website (www.ahmocn.org) contains information about the NOCC. Additional self-paced training is available at the AMHOCN online learning site: https://learning.amhocn.org/.

11. Appendices

11.1. Health of the Nation Outcome Scales 65+ (HoNOS 65+)

HoNOS 65+ 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 65+ Glossary

1. 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.

0 No problems of this kind during the period rated.

1 Occasional irritability, quarrels, restlessness etc., but generally calm and co operative and not requiring any specific action.

2 Includes aggressive gestures, pushing or pestering others; threats or verbal aggression; lesser damage to property (eg, broken cup, window); significant over-activity or agitation; intermittent restlessness or wandering (day or night); uncooperative at times, requiring encouragement and persuasion.

3 Physically aggressive to others or animals (short of rating 4); more serious damage to, or destruction of, property; frequently threatening manner, more serious or persistent over-activity or agitation; frequent restlessness or wandering; significant problems with co-operation, largely resistant to help or assistance.

4 At least one serious physical attack on others (over and above rating of 3); major or persistent destructive activity (eg, fire–setting); persistent and threatening behaviour; severe over-activity or agitation; sexually disinhibited or other inappropriate behaviour (eg, deliberate inappropriate urination or defecation); virtually constant restlessness or wandering; severe problems related to non-compliant or resistive behaviour.

2. Non-accidental self-injury

Do not include accidental self-injury (due eg, 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 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 of self-harm or suicide; but little or no risk during the period rated.

2 Mild risk during period; 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, eg, while crossing a road).

3 Moderate to serious risk of deliberate self-harm during the period rated; includes frequent or persistent thoughts or talking about self-harm; includes preparatory behaviours, eg, collecting tablets.

4 Suicidal attempt or deliberate self-injury during period.

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 Occasional loss of control of drinking or drug-taking; but not a serious problem.

3 Marked craving or dependence on alcohol or drug use with frequent loss of control, drunkenness, etc.

4 Major adverse consequences or incapacitated due to alcohol or drug problems.

4. Cognitive problems

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, drug or medication use, rated at Scale 3.

0 No problem of this kind during the period rated.

1 Minor problems with orientation (eg, some difficulty with orientation to time) or memory (eg, a degree of forgetfulness but still able to learn new information), no apparent difficulties with the use of language.

2 Mild problems with orientation (eg, frequently disorientated to time) 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 or expression of more complex language.

3 Moderate problems with orientation (eg, usually disorientated to time, often place) 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 or receptive).

4 Severe disorientation (eg, consistently disorientated to time and place, and sometimes to person) 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 or relatives); no effective communication possible through language or inaccessible to speech.

5. Physical illness or disability problems

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.

0 No physical health, disability or mobility problems during the period rated.

1 Minor health problem during the period (eg, cold); some impairment of sight or hearing (but still able to function effectively with the aid of glasses or hearing aid).

2 Physical health problem associated with mild restriction of activities or mobility (eg, restricted walking distance, some degree of loss of independence); moderate impairment of sight or hearing (with functional impairment despite the appropriate use of glasses or hearing aid); some degree of risk of falling, but low and no episodes to date; problems associated with mild degree of pain.

3 Physical health problem associated with moderate restriction of activities or mobility (eg, mobile only with an aid – stick or zimmer 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.

4 Major physical health problem associated with severe restriction of activities or mobility (eg, chair or bed bound); severe impairment of sight or hearing (eg, registered blind or deaf); high risk of falling (one or more falls) because of physical illness or disability; problems associated with severe pain; presence of impaired level of consciousness.

6. Problems associated with hallucinations and delusions

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.

0 No evidence of delusions or hallucinations 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 significant distress or manifested in obviously bizarre behaviour, that is, moderately severe clinical problem.

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

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7. Problems with depressive symptoms

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.

0 No problems associated with depression during the period rated.

1 Gloomy; or minor changes in mood only.

2 Mild but definite depression on subjective or objective measures (eg, loss of interest or pleasure, lack of energy, loss of self-esteem, feelings of guilt).

3 Moderate depression on subjective or objective measures (depressive symptoms more marked).

4 Severe depression on subjective or objective grounds (eg, profound loss of interest or pleasure, preoccupation with ideas of guilt or worthlessness).

8. Other mental and behavioural problems

Rate only the most severe clinical problem not considered at Scales 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, but at a mild level, for example the problem is intermittent, the patient maintains a degree of control or is not unduly distressed.

3 Moderately severe clinical problem, for example, more frequent, more distressing or more marked symptoms.

4 Severe persistent problems which dominates or seriously affects most activities.

9. Problems with relationships

Problems associated with social relationships, identified by the patient or apparent to carers or others. Rate the patient's most severe problem associated with active or passive withdrawal from, or tendency to dominate, social relationships 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, sustaining or adapting to supportive relationships (eg, because of controlling manner, or arising out of difficult, exploitative or abusive relationships), definite but mild difficulties reported by patient or evident to carers or others.

3 Persisting significant problems with relationships; moderately severe conflicts or problems identified within the relationship by the patient or evident to carers or others.

4 Severe difficulties associated with social relationships (eg, isolation, withdrawal, conflict, abuse); major tensions and stresses (eg, threatening breaking down of relationship).

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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, recreation 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.

0 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).

1 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.

2 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 interest especially outside the home situation, problems with driving, transport or financial judgements).

3 Problems evident in one or more areas of self-care activities (eg, needs some supervision with dressing and eating, occasional urinary incontinence or continent only if toileted) as well as inability to perform several complex skills.

4 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).

11. Problems with living conditions

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, 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 minimising any risk, and supportive of self-help; the patient is satisfied with their accommodation.

1 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).

2 Basics are met but significant problems with one or more aspects of the accommodation or regime (eg, 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 (eg, injury) which would otherwise be reduced.

3 Distressing multiple problems with accommodation; eg, some basic necessities are absent (unsatisfactory or unreliable heating, lack of proper cooking facilities, inadequate sanitation); clear elements of risk to the patient resulting from aspects of the physical environment.

4 Accommodation is unacceptable: eg, lack of basic necessities, insecure, or living conditions are otherwise intolerable, contributing adversely to the patient's condition or placing them at high risk of injury or other adverse consequences.

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, lack of access to supportive facilities, eg, 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. 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 maximising autonomy.

1 Minor or temporary problems, eg, good facilities available but not always at appropriate times for the patient.

2 Limited choice of activities; eg, insufficient carer or professional support, useful day setting available but for very limited hours.

3 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.

4 Lack of any effective opportunity for daytime activities makes the patient's problems worse or patient refuses services offered which might improve their situation.

11. Appendices

HoNOS 65+ 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.

HoNOS 65+ sample rating sheet								
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 (specify disorder A, B, C, D, E, F, G, H, I, or J)	0	1	2	3	4	☐
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. Appendices

HoNOS 65+ scoring and subscales

All HoNOS items are answered on an item-specific anchored four-point scale with higher scores indicating more problems.

The 12 HoNOS items can be aggregated into four subscales as shown in below.

The four HoNOS 65+ subscales and their component items

Subscale and brief item name		Item scores	Subscale scores
A	**Behavioural problems**		**0-12**
	1 Aggression	0-4	
	2 Self-harm	0-4	
	3 Substance use	0-4	
B	**Impairment**		**0-8**
	4 Cognitive dysfunction	0-4	
	5 Physical disability	0-4	
C	**Symptomatic problems**		**0-12**
	6 Hallucinations and delusions	0-4	
	7 Depression	0-4	
	8 Other symptoms	0-4	
D	**Social problems**		**0-16**
	9 Personal relationships	0-4	
	10 Overall functioning	0-4	
	11 Residential problems	0-4	
	12 Occupational problems	0-4	
E	**Total score (1–12)**	**0-48**	

The total score, E, range 0–48, represents overall severity. Items scored 9 or with missing data are generally excluded from the calculation.

For some purposes, items 11 and 12 may be excluded from this total because they measure features of the consumer's environment rather than of the consumer.

11. Appendices

11.2. Abbreviated Life Skills Profile (LSP-16)

Assess the patient's general functioning over the past three months, taking into account their age, social and cultural context. Do not assess functioning during crises when the patient was ill or becoming ill. Answer all 16 items by circling the appropriate response

		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

The authors of the LSP are pleased to give permission for the unlimited use of the LSP-16, LSP-20 and the LSP-39 to all mental health services in Australia, both public and private, for routine use, without cost.

11. Appendices

LSP-16 item elaboration and clarification

The following item clarifications were developed as part of the training materials for the *Victorian Mental Health Outcomes Strategy* and are offered as a useful adjunct to the basic LSP-16

1 **Does the person generally have difficulty with initiating and responding to conversation**? Measures the ability to begin and maintain social interaction, ensuring the flow of conversation; taking turns in conversation, silence as appropriate.

2 **Does the person generally withdraw from social contact?** Does the person isolate themselves when part of a group? Does the person participate in leisure activities with others? Spend long hours alone watching TV or videos?

3 **Does the person generally show warmth to others?** Does the individual demonstrate affection, concern or understanding of situation of others?

4 **Is this person generally well groomed (eg, neatly dressed, hair combed)?** Does the person use soap when washing, shave as appropriate/ use make-up appropriately, use shampoo?

5 **Does this person wear clean clothes generally, or ensure that they are cleaned if dirty?** Does the person recognise the need to change clothes on a regular basis? Are clothes grimy, are collars and cuffs marked, are there food stains?

6 **Does this person generally neglect her or his physical health?** Does the person have a medical condition for which they are not receiving appropriate treatment? Does the person lead a generally healthy lifestyle? Does the person neglect their dental health?

7 **Is this person violent to others?** Does the person display verbal and physical aggression to others?

8 **Does this person generally make or keep friendships?** Does the person identify individuals as friends? Do others identify the person as a friend? Does the person express a desire to continue to interact with others?

9 **Does this person generally maintain an adequate diet?** Does the person eat a variety of nutritious foods regularly? Do they watch their fat and fibre intake?

10 **Does this person generally look after and take her or his own prescribed medication (or attend for prescribed injections on time) without reminding?** Does the person adhere to their medication regimen as prescribed? The right amount at the right time on a regular basis? Does the person need prompting or reinforcement to adhere to their medication regimen?

11 **Is this person willing to take prescribed medication when prescribed by a doctor?** Does the person express an unwillingness to take medication as prescribed, bargain or inappropriately question the need for continuing medication?

12 **Does this person cooperate with health services (eg, doctors and/or other health workers)?** Is the person deliberately obstructive in relation to treatment plans? Do they attend appointments, undertake therapeutic homework activities?

13 **Does this person generally have problems (eg friction, avoidance) living with others in the household?** Is the person identified as 'difficult to live with'? Do they have difficulty establishing or keeping to "house rules" or are they always having arguments about domestic duties?

14 **Does this person behave offensively (includes sexual behaviour)?** Does the person behave in a socially inept or unacceptable way demonstrating inappropriate social or sexual behaviours or communication?

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15 **Does this person behave irresponsibly?** Does the person act deliberately in ways that are likely to inconvenience, irritate or hurt others? Does the person neglect basic social obligations?

16 **What sort of work is this person generally capable of (even if unemployed, retired or doing unpaid domestic duties)?** What level of assistance/guidance does the individual require to undertake occupational activities?

11. Appendices

LSP-16 scoring and subscales

All items are answered on an anchored four-point scale, with higher scores indicating a greater degree of disability. In the 16-item version, a score of 3 represents greater dysfunction and a score of 0 represents good functioning . Specific anchor points are provided for each item. For example, in relation to the medication compliance item, the specific anchor points are (0) "reliable with medication", (1) "slightly unreliable", (2) "moderately unreliable" and (3) "extremely unreliable".

A total LSP scale score is calculated by adding individual scores for the whole scale together. Therefore, for the LSP-16, the total score can range from 0 to 48. Items with missing data are excluded from the calculation. Four subscale scores can be also be calculated by adding together the scores for the items that form each subscale as shown in below.

The Four LSP-16 subscales and their component items

Subscale and brief item name		Item scores	Subscale scores
A	**Withdrawal**		**0-12**
1	Difficulty in conversation	0-3	
2	Withdraw from social contact	0-3	
3	Shows warmth	0-3	
8	Maintain friendships	0-3	
B	**Self-care**		**0–15**
4	Well groomed	0-3	
5	Clean clothes	0-3	
6	Neglect health	0-3	
9	Adequate diet	0-3	
16	Work capability	0-3	
C	**Compliance**		**0–9**
10	Look after own prescribed medication	0-3	
11	Willing to take prescribed medication	0-3	
12	Co-operate with health services	0-3	
D	**Anti-social**		**0–12**
7	Violent	0-3	
13	Problems with others	0-3	
14	Offensive behaviour	0-3	
15	Irresponsible behaviour	0-3	
E	**Total score (1–16)**	**0–48**	

11. Appendices

11.3. Kessler–10+ (K-10+)

The K-10+ LM
Instructions

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?	○	○	○	○	○
2	In the past four weeks, about how often did you feel nervous?	○	○	○	○	○
3	In the past four weeks, about how often did you feel so nervous that nothing could calm you down?	○	○	○	○	○
4	In the past four weeks, about how often did you feel hopeless?	○	○	○	○	○
5	In the past four weeks, about how often did you feel restless or fidgety?	○	○	○	○	○
6	In the past four weeks, about how often did you feel so restless you could not sit still?	○	○	○	○	○
7	In the past four weeks, about how often did you feel depressed?	○	○	○	○	○
8	In the past four weeks, about how often did you feel that everything was an effort?	○	○	○	○	○
9	In the past four weeks, about how often did you feel so sad that nothing could cheer you up?	○	○	○	○	○
10	In the past four weeks, about how often did you feel worthless?	○	○	○	○	○
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?	○	○	○	○	○

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.

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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 reason?	○	○	○	○	○
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.

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11.4. 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

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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

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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

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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

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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

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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

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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

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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

All of the surveys from RAND Health Care are public documents, available without charge

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11.5. 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.

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11.6. Resource Utilisation Groups – Activities of Daily Living (RUG-ADL)

Rating guidelines

- Record what the person actually does, not what they are capable of doing. That is, record their poorest performance during the period rated.
- Do not omit any ratings.
- It is essential that the rater knows what behaviours and tasks are contained within each scale and has a "working knowledge" of the scale.

Glossary

1. Bed mobility

Ability to move in bed after the transfer into bed has been completed.

1 Independent/supervision: Is able to readjust position in bed, and perform own pressure area relief, through spontaneous movement around bed or with prompting from carer. No hands-on assistance is required. May be independent with the use of a device.

3 Limited assistance: Is able to readjust position in bed, and perform own pressure area relief, with the assistance of one person.

4 Other than two-person: Requires use of a hoist or other assisting device to readjust position in bed and physical assist pressure relief. Still requires the assistance of only one person for task.

5 Two-person physical assist: Requires two assistants to readjust position and perform own pressure area relief.

(note: a rating of 2 is not included in the domain of valid ratings)

2. Toileting

Includes mobilising to the toilet, adjustment of clothing before and after toileting and maintaining perineal hygiene without the incidence of incontinence or soiling of clothes.

If the person cares for the catheter or other device independently and is independent on all other tasks, rate 1.

1 Independent/supervision: Is able to mobilise to the toilet, adjust clothing, cleans self, has no incontinence or soiling of clothing. All tasks performed independently or with prompting from carer. No hands-on assistance required. May be independent with the use of device.

3 Limited assistance: Requires hands-on assistance of one person for one or more of the tasks.

4 Other than two-person: Requires the use of a catheter, uridome or urinal, or a colostomy, bedpan or commode chair, or insertion of enema or suppository. Requires the assistance of one person for the management of the device.

5 Two-person physical assist: Requires two assistants to perform any step of the task.

(note: a rating of 2 is not included in the domain of valid ratings)

3. Transfer

Includes the transfer in and out of bed, bed to chair, in and out of shower or tub.

1 Independent/supervision: Is able to perform all transfers independently or with prompting from carer. No hands-on assistance required. May be independent with the use of a device.

3 Limited assistance: Requires hands-on assistance of one person to perform any transfer of the day or night.

4 Other than two-person: Requires the use of a device for any of the transfers performed in the day or night.

5 Two-person physical assist: Requires two person to perform any transfer of the day or night.

(note: a rating of 2 is not included in the domain of valid ratings)

4. Eating

Includes the tasks of cutting food, bringing food to the mouth and the chewing and swallowing of food. Does not include preparation of the meal.

1 Independent/supervision: Is able to cut, chew and swallow food, independently or with supervision, once meal has been presented in the customary fashion. No hands-on assistance required. If individual relies on parenteral or gastrostomy feeding which he or she administers him or her self then rate 1.

2 Limited assistance: Requires hands on assistance of one person to set–up or assist in bringing food to mouth, or requires food to be modified (soft or staged diet).

3 Extensive assistance/total dependence/tube fed: Person needs to fed meal by assistant, or if the individual does not eat or drink full meals by mouth but relies on parenteral or gastrostomy feeding and does not administer feeds by him or her self.

REF: Fries BE, Schneider DP, et al (1994) Refining a casemix measure for nursing homes. Resource Utilisation Groups (RUG-III). Medical Care, 32, 668-685