



Mental Health Information Development

Mental Health National Outcomes and Casemix Collection

OVERVIEW OF CLINICIAN-RATED AND CONSUMER
SELF-REPORT MEASURES

Version 1.50

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Acknowledgment of the developers of each of the standard clinical measurement scales outlined in this document is presented in the sections relating to each instrument.

Note that of each the standard clinical measurement scales is subject to its own copyright and licensing arrangements. Details are summarised on page 16.

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About this document

Since the inception of the National Mental Health Strategy, Australia has shown its commitment to quality improvement through the implementation of routine outcome measurement in all specialised public mental health services. Under the Second National Mental Health Plan (1998-2003), substantial progress was made in the development and implementation of an information infrastructure to support outcome measurement, although progress has been varied across the States and Territories.

As Australia moves into the next phase of mental health reforms, quality improvement, in particular the information development component continues to gain momentum and importance with the mental health and wider health sectors.

In June 1999, the Australian Health Ministers Advisory Council Mental Health Working Group agreed to a plan that committed all States and Territories to, amongst other things:

- the introduction of routine consumer outcomes assessments using a standard clinical assessment scales and a consumer self-report instrument;
- the further development of a casemix classification for mental health as a clinical and management information tool; and
- national analysis of data for development of 'service quality' benchmarks.¹

This package has been prepared to provide details of the specific clinical measures to be introduced. It provides summary details about each measure as well as including copies of the various rating scales. It does not purport to be a comprehensive review of any one instrument, however in some instances where the information is not otherwise readily available, supplementary information on some instruments has been included in the appendices.

In addition, further information related to the measures or variants of the measures (eg Kessler 6) may be provided in brief supplementary and technical papers to be published on the NOCC website (www.mhnocc.org). This information will be published on an ad hoc basis when available.

Readers should also consult the following documents for further background information.

Mental Health National Outcomes and Casemix Collection: Technical specification of State and Territory reporting requirements for the outcomes and casemix components of 'Agreed Data', Version 1.50. Department of Health and Ageing, Canberra, 2003.

Mental Health Information Development: National Information Priorities and Strategies under the Second National Mental Health Plan 1998 – 2003 (First Edition). Department of Health and Aged Care, Canberra, June 1999.

¹ For further detail, see *Mental Health Information Development: National Information Priorities and Strategies under the Second National Mental health Plan 1998-2003.* Department of Health & Aged Care, Canberra, June 1999.

Overview of the Measures

1. Measures specific to adults and older persons

Four measures will be collected for adult and older consumers² that are completed by clinicians:

- HoNOS/HoNOS65+ (Health of the Nation Outcome Scales);
- LSP-16 (an abbreviated version of the Life Skills Profile);
- RUG-ADL (Resource Utilisation Groups – Activities of Daily Living Scale) – for over 65s only; and
- Focus of Care.

In addition, an agreed consumer self-rated measure for adults and older persons is being introduced. The specific measure to be used has been decided by each state and territory and is drawn from the following:

- The Mental Health Inventory (MHI-38);
- The Behaviour and Symptom Identification Scale (BASIS-32); or
- Kessler-10 Plus (K-10+).

The measure being used within each jurisdiction is at Table 1.

Table 1: State and Territory selected Consumer Self Rated Measures

Jurisdiction	
Victoria	BASIS 32
New South Wales	K10+
Tasmania	BASIS 32
Australian Capital Territory	BASIS 32
Northern Territory	K10+
South Australia	K10+
Western Australia	MHI-38
Queensland	MHI-38

² Aged care residential services (eg, psychogeriatric nursing homes) in receipt of funding under the *Aged Care Act* and subject to Australian Government reporting requirements (ie, report to the System for the Payment of Aged Residential Care (SPARC) collection) are considered to be ‘out of scope’ for reporting under NOCC on the condition that they are accredited or are formally engaged in a quality improvement process aimed at achieving accreditation under Aged Care standards.

1.1 Health of the Nation Outcomes Scales (HoNOS and HoNOS 65+)

The HoNOS was developed by the Royal College of Psychiatrists in the United Kingdom as a tool to be used by clinicians in their routine work to measure consumer outcomes. It was designed specifically for use with people with a mental illness and is best considered as a general measure of severity of mental health disorder.

The focus of the HoNOS is on health status and severity of symptoms. It consists of 12 items that cover the sorts of problems that may be experienced by people with a significant mental illness with each item rated on a five-point scale (0 = no problem, 1-4 = minor problem to very severe problem). In assigning ratings, the clinician makes use of a glossary which details the meaning of each point on the scale being rated. The clinician rates the consumer on each of the scales in terms of their assessment of the person's situation over the recent period, usually defined as the previous two weeks. The clinician is expected to draw on all relevant and useful information to make their ratings, for example case notes, interviews with the consumer and carers, team meetings and so forth. Because it is designed to easily fit into day-to-day work, it does not need any special interviews or procedures. The HoNOS takes about 5 minutes to complete once the clinician becomes familiar with the scales.

Since the release of the 'general adult' HoNOS, additional versions have been developed for different mental health consumer groups:

- HoNOS65+: for services for older adults;
- HoNOSCA: for services for children and adolescents;
- HoNOS-LD: for services for people with learning disabilities;
- HoNOS-MDO: for services for mentally disordered offenders; and
- HoNOS-ABI: for services for people with acquired brain injury.

The HoNOS65+ is a variant of the general adult version of the HoNOS and was developed by the Royal College of Psychiatrists in the United Kingdom specifically for use with older people with a mental illness. A study evaluating the general adult version of HoNOS in an older population found that although the scales performed well, a number of modifications would make them better suited to older people with mental illness. The designers describe the issues as follows:

“A meeting was held at the Royal College of Psychiatrists in May 1996 to gather views from psychiatrists, nurses, psychologists and other professionals concerning the suitability of HoNOS in older people. The need for the scale to be understood by and completed by nurses and other members of the multi-disciplinary team was noted as was the fact that the scale is a measure independent of diagnosis or aetiology. A number of further amendments were suggested: the scale needed to reflect the main reasons why an old age psychiatrist might be asked to see a patient, for example, for sleep disturbance, agitation and restlessness; a rating of conscious level was needed; specific identification of aspects of depression in older people, such as guilt and passive aspects of suicidal ideation, needed to be identified; the place for rating symptoms in patients with dementia whose paranoid ideas are based on cognitive deficits; cognitive impairment to be rated as acute or chronic; inappropriate urination (eg., in a waste paper bin) to be coded as behavioural disturbance, whereas incontinence due to a urinary tract infection coded under physical disability;

a rating of judgement included under cognitive impairment and issues of competence in activities of daily living should be coded separately. It was felt that the points raised could be dealt with successfully with an amended glossary, while retaining the basic HoNOS structure.” (Burns et al, 1999a).

The HoNOS65+ variant of the HoNOS consists of the same item set and is scored in the same way, however the accompanying glossary has been modified to better reflect the problems and symptoms likely to be encountered when assessing older persons.³

Table 2 summarises the 12 HoNOS scales for the ‘general’ HoNOS and the HoNOS65+. A full copy of each instrument is included in the Appendices.

Table 2: The 12 HoNOS and HoNOS65+ scales

Scale 1:	Overactive, aggressive, disruptive or agitated behaviour
Scale 2:	Suicidal thoughts or behaviour
Scale 3:	Problem-drinking or drug-taking
Scale 4:	Cognitive problems involving memory, orientation, understanding
Scale 5:	Physical illness or disability
Scale 6:	Hallucinations and delusions
Scale 7:	Depressed mood
Scale 8:	Other mental and behavioural problems
Scale 9:	Supportive social relationships
Scale 10:	Activities of Daily Living (ADL): overall disability
Scale 11:	Accommodation
Scale 12:	Occupational and recreational activities

Key references for the general adult HoNOS

Wing JK, Curtis RH, Beevor AS (1994) ‘Health of the Nation’: Measuring mental health outcomes *Psychiatric Bulletin*, 18, 690-691.

Wing JK, Beevor AS, Curtis RH, Park SGB, Hadden S, Burns A (1998) Health of the Nation Outcome Scales (HoNOS). Research and development. *British Journal of Psychiatry*, 172, 11-18.

Wing JK, Curtis RH, Beevor AS (1999) Health of the Nation Outcome Scales (HoNOS): Glossary for HoNOS score sheet. *British Journal of Psychiatry*, 174, 432-434.

Also see <http://www.rcpsych.ac.uk/cru/honoscales/index.htm>

Key references for the HoNOS65+

Burns A, Beevor A, Lelliott P, Wing J, Blakey A, Orrell M, Mulinga J, Hadden S (1999a) Health of the Nation Outcome Scales for Elderly People (HoNOS 65+). *British Journal of Psychiatry*, 174, 424-427.

Burns A, Beevor A, Lelliott P, Wing J, Blakey A, Orrell M, Mulinga J, Hadden S (1999b) Health of the Nation Outcome Scales for Elderly People (HoNOS 65+): Glossary for HoNOS 65+ score sheet. *British Journal of Psychiatry*, 174, 435-438.

Also see <http://www.rcpsych.ac.uk/cru/honoscales/honos65/index.htm>

³ The version listed above is recommended for use in Australia. A newer version (the HoNOS 65+ Version 3, Tabulated) is published on the UK Royal College of Psychiatrists website at <http://www.rcpsych.ac.uk/cru/honoscales/honos65/> but is not recommended for use at this stage due to non comparability with the general adult HoNOS.

1.2 The Abbreviated Life Skills Profile (LSP-16)

The Life Skills Profile, also known as the LSP, was developed by an Australian clinical research group to assess a consumer's abilities with respect to basic life skills. Its 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. 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.

The original form of the LSP consists of 39 items, and is scored so that a higher level of functioning (lower disability) leads to higher scores. Work undertaken as part of the Australian Mental Health Classification and Service Costs (MH-CASC) study saw the 39 items reduced to 16 by the original designers in consultation with the MH-CASC research team. This reduction in item number was undertaken to reduce the rating burden on clinicians when the measure is used in conjunction with the HoNOS. At the same time the scoring was reversed so that, like the HoNOS, higher scores would reflect higher levels of disability. The final 16 items selected cover four broad domains:

- withdrawal;
- antisocial behaviour;
- self-care; and
- compliance.

Like the HoNOS, the LSP-16 also takes about five minutes to complete once the clinician gets used to its format and content. 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.

As with the HoNOS, the LSP-16 is used both as an outcomes assessment and a casemix measure. The LSP will generally only be used with consumers seen in the community and for those undergoing extended-stay residential care. This is because the LSP is largely designed to measure longer-term functioning and the three-month rating period is not suited to brief episodes of hospital care. Individual jurisdictions may however choose to implement the LSP-16 across all treatment settings.

A more recent development is the LSP-20, which is a LSP-16 supplemented with four items from the original LSP-39, concerned primarily with difficulties associated with psychosis. While this expanded version is not a requirement of the NOCC, where states and territories choose to implement the LSP-20 or LSP-39, it is important to note that these instruments incorporate the core LSP-16 items required for reporting.

Key references for the LSP (original 39-item version)

Rosen A, Hadzi-Pavlovic D, Parker G (1989) The Life Skills Profile: A measure assessing function and disability in schizophrenia. *Schizophrenia Bulletin*, 1989, 325-337.

Parker G, Rosen A, Emdur N, Hadzi-Pavlov D (1991) The Life Skills Profile: Psychometric properties of a measure assessing function and disability in schizophrenia *Acta Psychiatrica Scandinavica* 83 145-152.

Trauer T, Duckmanton RA, Chiu E (1995) The Life Skills Profile: A study of its psychometric properties. *Australian and New Zealand Journal of Psychiatry*, 29, 492-499.

Key references for the LSP-16 (abbreviated 16-item version)

Buckingham W, Burgess P, Solomon S, Pirkis J, Eagar K (1998) *Developing a Casemix Classification for Mental Health Services. Volume 2: Resource Materials*. Canberra: Commonwealth Department of Health and Family Services.

Key references for the LSP-20 (abbreviated 20-item version)

Rosen A, Trauer T, Hadzi-Pavlovic D, Parker G (2001). Development of a brief form of the Life Skills Profile: the LSP-20. *Australian & New Zealand Journal of Psychiatry*, 35(5):677-83.

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

This measure is only applicable to consumers aged 65 years and over. Developed by Fries et al for the measurement of nursing dependency in nursing home facilities in the USA, 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 (eg, 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 a few minutes only to complete.

Key references for RUG-ADL

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

Williams BC (1994) Activities of daily living and costs in nursing homes. *Health Care Financing Review*, 15, 117-135.

1.4 Focus of Care

Focus of Care is a measure developed in the Australian MH-CASC study that requires the clinician to make a judgement about each consumer’s primary goal of care. It is a single item requiring selection of one of four options: acute; functional gain, intensive extended care, and maintenance.

The item is based on the concept of ‘phase’ and recognises that, while individual consumers may experience the same illness over prolonged periods:

- their needs often change over time as they move between stages of the illness; and
- the focus of treatment changes as the person moves between these various phases.

The MH-CASC project represented the first attempt to trial the Focus of Care concept and was motivated by clinician views that some concept like Focus of Care was integral to the definition of clinically meaningful mental health episodes. For example, rather than regarding a prolonged period of community care for an individual consumer as a single episode, it can be broken into multiple episodes, with a new episode beginning each time there is a change in Focus of Care.

An understanding of Focus of Care is also necessary to interpret differences in consumer outcomes because different outcomes can be expected under different goals. For example,

the outcome that might be expected for a consumer with a long standing but stable mental illness will differ from that which could be expected in a young person who is acutely ill but has a recent onset of an acute illness. In the first example, the desired outcome might be for the consumer to remain out of hospital, build up their social networks and develop a satisfying life. In the other example, the outcome might be rapid relief from the acute symptoms of mental illness and helping the consumer restore the level of functioning that they had prior to the onset of their illness.

Key references for Focus of Care

Buckingham W, Burgess P, Solomon S, Pirkis J, Eagar K (1998) *Developing a Casemix Classification for Mental Health Services. Volume 1: Main Report*. Canberra: Commonwealth Department of Health and Family Services.

1.5 Consumer self-report measures

While the *National Mental Health Information Priorities* document proposed the national use of a specific self-rated measure (the Mental Health Inventory – MHI), this has been changed to allow States and Territories to introduce an ‘agreed’ alternative measure. This recognises that limited Australian research has been undertaken on consumer rated measures, and additional exploratory work in this area is important. Table 1 provides a summary of the consumer self-report measures to be utilised within states and territories. Measures currently being introduced are the Mental Health Inventory (MHI-38), Behaviour and Symptom Identification Scales (BASIS-32) and Kessler 10 Plus (K10+).

Under its Information Development Plan, Victoria is leading a national project to undertake a literature review and national consultations with consumers, carers and clinicians regarding the self-report measures to develop a framework for comparative analysis of consumer self-report outcome measures. The consultations and review have occurred and there is clear support for the inclusion of consumer self-report outcome measures in the suite of measures that are necessary in an accountable mental health system focused on consumers and their families and carers. A report, including recommendations for future activity, is being drafted for consideration.

1.5.1 The Mental Health Inventory (MHI-38)

The MHI was designed to measure general psychological distress and well-being in the RAND Health Insurance Experiment (Veil & Ware, 1983), a study designed to estimate the effects of different health care financing arrangements on the demand for services as well as on the health status of the patients in the study. The RAND research group developed the MHI alongside another measure (SF-36) used widely in population general health surveys. A number of questions were taken directly from the MHI to make up the mental health subscale of the SF-36. These five items have also been used as a free-standing scale in their own right, known as the MHI-5. Further information relating to the MHI-5 can be found in Appendix 6.

Reflecting its roots in measurement in the general population, the measure includes positive aspects of well-being (such as cheerfulness, interest in and enjoyment of life) as well as negative aspects of mental health (eg, anxiety and depression). The MHI can be completed either as a self-report measure or as part of an interview.

The full form contains 38 items. Each item includes a description of a particular symptom or state of mind, and the respondent indicates on a scale the degree to which they have

experienced this in the past month, measured in terms of frequency or intensity. All of the scales, except two, are scored on a six-point scale.

A number of summary scores are derived from the MHI. These include:

- a global Mental Health Index score;
- psychological distress and well-being scores; and
- six sub-scale scores representing anxiety (eg, feeling tense or highly-strung, feeling nervous or jumpy), depression (eg, low spirits, moody), loss of behavioural or emotional control (eg, feeling like crying, concern about losing control of mind), general positive affect (eg, daily life interesting, feeling calm and peaceful), emotional ties (eg, feeling loved and wanted) and life satisfaction.

Key references for MHI-38

Veit CT and Ware JE (1983) The structure of psychological distress and well-being in general populations. *Journal of Consulting and Clinical Psychology*, 51 730-742

Davies AR, Sherbourne CD, Peterson JR and Ware JE (1998) *Scoring manual: Adult health status and patient satisfaction measures used in RAND's Health Insurance Experiment*. Santa Monica: RAND Corporation.

1.5.2 Behaviour and Symptom Identification Scale (BASIS-32)

The BASIS was developed in the early 1990's by a team in the United States for use in outcome assessment. It is described by its authors as being derived from consumer perspectives and covers the major symptoms and functioning difficulties often experienced by people as a result of a mental illness.

The BASIS asks the consumer to respond to 32 questions that assess the extent to which the person has been experiencing difficulties on a range of dimensions. The items differ slightly in their format but each one offers a choice of five responses. The consumer can respond by simply ticking the box to indicate whether they are having no difficulty; a little difficulty; moderate difficulty; quite a bit of difficulty; and extreme difficulty.

The 32 items are grouped into five domains, representing:

- Relation to self and others;
- Daily living and role functioning;
- Depression and anxiety;
- Impulsive and addictive behaviour; and
- Psychosis.

Scores can be derived for each of these groups, and for the whole scale.

Key references for BASIS-32

Eisen, SV, Dill DL and Grob MC (1994) Reliability and validity of a brief patient-report instrument for psychiatric patient outcome evaluation. *Hospital and Community Psychiatry*, 45, 242-247.

Eisen SV, Dickey B and Sederer LI (2000) A self-report symptom and problem rating scale to increase inpatients' involvement in treatment. *Psychiatric Services*, 51, 349-353.

1.5.3 Kessler–10 Plus (K10+)

The K10 scales were developed by Kessler and Mroczek during 1992-1994 at the Institute for Social research, University of Michigan, and subsequently by Kessler at the Department of Health Care Policy, Harvard Medical School (Kessler et al, 2002). The measures were designed to form the mental health component of the 'core' of the annual United States National Health Interview Survey.

The K10 is a ten-item self-report questionnaire intended to yield a global measure of 'non-specific psychosocial distress' based on questions about the level of nervousness, agitation, psychological fatigue and depression in the relevant rating period. The measure was developed to be informative about those levels of distress that are associated with impairment, in the 90th to 99th percentile of the general population range.

The K10+ contains additional questions to assess functioning and related factors, and it is this instrument currently being used by some jurisdictions (South Australia, the Northern Territory and New South Wales). Overall, the K10+ is an extremely brief 'symptom and functioning' measure, validated against diagnosis, that is intended to be supplemented with additional measures of domains relevant to consumers.

The standard rating period for the K10 is the last '30 days', however in Australian use the rating period has become the 'last four weeks'. All jurisdictions collecting the K10+ are using the rating period of 'last four weeks'. Another variant is the K10L3D, which uses a rating period of the 'last three days' and does not include the additional questions of the K10+. The K10 also exists as a briefer (K-6) version. The K6 questions are a subset of those in the K10, and both a K6 and a K10 score can be calculated when the K10 is used. Further information is provided in Appendix 7.

Overall, the K10+ is a purpose-designed measure that operates well across the range from the general population through primary care and specialist mental health care. The results have a 'normative' basis in population data, and the National and state (NSW) survey data in Australia allow this to be available to local services using the instrument. Both at the population level and the individual level it is regarded as a simple 'thermometer' that detects general distress without identifying its cause. With further development it may also suit other purposes, because it is a brief standard measure of psychological distress which has a known relationship to other measures of physical and mental health.

The NSW Transcultural Mental Health Centre (TMHC) has translated the K10+ into 15 different languages (Arabic, Bosnian, Chinese, Croatian, Farsi, Greek, Hindi, Italian, Korean, Macedonian, Serbian, Spanish, Tagalog, Turkish, and Vietnamese) with accompanying consumer pamphlets. Translated versions are available from the TMHC website (www.tmhc.nsw.gov.au).

Key references for Kessler-10 and Kessler-10 Plus

Andrews et al (1998): Andrews G, Sanderson K, Beard J (1998) Burden of disease. Methods of calculating disability from mental disorder. *British Journal of Psychiatry* 1998;173:123-31.

Andrews G and Slade T (2001) Interpreting scores on the K10. *Australian and New Zealand Journal of Public Health*, 25, 494-497.

Furukawa TA, Kessler RC, Slade T, Andrews G (2003). The performance of the K6 and K10 screening scales for psychological distress in the Australian National Survey of Mental Health and Well-Being. *Psychological Medicine*, 33:357-362.

Kessler RC, Andrews G, Mroczek D, Ustun B, Wittchen H-U (1998). The World Health Organisation Composite International Diagnostic Interview – Short Form (CIDI-SF). Geneva: WHO. [see URL: www3.who.int/cidi/index.htm].

Kessler R, Costello EJ, Merikangas KR, Ustun TB (2000) Psychiatric Epidemiology: Recent Advances and Future Directions Chapter 5 in Manderscheid R, Henderson MJ (2000) *Mental Health, United States, 2000*. Rockville MD: Substance Abuse & Mental Health Services Administration, www.mentalhealth.org/publications/allpubs/SMA01-3537/

Kessler RC, Andrews G, Colpe LJ, Hiripi E, Mroczek DK, Normand S-LT, Walters EE, Zaslavsky A (2002) Short screening scales to monitor population prevalences and trends in nonspecific psychological distress. *Psychological Medicine*, 32(6): 959-976.

Kessler RC, Barker PR, Colpe LJ, Epstein JF, Gfroerer JC, Hiripi E, Howes MJ, Normand S-L T, Manderscheid RW, Walters EE, Zaslavsky AM (2003). Screening for serious mental illness in the general population. *Archives of General Psychiatry* 2003; 60(2), 184-189.

Note: Additional resource material is being prepared by the Centre for Mental Health, New South Wales Health Department and will be made available to all jurisdictions. See also <http://www.health.nsw.gov.au/policy/cmh/mhoat>

2. Measures specific to child and adolescent consumers

Three clinical scales will be collected for child and adolescent consumers that are completed by clinicians:

- HoNOSCA (Health of the Nation Outcome Scales for Children and Adolescents);
- Children's Global Assessment Scale (CGAS); and
- Factors Influencing Health Status (FIHS).

In 2002, the Child and Adolescent Mental Health Outcomes Expert Group recommended the Strengths and Difficulties Questionnaire (SDQ), a standard parent and youth self-report measure, for routine use in child and adolescent mental health services. The SDQ is included in this version of the national specifications.

2.1 Health of the Nation Outcome Scales for Children and Adolescents (HoNOSCA)

In response to similar needs that drove the development of the HoNOS, the United Kingdom Department of Health funded the Department of Child and Adolescent Psychiatry at the University of Manchester to develop a brief rating instrument for application by child and adolescent mental health services. The resulting instrument is a 15-item clinician-rated measure modelled on the HoNOS and designed specifically for use in the assessment of child and adolescent consumer outcomes in mental health services (see Table 3). Items 1–13 require assessment of a specific aspect of the young person's mental health, while the remaining two items concern environmental aspects related to lack of information or access to services.

The HoNOSCA scales are rated in an equivalent manner to the adult HoNOS, with each item scored on a five-point scale (0 = no problem, 1-4 = minor problem to severe problem). In assigning ratings, the clinician makes use of the special glossary prepared for the instrument (see Appendices).

Key references for HoNOSCA

Gowers SG, Harrington RC, Whitton A, Lelliott P, Beevor A, Wing JK, Jezzard R (1999a) Brief scale for measuring the outcomes of emotional and behavioural disorders in children: Health of the Nation Outcome Scales for Children and Adolescents (HoNOSCA). *British Journal of Psychiatry*, 174, 413-416.

Gowers SG, Harrington RC, Whitton A, Beevor A, Lelliott P, Jezzard R, Wing JK (1999b) Health of the Nation Outcome Scales for Children and Adolescents (HoNOSCA): Glossary for HoNOSCA score sheet. *British Journal of Psychiatry*, 174, 428-433.

See also <http://www.liv.ac.uk/honosca/>

Table 3: The 15 HoNOSCA scales

Scale 1	Disruptive, antisocial or aggressive behaviour
Scale 2	Problems with over-activity, attention or concentration
Scale 3	Non-accidental self injury
Scale 4	Alcohol, substance or solvent misuse
Scale 5	Problems with scholastic or language skills
Scale 6	Physical illness or disability problems
Scale 7	Problems associated with hallucinations, delusions, or abnormal perceptions
Scale 8	Problems with non-organic somatic symptoms
Scale 9	Problems with emotional and related symptoms
Scale 10	Problems with peer relationships
Scale 11	Problems with self care and independence
Scale 12	Problems with family life and relationships
Scale 13	Poor school attendance
Scale 14	Problems with lack of knowledge or understanding about the nature of the child or adolescent's difficulties
Scale 15	Problems with lack of information about services or management of the child or adolescent's difficulties

2.2 Children’s Global Assessment Scale (CGAS)

The CGAS is used as the measure of level of functioning for patients seen by specialist child and adolescent mental health services. The instrument was developed by Schaffer and colleagues at the Department of Psychiatry, Columbia University to provide a global measure of severity of disturbance in children and adolescents. Similar to the HoNOSCA, it is designed to reflect the lowest level of functioning for a child or adolescent during a specified period.

The measure provides a single global rating only, on a scale of 1–100. Clinicians assign a score, with 1 representing the most functionally impaired child, and 100 the healthiest. The CGAS contains detailed behaviourally oriented descriptions at each anchor point that depict behaviours and life situations applicable to children and adolescents.

Key references for CGAS

Schaffer D, Gould MS, Brasic J, et al (1983) A children’s global assessment scale (CGAS). *Archives of General Psychiatry*, 40, 1228-1231.

2.3 Factors Influencing Health Status (FIHS)

The Factors Influencing Health Status measure is a checklist of ‘psychosocial complications’ based on the problems and issues identified in the chapter of ICD-10 regarding Factors Influencing Health Status. It was developed specifically as part of the MH-CASC project.

The ICD-10 code descriptors constituting the factors are shown in Table 4.

The purpose of these items is to identify the degree to which the child or adolescent has ‘complicating psychosocial factors’ that require additional clinical input during the episode of care. They are important in understanding variations in outcomes, and are based on advice by clinicians that children or adolescents seen by specialist mental health services may present in the context of a range of circumstances which influence the person’s health status but are not in themselves a current illness or injury. For example, the child may be severely affected by a history of sexual abuse but does not have a formal psychiatric diagnosis.

The FIHS comprises a simple checklist, requiring the clinician to indicate whether one or more factors is present. The seven categories of ICD codes included in the scale were selected on the basis of advice from clinicians about the most frequently occurring factors.

Table 4: Factors influencing health status in child and adolescent mental health consumers

1	Maltreatment syndromes
2	Problems related to negative life events in childhood
3	Problems related to upbringing
4	Problems related to primary support group, including family circumstances
5	Problems related to social environment
6	Problems related to certain psychosocial circumstances
7	Problems related to other psychosocial circumstances

Key references for FIHS

Buckingham W, Burgess P, Solomon S, Pirkis J, Eagar K (1998) *Developing a Casemix Classification for Mental Health Services. Volume 1: Main Report*. Canberra: Commonwealth Department of Health and Family Services.

2.4 Parent and Consumer Self-Report - Strengths and Difficulties Questionnaire (SDQ)

The SDQ is a brief behavioural screening questionnaire about 4-17 year olds developed by Goodman et al in the United Kingdom. While not included under the first release version of the National Outcome and Casemix Collection protocol (Aug 2002) it has been incorporated in version 1.5 (Oct 2003).

The SDQ exists in several versions to meet the needs of researchers, clinicians and educationalists. Each version includes between one and three of the following components:

25 items on psychological attributes - all versions of the SDQ ask about 25 attributes, some positive and others negative. These 25 items are divided between 5 scales:

- emotional symptoms (5 items);
- conduct problems (5 items);
- hyperactivity/inattention (5 items);
- peer relationship problems (5 items); and
- prosocial behaviour (5 items).

Scales 1 – 4 are summed to generate a total difficulties score.

The extended versions of the SDQ and all recommended versions contain an “impact supplement” to assess the effect of the problems on the young person and his/her family. The items ask whether the respondent thinks the young person has an emotional, concentration or behaviour problem, and if so, enquire further about chronicity (how long the problem has been present), distress, social impairment, and burden to others in the areas of family, friends, leisure activities and class room activities. The impact questions are preceded by a question that seeks an overall opinion, and about the perception of other informants (teachers and or parents) opinions on the young person’s behaviour. Irrespective of the answers to the previous 25 questions, if the answer to this probe is “No”, the impact questions are not asked.

This provides useful additional information for clinicians and researchers with an interest in psychiatric ‘caseness’ and the determinants of service use (Goodman, 1999).

The follow-up versions of the SDQ include not only the 25 basic items and the impact questions, but also two additional follow-up questions for use after an intervention. Has the intervention reduced problems? Has the intervention helped in other ways, eg, making the problems more bearable?

To increase the chance of detecting change, the follow-up versions of the SDQ ask about ‘the last month’, as opposed to ‘the last six months’, which is the reference period for the

standard versions. Follow-up versions also omit the question about the chronicity of problems.

Jurisdictions have entered into a contractual arrangement with the author Dr Robert Goodman, who holds copyright for the SDQ, to permit jurisdictions to use the adapted SDQs and supporting resources in public mental health services.

Key references for SDQ

Goodman, R. (1997) The Strengths and Difficulties Questionnaire: A Research Note. *Journal of Child Psychology and Psychiatry*, 38, 581-586.

Goodman, R. & Scott, S. (1999) Comparing the Strengths and Difficulties Questionnaire and the Child Behaviour Checklist: Is small beautiful? *Journal of Abnormal Child Psychology*, 27, 17-24.

Goodman, R. (1999) The extended version of the Strengths and Difficulties Questionnaire as a guide to child psychiatric caseness and consequent burden. *Journal of Child Psychology and Psychiatry*, 40, 791-801

Goodman, R, Ford, T, Simmons H, Gatward R and Meltzer H. (2000) Using the Strengths and Difficulties Questionnaire (SDQ) to screen for child psychiatric disorders in a community sample. *British Journal of Psychiatry*, 177, 534-539.

See also <http://www.sdqinfo.com>⁴

⁴ Please note that the versions labelled 'English (Austral)' currently on the SDQ website are not the versions specified for use in Australia. The versions for use in Australia can be found in Appendix 12 of this document.

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Appendices

APPENDIX 1: Health of the Nation Outcome Scales (HoNOS)

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, moderately severe clinical problem.
- 3 Marked preoccupation with delusions or hallucinations, causing much distress and/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 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	<input type="text"/>
2	Non-accidental self-injury	0	1	2	3	4	<input type="text"/>
3	Problem drinking or drug-taking	0	1	2	3	4	<input type="text"/>
4	Cognitive problems	0	1	2	3	4	<input type="text"/>
5	Physical illness or disability problems	0	1	2	3	4	<input type="text"/>
6	Problems with hallucinations and delusions	0	1	2	3	4	<input type="text"/>
7	Problems with depressed mood	0	1	2	3	4	<input type="text"/>
8	Other mental and behavioural problems	0	1	2	3	4	<input type="text"/>
	(specify disorder A, B, C, D, E, F, G, H, I, or J)						<input type="text"/>
9	Problems with relationships	0	1	2	3	4	<input type="text"/>
10	Problems with activities of daily living	0	1	2	3	4	<input type="text"/>
11	Problems with living conditions	0	1	2	3	4	<input type="text"/>
12	Problems with occupation and activities	0	1	2	3	4	<input type="text"/>

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.

HoNOS 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 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.

APPENDIX 2: Health of the Nation Outcome Scales for Older People (HoNOS65+)

HoNOS65+ 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.

HoNOS65+ 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.

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).

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.

HoNOS65+ 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	Behavioural disturbance	0	1	2	3	4	<input type="text"/>
2	Non-accidental self-injury	0	1	2	3	4	<input type="text"/>
3	Problem drinking or drug-taking	0	1	2	3	4	<input type="text"/>
4	Cognitive problems	0	1	2	3	4	<input type="text"/>
5	Physical illness or disability problems	0	1	2	3	4	<input type="text"/>
6	Problems with hallucinations and delusions	0	1	2	3	4	<input type="text"/>
7	Problems with depressive symptoms	0	1	2	3	4	<input type="text"/>
8	Other mental and behavioural problems	0	1	2	3	4	<input type="text"/>
	(specify disorder A, B, C, D, E, F, G, H, I, or J)						<input type="text"/>
9	Problems with relationships	0	1	2	3	4	<input type="text"/>
10	Problems with activities of daily living	0	1	2	3	4	<input type="text"/>
11	Problems with living conditions	0	1	2	3	4	<input type="text"/>
12	Problems with occupation and activities	0	1	2	3	4	<input type="text"/>

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.

HoNOS65+ scoring and subscales

Subscale and brief item name		Item scores	Subscale scores
A	Behavioural problems		0–12
	1 Behavioural disturbance	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	

APPENDIX 3: 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

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?
- 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?

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 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	

APPENDIX 4: The Resource Utilisation Groups – Activities of Daily Living Scale (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.

RUG-ADL scoring

The total score is calculated as the sum of the 4 item scores, as per the table below. If any item is not completed, it should be treated as a zero score in the total.

Item	Item description	Item score	Summary score
RUGADL item 1	Bed mobility	1–5	
RUGADL item 2	Toileting	1–5	
RUGADL item 3	Transfer	1–5	
RUGADL item 4	Eating	1–3	
RUGADL total score			4–18

APPENDIX 5: Focus of Care

Definitions

Focus of Care is rated retrospectively. Clinicians are asked to identify which of one of four types of care focus best describes the primary goal of care provided to a consumer over the period preceding the Collection Occasion.

- **Acute**, where the primary goal 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**, where the primary goal is to improve personal, social or occupational functioning or promote psychosocial adaptation in a patient with impairment arising from a psychiatric disorder.
- **Intensive extended**, where the primary goal 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.
- **Maintenance**, where the primary goal is to maintain the level of functioning, minimise deterioration or prevent relapse where the patient has stabilised and functions relatively independently.

It is recognised that all of these aspects may be found in the mental health care of any particular consumer. But the concept here is to identify the goal that underpinned the period of care preceding the Collection Occasion.

Because the Focus of Care can change, it is necessary to define 'main' when there has been more than one Focus of Care within the period (eg, flare up of symptoms in a consumer receiving maintenance care such that the focus is now treating the acute symptoms). In such circumstances, clinicians should choose the main Focus of Care on the basis of the goal that consumed the most treatment effort during the period being rated. For example, if the Focus of Care was 'Maintenance' for most of the episode, and 'Acute' for just a few days, the clinician would rate the main Focus of Care as 'maintenance'.

There is no provision for missing data in the Focus of Care scale as there is only one item to rate.

Focus of Care item clarifications and elaborations

The following table is copied from training materials developed for the Victorian Mental Health Outcomes Strategy. It provides additional guidelines to assist clinicians in making Focus of Care ratings by separately considering the 'typical' clinical characteristics and service requirements associated with each Focus of Care category.

	Consumer Characteristics				Service Requirements	
	Symptoms	Functioning	Primary Goal	Indicative time to achieve Primary Goal	Indicative treatment intensity	Examples of typical documentation in care plan to support the rating
Acute	High & of recent onset	Low-High	Reduce symptoms	Days to weeks	Daily contact over a short period	Interventions designed to reduce the intensity of positive symptoms, (eg, reduce hallucinations and delusions, ameliorate thought disorder; reduce severity of depressive symptoms or the level of anxiety manage hostile or aggressive behaviour related to mental illness).
Functional Gain	Low	Low-Medium	Improve functioning	Weeks to months	Weekly contact, or more multiple attendances per week in a structured rehabilitation program	Interventions designed to result in a significant improvement in the consumers personal, social and/or occupational functioning in the short term (weeks to months). This may include the development of basic 'community survival' skills (eg, shopping, cooking), social skills (eg, conversation) or vocational skills (eg, job seeking or job maintenance).
Intensive Extended	High & unremitting	Low	Reduce risk that arises from symptoms and/or low functioning	Months to years	Minimum of multiple weekly contacts, more frequent as required; delivered over an indefinite period.	Inpatient- or outreach-based interventions, (the latter typically in the consumer's own environment) aimed to (1) minimise the risks and handicaps associated with the ongoing symptoms and psychosocial dysfunctions arising from a psychiatric disorder (2) strengthen the consumers capacity to use supportive professional and non-professional networks.
Maintenance	Low	Low-High	Improve functioning	Months to years	Scheduled weekly to monthly contact	Interventions designed to consolidate the consumer's current functioning (at least in the short-term) while working toward improvement in the long-term or planning for the consumers exit from the service.

Table source: Eagar K, Buckingham W, Coombs T, Trauer T, Graham C, Eagar L and Callaly T (2000) *Outcome Measurement in Adult Area Mental Health Services: Implementation Resource Manual*. Department of Human Services Victoria.

APPENDIX 6: The 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 <input type="checkbox"/> Extremely happy, could not have been more satisfied or pleased	
2 <input type="checkbox"/> Very happy most of the time	
3 <input type="checkbox"/> Generally, satisfied, pleased	
4 <input type="checkbox"/> Sometimes fairly satisfied, sometimes fairly unhappy	
5 <input type="checkbox"/> Generally dissatisfied, unhappy	
6 <input type="checkbox"/> Very dissatisfied, unhappy most of the time	

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

1 <input type="checkbox"/> All of the time	4 <input type="checkbox"/> Some of the time
2 <input type="checkbox"/> Most of the time	5 <input type="checkbox"/> A little of the time
3 <input type="checkbox"/> A good bit of the time	6 <input type="checkbox"/> 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 <input type="checkbox"/> Always	4 <input type="checkbox"/> Sometimes
2 <input type="checkbox"/> Very often	5 <input type="checkbox"/> Almost never
3 <input type="checkbox"/> Fairly often	6 <input type="checkbox"/> Never

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

1 <input type="checkbox"/> All of the time	4 <input type="checkbox"/> Some of the time
2 <input type="checkbox"/> Most of the time	5 <input type="checkbox"/> A little of the time
3 <input type="checkbox"/> A good bit of the time	6 <input type="checkbox"/> 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 <input type="checkbox"/> All of the time	4 <input type="checkbox"/> Some of the time
2 <input type="checkbox"/> Most of the time	5 <input type="checkbox"/> A little of the time
3 <input type="checkbox"/> A good bit of the time	6 <input type="checkbox"/> 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 <input type="checkbox"/> All of the time	4 <input type="checkbox"/> Some of the time
2 <input type="checkbox"/> Most of the time	5 <input type="checkbox"/> A little of the time
3 <input type="checkbox"/> A good bit of the time	6 <input type="checkbox"/> 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 <input type="checkbox"/> | All of the time | 4 <input type="checkbox"/> | Some of the time |
| 2 <input type="checkbox"/> | Most of the time | 5 <input type="checkbox"/> | A little of the time |
| 3 <input type="checkbox"/> | A good bit of the time | 6 <input type="checkbox"/> | 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 <input type="checkbox"/> | All of the time | 4 <input type="checkbox"/> | Some of the time |
| 2 <input type="checkbox"/> | Most of the time | 5 <input type="checkbox"/> | A little of the time |
| 3 <input type="checkbox"/> | A good bit of the time | 6 <input type="checkbox"/> | None of the time |
11. How much of the time, during the past month, have you been a very nervous person? **(Tick one)**
- | | | | |
|----------------------------|------------------------|----------------------------|----------------------|
| 1 <input type="checkbox"/> | All of the time | 4 <input type="checkbox"/> | Some of the time |
| 2 <input type="checkbox"/> | Most of the time | 5 <input type="checkbox"/> | A little of the time |
| 3 <input type="checkbox"/> | A good bit of the time | 6 <input type="checkbox"/> | 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 <input type="checkbox"/> | Always | 4 <input type="checkbox"/> | Sometimes |
| 2 <input type="checkbox"/> | Very often | 5 <input type="checkbox"/> | Almost never |
| 3 <input type="checkbox"/> | Fairly often | 6 <input type="checkbox"/> | Never |

- 13.** During the past month, how much of the time have you felt tense or “high-strung”? **(Tick one)**
- | | | | |
|----------------------------|------------------------|----------------------------|----------------------|
| 1 <input type="checkbox"/> | All of the time | 4 <input type="checkbox"/> | Some of the time |
| 2 <input type="checkbox"/> | Most of the time | 5 <input type="checkbox"/> | A little of the time |
| 3 <input type="checkbox"/> | A good bit of the time | 6 <input type="checkbox"/> | 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 <input type="checkbox"/> | Yes, very definitely | 4 <input type="checkbox"/> | No, not too well |
| 2 <input type="checkbox"/> | Yes, for the most part | 5 <input type="checkbox"/> | No, and I am somewhat disturbed |
| 3 <input type="checkbox"/> | Yes, I guess so | 6 <input type="checkbox"/> | 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 <input type="checkbox"/> | Always | 4 <input type="checkbox"/> | Sometimes |
| 2 <input type="checkbox"/> | Very often | 5 <input type="checkbox"/> | Almost never |
| 3 <input type="checkbox"/> | Fairly often | 6 <input type="checkbox"/> | Never |
- 16.** During the past month, how often did you feel that you had nothing to look forward to? **(Tick one)**
- | | | | |
|----------------------------|--------------|----------------------------|--------------|
| 1 <input type="checkbox"/> | Always | 4 <input type="checkbox"/> | Sometimes |
| 2 <input type="checkbox"/> | Very often | 5 <input type="checkbox"/> | Almost never |
| 3 <input type="checkbox"/> | Fairly often | 6 <input type="checkbox"/> | Never |
- 17.** How much of the time, during the past month, have you felt calm and peaceful? **(Tick one)**
- | | | | |
|----------------------------|------------------------|----------------------------|----------------------|
| 1 <input type="checkbox"/> | All of the time | 4 <input type="checkbox"/> | Some of the time |
| 2 <input type="checkbox"/> | Most of the time | 5 <input type="checkbox"/> | A little of the time |
| 3 <input type="checkbox"/> | A good bit of the time | 6 <input type="checkbox"/> | None of the time |
- 18.** How much of the time, during the past month, have you felt emotionally stable? **(Tick one)**
- | | | | |
|----------------------------|------------------------|----------------------------|----------------------|
| 1 <input type="checkbox"/> | All of the time | 4 <input type="checkbox"/> | Some of the time |
| 2 <input type="checkbox"/> | Most of the time | 5 <input type="checkbox"/> | A little of the time |
| 3 <input type="checkbox"/> | A good bit of the time | 6 <input type="checkbox"/> | None of the time |
- 19.** How much of the time, during the past month, have you felt downhearted and blue? **(Tick one)**
- | | | | |
|----------------------------|------------------------|----------------------------|----------------------|
| 1 <input type="checkbox"/> | All of the time | 4 <input type="checkbox"/> | Some of the time |
| 2 <input type="checkbox"/> | Most of the time | 5 <input type="checkbox"/> | A little of the time |
| 3 <input type="checkbox"/> | A good bit of the time | 6 <input type="checkbox"/> | None of the time |

- 20.** How often have you felt like crying, during the past month? **(Tick one)**
- | | | | |
|----------------------------|--------------|----------------------------|--------------|
| 1 <input type="checkbox"/> | Always | 4 <input type="checkbox"/> | Sometimes |
| 2 <input type="checkbox"/> | Very often | 5 <input type="checkbox"/> | Almost never |
| 3 <input type="checkbox"/> | Fairly often | 6 <input type="checkbox"/> | Never |
- 21.** During the past month, how often have you felt that others would be better off if you were dead? **(Tick one)**
- | | | | |
|----------------------------|--------------|----------------------------|--------------|
| 1 <input type="checkbox"/> | Always | 4 <input type="checkbox"/> | Sometimes |
| 2 <input type="checkbox"/> | Very often | 5 <input type="checkbox"/> | Almost never |
| 3 <input type="checkbox"/> | Fairly often | 6 <input type="checkbox"/> | Never |
- 22.** How much of the time, during the past month, were you able to relax without difficulty? **(Tick one)**
- | | | | |
|----------------------------|------------------------|----------------------------|----------------------|
| 1 <input type="checkbox"/> | All of the time | 4 <input type="checkbox"/> | Some of the time |
| 2 <input type="checkbox"/> | Most of the time | 5 <input type="checkbox"/> | A little of the time |
| 3 <input type="checkbox"/> | A good bit of the time | 6 <input type="checkbox"/> | 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 <input type="checkbox"/> | All of the time | 4 <input type="checkbox"/> | Some of the time |
| 2 <input type="checkbox"/> | Most of the time | 5 <input type="checkbox"/> | A little of the time |
| 3 <input type="checkbox"/> | A good bit of the time | 6 <input type="checkbox"/> | 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 <input type="checkbox"/> | Always | 4 <input type="checkbox"/> | Sometimes |
| 2 <input type="checkbox"/> | Very often | 5 <input type="checkbox"/> | Almost never |
| 3 <input type="checkbox"/> | Fairly often | 6 <input type="checkbox"/> | Never |
- 25.** How much have you been bothered by nervousness, or your “nerves”, during the past month? **(Tick one)**
- | | | | |
|----------------------------|--|----------------------------|----------------------------------|
| 1 <input type="checkbox"/> | Extremely so, to the point
where I could not take care
of things | 4 <input type="checkbox"/> | Bothered some, enough to notice |
| 2 <input type="checkbox"/> | Very much bothered | 5 <input type="checkbox"/> | Bothered just a little by nerves |
| 3 <input type="checkbox"/> | Bothered quite a bit by nerves | 6 <input type="checkbox"/> | 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 <input type="checkbox"/> | All of the time | 4 <input type="checkbox"/> | Some of the time |
| 2 <input type="checkbox"/> | Most of the time | 5 <input type="checkbox"/> | A little of the time |
| 3 <input type="checkbox"/> | A good bit of the time | 6 <input type="checkbox"/> | 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 <input type="checkbox"/> | Always | 4 <input type="checkbox"/> | Sometimes |
| 2 <input type="checkbox"/> | Very often | 5 <input type="checkbox"/> | Almost never |
| 3 <input type="checkbox"/> | Fairly often | 6 <input type="checkbox"/> | Never |
- 28.** During the past month, did you think about taking your own life? **(Tick one)**
- | | |
|----------------------------|------------------------|
| 1 <input type="checkbox"/> | Yes, very often |
| 2 <input type="checkbox"/> | Yes, fairly often |
| 3 <input type="checkbox"/> | Yes, a couple of times |
| 4 <input type="checkbox"/> | Yes, at one time |
| 5 <input type="checkbox"/> | No, never |
- 29.** During the past month, how much of the time have you felt restless, fidgety, or impatient? **(Tick one)**
- | | | | |
|----------------------------|------------------------|----------------------------|----------------------|
| 1 <input type="checkbox"/> | All of the time | 4 <input type="checkbox"/> | Some of the time |
| 2 <input type="checkbox"/> | Most of the time | 5 <input type="checkbox"/> | A little of the time |
| 3 <input type="checkbox"/> | A good bit of the time | 6 <input type="checkbox"/> | 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 <input type="checkbox"/> | All of the time | 4 <input type="checkbox"/> | Some of the time |
| 2 <input type="checkbox"/> | Most of the time | 5 <input type="checkbox"/> | A little of the time |
| 3 <input type="checkbox"/> | A good bit of the time | 6 <input type="checkbox"/> | None of the time |
- 31.** How much of the time, during the past month, have you felt cheerful, lighthearted? **(Tick one)**
- | | | | |
|----------------------------|------------------------|----------------------------|----------------------|
| 1 <input type="checkbox"/> | All of the time | 4 <input type="checkbox"/> | Some of the time |
| 2 <input type="checkbox"/> | Most of the time | 5 <input type="checkbox"/> | A little of the time |
| 3 <input type="checkbox"/> | A good bit of the time | 6 <input type="checkbox"/> | None of the time |
- 32.** During the past month, how often did you get rattled, upset or flustered? **(Tick one)**
- | | | | |
|----------------------------|--------------|----------------------------|--------------|
| 1 <input type="checkbox"/> | Always | 4 <input type="checkbox"/> | Sometimes |
| 2 <input type="checkbox"/> | Very often | 5 <input type="checkbox"/> | Almost never |
| 3 <input type="checkbox"/> | Fairly often | 6 <input type="checkbox"/> | Never |
- 33.** During the past month, have you been anxious or worried? **(Tick one)**
- | | |
|----------------------------|--|
| 1 <input type="checkbox"/> | Yes, extremely to the point of being sick or almost sick |
| 2 <input type="checkbox"/> | Yes, very much so |
| 3 <input type="checkbox"/> | Yes, quite a bit |
| 4 <input type="checkbox"/> | Yes, some, enough to bother me |
| 5 <input type="checkbox"/> | Yes, a little bit |
| 6 <input type="checkbox"/> | No, not at all |

- 34.** During the past month, how much of the time were you a happy person? **(Tick one)**
- | | | | |
|----------------------------|------------------------|----------------------------|----------------------|
| 1 <input type="checkbox"/> | All of the time | 4 <input type="checkbox"/> | Some of the time |
| 2 <input type="checkbox"/> | Most of the time | 5 <input type="checkbox"/> | A little of the time |
| 3 <input type="checkbox"/> | A good bit of the time | 6 <input type="checkbox"/> | None of the time |
- 35.** How often during the past month did you find yourself trying to calm down? **(Tick one)**
- | | | | |
|----------------------------|--------------|----------------------------|--------------|
| 1 <input type="checkbox"/> | Always | 4 <input type="checkbox"/> | Sometimes |
| 2 <input type="checkbox"/> | Very often | 5 <input type="checkbox"/> | Almost never |
| 3 <input type="checkbox"/> | Fairly often | 6 <input type="checkbox"/> | Never |
- 36.** During the past month, how much of the time have you been in low or very low spirits? **(Tick one)**
- | | | | |
|----------------------------|------------------------|----------------------------|----------------------|
| 1 <input type="checkbox"/> | All of the time | 4 <input type="checkbox"/> | Some of the time |
| 2 <input type="checkbox"/> | Most of the time | 5 <input type="checkbox"/> | A little of the time |
| 3 <input type="checkbox"/> | A good bit of the time | 6 <input type="checkbox"/> | None of the time |
- 37.** How often, during the past month, have you been waking up feeling fresh and rested? **(Tick one)**
- | | | | |
|----------------------------|-------------------|----------------------------|------------------------------|
| 1 <input type="checkbox"/> | Always, every day | 4 <input type="checkbox"/> | Some days, but usually not |
| 2 <input type="checkbox"/> | Almost every day | 5 <input type="checkbox"/> | Hardly ever |
| 3 <input type="checkbox"/> | Most days | 6 <input type="checkbox"/> | 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 <input type="checkbox"/> | Yes, almost more than I could stand or bear |
| 2 <input type="checkbox"/> | Yes, quite a bit of pressure |
| 3 <input type="checkbox"/> | Yes, some more than usual |
| 4 <input type="checkbox"/> | Yes, some, but about normal |
| 5 <input type="checkbox"/> | Yes, a little bit |
| 6 <input type="checkbox"/> | No, not at all |

MHI-38 scoring and subscales

All of the 38 MHI items, except two, are scored on a six-point scale (range 1-6). Items 9 and 28 are the exception, each scored on a five-point scale (range 1-5). The pre-coded values of each item are shown on the copy of the instrument on the preceding pages.

The MHI may be aggregated into:

- Six subscales – Anxiety, Depression, Loss of Behavioural / Emotional Control, General Positive Affect, Emotional Ties and Life Satisfaction;
- Two global scales - Psychological Distress and Psychological Well-being; and
- A global Mental Health Index score.

Scoring is made relatively complicated by the fact that items making up the various subscales and global scales may be recoded (or reversed scored) differently depending on the underlying construct being measured.

Details of subscale and global scale scoring are provided below and are based on the following source:

Davies AR, Sherbourne CD, Peterson JR and Ware JE (1998) *Scoring manual: Adult health status and patient satisfaction measures used in RAND's Health Insurance Experiment*. Santa Monica: RAND Corporation.

Scoring the subscales

The subscales are scored in two steps: (1) item scoring; and (2) the subscales themselves. Of the 38 items, 35 are used to score the six mental health subscales (items 2, 22 and 38 are omitted from the subscales). Each item appears in only one subscale. Table 5 shows the mapping of items to the various subscales.

Table 5: Item composition of the six MHI subscales included in MHI-38

Subscale	Component items	Subscale directionality	Subscale raw score range
Anxiety	Items 3, 11, 13, 15, 25, 29, 32, 33 and 35	Higher scores = greater Anxiety	9-54
Depression	Items 9, 19, 30 and 36	Higher scores = greater Depression	4-23
Loss of Behavioural / Emotional Control	Items 8, 14, 16, 18, 20, 21, 24, 27 and 28	Higher scores = greater Loss of Behavioural / Emotional Control	9-53
General Positive Affect	Items 4, 5, 6, 7, 12, 17, 26, 31, 34 and 37	Higher scores = greater Positive Affect	10-60
Emotional Ties	Items 10 and 23	Higher scores = stronger Emotional Ties	2-12
Life Satisfaction	Item 1	Higher scores = greater Life Satisfaction	1-6

Note: Three items (2, 22, 38) are not used to score the subscales

When deriving subscale scores, individual item scoring depends on two things:

1. whether higher scores on the coded values of the item responses indicate more frequent or intense occurrence of *favourable* or *unfavourable* mental health symptoms; and
2. whether the item belongs to a *positively* or *negatively* scored mental health subscale.

All subscales are scored so higher scores indicate more of the construct named by the subscale label. Thus, higher scores on three subscales indicate positive states of mental health (General Positive Affect, Emotional Ties, Life Satisfaction); higher scores on the other three subscales indicate negative states of mental health (Anxiety, Depression, Loss of Behavioural/Emotional Control). The aim of item scoring is to ensure that higher scores on each item reflect more of the construct named by the scale to which it belongs.

To illustrate this aspect of the MHI, consider a consumer who responds to Item 4 with the value '6':

4. During the past month, how much of the time have you felt that the future looks hopeful and promising? (**Tick one**)
- | | |
|---|---|
| 1 <input type="checkbox"/> All of the time | 4 <input type="checkbox"/> Some of the time |
| 2 <input type="checkbox"/> Most of the time | 5 <input type="checkbox"/> A little of the time |
| 3 <input type="checkbox"/> A good bit of the time | 6 <input type="checkbox"/> None of the time |

The consumer's response indicates that this favourable experience occurred very infrequently during the past month. Item 4 forms a component of the subscale General Positive Affect, a *positively scored subscale* (ie. higher scores indicate better mental health). Therefore, for the purpose of deriving the General Positive Affect subscale score, the original response must be reversed so higher scores will indicate more frequent occurrence of a favourable aspect of mental health.

Details of item coding rules for calculating raw subscale scores are shown in Table 6 below. After scoring items as indicated, items belonging to each subscale are summed to give subscale scores.

Table 6: Coding rules for MHI items used to score subscales

Item Number	Code Value	Recoded value
1, 3, 4, 5, 6, 7, 10, 11, 12, 13, 15, 16, 17, 19, 20, 21, 23, 24, 25, 26, 27, 29, 30, 31, 32, 33, 34, 35, 36, 37	1 2 3 4 5 6	6 5 4 3 2 1
8, 14, 18	1 2 3 4 5 6	1 2 3 4 5 6
9, 28	1 2 3 4 5	5 4 3 2 1

Scoring the global scales - Psychological Distress and Psychological Well-being

The Psychological Distress and Psychological Well-being global scales represent complementary summary scales with Psychological Distress indicating negative states of mental health and Psychological Well-being indicating positive states. Together, they use all 38 items to derive the scores (24 items for Distress, 14 items for Well-being) with no item overlap. Table 7 shows the mapping of items to the two global scales.

Table 7: Item composition of the MHI global scales

Global mental health scale	Component items	Subscale directionality	Scale raw score range
Psychological Distress	Items 2, 3, 8, 9, 11, 13, 14, 15, 16, 18, 19, 20, 21, 24, 25, 27, 28, 29, 30, 32, 33, 35, 36 and 38.	Higher scores = greater Psychological Distress	24-142
Psychological Well-being	Items 1, 4, 5, 6, 7, 10, 12, 17, 22, 23, 26, 31, 34 and 37	Higher scores = greater Psychological Well-being	14-84

Like the scoring of the subscales, calculation of the Psychological Distress and Psychological Well-being global scales occurs in two steps: (1) item scoring; and (2) the global subscales themselves. Item scoring depends on two things:

1. whether higher scores on the coded values of the item responses indicate more intense or frequent occurrence of *favourable* or *unfavourable* symptoms of one's mental health; and
2. whether the item belongs to a *positively* or *negatively* scored global scale.

Both global scales are scored so higher scores indicate more of the construct named by the scale's label. Thus, higher scores on Psychological Distress indicate negative states of mental health, while higher scores on Psychological Well-being indicate positive states. Rules for scoring the items used to construct the two global scales are shown in Table 8. After scoring items as indicated, items belonging to each global scale are summed to give scale scores.

Table 8: Coding rules for MHI items used to score the global scales

Item Number	Code Value	Recoded value
<i>Rules used to score Psychological Distress</i>		
2, 3, 11, 13, 15, 16, 19, 20, 21, 24, 25, 27, 29, 30, 32, 33, 35, 36, 38	1	6
	2	5
	3	4
	4	3
	5	2
	6	1
8, 14, 18	1	1
	2	2
	3	3
	4	4
	5	5
	6	6
9, 28	1	5
	2	4
	3	3
	4	2
	5	1

Item Number	Code Value	Recoded value
<i>Rules used to score Psychological Well-being</i>		
1, 4, 5, 6, 7, 10, 12, 17, 22, 23, 26, 31, 34 and 37	1 2 3 4 5 6	6 5 4 3 2 1

Scoring the Mental Health Index

The Mental Health Index is a single score based on all 38 items designed as high level summary index of the person's mental health status. High scores on the Mental Health Index indicate greater psychological well being and relatively less psychological distress. The raw score range is 38-226.

The Mental Health Index is calculated in two steps: (1) item scoring; and (2) the Index itself. The objective of item scoring for the Index is to ensure that higher scores on each item reflect more frequent occurrence of favourable mental health symptoms or less frequent occurrence of negative mental health symptoms. Item recoding rules are shown in Table 9. After scoring the 38 items as indicated, item scores are simply summed to calculate the Index score.

Table 9: Coding rules for MHI items used to score the Mental Health Index

Item Number	Code Value	Recoded value
1, 4, 5, 6, 7, 8, 10, 12, 14, 17, 18, 22, 23, 26, 31, 34, 37	1 2 3 4 5 6	6 5 4 3 2 1
2, 3, 11, 13, 15, 16, 19, 20, 21, 24, 25, 27, 29, 30, 32, 33, 35, 36, 38	1 2 3 4 5 6	1 2 3 4 5 6
9, 28	1 2 3 4 5	1 2 3 4 5

Summary of item subscale and global scale membership and recoding

Table 10 summarises the mapping of each MHI item to the 6 subscales, two global scales and the overall Mental Health Index as well as indicating whether the item is reverse scored for the purposes of constructing the specific summary measure. Note that if an item is reverse scored for calculating its 'parent' subscale score, it is similarly handled for the calculation of the Psychological Distress and Psychological Well-being global scores. However, the majority of items are handled differently in the construction of the Mental Health Index.

Table 10: Summary of MHI items: Membership and scoring rules for subscales, Global scales and the Mental Health Index

ITEM	SCORE RANGE	SUBSCALES		PSYCHOLOGICAL DISTRESS		PSYCHOLOGICAL WELL-BEING		MENTAL HEALTH INDEX	
		Subscale membership	Reverse scored	Included?	Reverse scored	Included?	Reverse scored	Reverse scored	Flag
1	1-6	Life Satisfaction	Yes			✓	Yes	Yes	
2	1-6			✓	Yes			No	*
3	1-6	Anxiety	Yes	✓	Yes			No	*
4	1-6	General Positive Affect	Yes			✓	Yes	Yes	
5	1-6	General Positive Affect	Yes			✓	Yes	Yes	
6	1-6	General Positive Affect	Yes			✓	Yes	Yes	
7	1-6	General Positive Affect	Yes			✓	Yes	Yes	
8	1-6	Loss of Behav/Emot Control	No	✓	No			Yes	*
9	1-5	Depression	Yes	✓	Yes			No	*
10	1-6	Emotional Ties	Yes			✓	Yes	Yes	
11	1-6	Anxiety	Yes	✓	Yes			No	*
12	1-6	General Positive Affect	Yes			✓	Yes	Yes	
13	1-6	Anxiety	Yes	✓	Yes			No	*
14	1-6	Loss of Behav/Emot Control	No	✓	No			Yes	*
15	1-6	Anxiety	Yes	✓	Yes			No	*
16	1-6	Loss of Behav/Emot Control	Yes	✓	Yes			No	*
17	1-6	General Positive Affect	Yes			✓	Yes	Yes	
18	1-6	Loss of Behav/Emot Control	No	✓	No			Yes	*
19	1-6	Depression	Yes	✓	Yes			No	*
20	1-6	Loss of Behav/Emot Control	Yes	✓	Yes			No	*
21	1-6	Loss of Behav/Emot Control	Yes	✓	Yes			No	*
22	1-6					✓	Yes	Yes	
23	1-6	Emotional Ties	Yes			✓	Yes	Yes	
24	1-6	Loss of Behav/Emot Control	Yes	✓	Yes			No	*
25	1-6	Anxiety	Yes	Y	Yes			No	*
26	1-6	General Positive Affect	Yes			✓	Yes	Yes	
27	1-6	Loss of Behav/Emot Control	Yes	✓	Yes			No	*
28	1-5	Loss of Behav/Emot Control	Yes	✓	Yes			No	*
29	1-6	Anxiety	Yes	✓	Yes			No	*
30	1-6	Depression	Yes	✓	Yes			No	*
31	1-6	General Positive Affect	Yes			✓	Yes	Yes	
32	1-6	Anxiety	Yes	✓	Yes			No	*
33	1-6	Anxiety	Yes	✓	Yes			No	*
34	1-6	General Positive Affect	Yes			✓	Yes	Yes	
35	1-6	Anxiety	Yes	✓	Yes			No	*
36	1-6	Depression	Yes	✓	Yes			No	*
37	1-6	General Positive Affect	Yes			✓	Yes	Yes	
38	1-6			✓	Yes			No	*

* Flag indicates the direction of scoring for calculating the Mental health Index differs from that used to construct the subscale and global scale scores.

Supplementary information: MHI-5

The following information was provided by Mr Gavin Stewart, Manager, Evaluation Program, Centre for Mental Health, NSW Health Department, to give an overview of the MHI-5, an abbreviated version of the MHI based on five of the 38 items. While no jurisdiction is using the MHI-5 as its sole instrument, this information is provided below because it may be of use and interest to MHI-38 users and is otherwise relatively inaccessible.

The MHI-5 scale has the advantage that it can be related to a nationally representative sample of the Australian general population, in the National Health Survey of 1995; and to the 'mental health' scale of the SF-36 in general.

The items and their scoring into a scale are given here for two forms of scoring, namely the 'SF' scoring in which the six response options are scored from 0 to 100 by increments of 20, or the "MHI" scoring in which they are scored 1 through 6 by increments of 1.

Items (as identified in Australian SF-36, MHI-38 item numbers following)

These are prefaced by "How much of the time in the last 4 weeks ..." in the Australian SF-36, so the undefined "month" of the MHI-38 items is a minor variant.

MHI-38 Item #	SF-36 Item #
#11 "Have you been a very nervous person"	Q9b
#27 "Have you felt so down in the dumps that nothing could cheer you up"	Q9c
#17 "Have you felt calm and peaceful"	Q9d
#19 "Have you felt downhearted and blue"	Q9f
#34 "Have you been a happy person"	Q9h

Response Scale

For each of the above items, the response scale has six levels. These may be scored in two different ways, depending on the external reference data one wished to use. These are outlined below:

1. SF-36 Scoring

The SF-36 weighting of each item-response combination is shown below:

MHI-38 Item #	None of the time	A little of the time	Some of the time	A Good bit of the time	Most of the time	All of the time
#11 "very nervous person"	100	80	60	40	20	0
#27 "so down in the dumps"	100	80	60	40	20	0
#17 "calm and peaceful"	0	20	40	60	80	100
#19 "downhearted and blue"	100	80	60	40	20	0
#34 "happy person"	0	20	40	60	80	100

When the items are scored in this way, added up, and averaged, the resulting scale score is known as the 'Mental Health' score of the SF-36 in Australia, and the 'Emotional Wellbeing' score in the original RAND SF-36 labelling. In the Confidentialised Unit Record File produced by the ABS for the 1995 National Health Survey, this scale score is labelled MENHLTR.

2. MHI-5 'Psychological Distress' Scoring

The "raw score" weights for each item-response combination are shown in the table below:

MHI-38 Item #	None of the time	A little of the time	Some of the time	A Good bit of the time	Most of the time	All of the time
#11 "very nervous person"	1	2	3	4	5	6
#27 "so down in the dumps"	1	2	3	4	5	6
#17 "calm and peaceful"	6	5	4	3	2	1
#19 "downhearted and blue"	1	2	3	4	5	6
#34 "happy person"	6	5	4	3	2	1

This scale does not exist in the MHI-38 scoring scheme, and in fact the five items are scattered over four subscales, and divided between 'psychological distress' and 'wellbeing' domains.

The relation between scale scores produced as above, and the SF-36 scoring, is a perfect negative correlation coefficient of -1 . This is because the response weights (0, 20, 40, 60, 80, 100) and (6, 5, 4, 3, 2, 1) are correlated in that way (one scale is a linear transformation of the other). If we add up the scores and call the result MHI5T (for MHI5 Total), then we can calculate the SF-36 score version (MENHLTR) from MHI5T as below:

- $MENHLTR = 100 - [(MHI5T/5 - 1)*20]$

and conversely we can calculate MHI5T from MENHLTR as:

- $MHI5T = 5 - [MENHLTR/4 - 25]$

The cutoff value suggested for 'distress' is a MHI5T score of 17 or more. Note that MHI5T is in the reverse direction, so larger scores mean higher distress.

For further information see:

Ostbye T, Steenhuis R, Walton R, Cairney J (2000). Correlates of dysphoria in Canadian seniors: The Canadian Study of Health and Aging. *Canadian Journal of Public Health* 91(4): 313-317.

APPENDIX 7: The Kessler-10 Plus (K-10+)

<h1>Area Logo</h1> <h1>SR1</h1> <p>Self Report Measures for Adults and Older People K10+LM</p>
<p>Facility Name: _____</p>
<p>Code: _____</p>

Please used gummed label if available

Patient or Client Identifier:

--	--	--	--	--	--	--	--	--	--	--	--

Surname: _____	
Other names: _____	
Date of Birth: _____ / _____ / _____	Sex: Male <input type="checkbox"/> ₁ Female <input type="checkbox"/> ₂
Address: _____	

Date completed: __ / __ / ____

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.

	None of the time	A little of the time	Some of the time	Most of the time	All of the time
1. In the last four weeks, about how often did you feel tired out for no good reason?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. In the last four weeks, about how often did you feel nervous?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. In the last four weeks, about how often did you feel so nervous that nothing could calm you down?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. In the last four weeks, about how often did you feel so nervous that nothing could calm you down?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. In the last four weeks, about how often did you feel restless or fidgety?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6. In the last four weeks, about how often did you feel so restless you could not sit still?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7. In the last four weeks, about how often did you feel depressed?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8. In the last four weeks, about how often did you feel that everything was an effort?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

9.	In the last four weeks, about how often did you feel so sad that nothing could cheer you up?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10.	In the last four weeks, about how often did you feel worthless?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

The next few questions are about how these feelings may have affected you in the **last 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 last 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 last 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 last 4 weeks, how many times have you seen a doctor or any other health professional about these feelings?	_____ (Number of consultations)
14.	In the last 4 weeks, how often have physical health problems been the main cause of these feelings?	
	None of the time	<input type="radio"/>
	A little of the time	<input type="radio"/>
	Some of the time	<input type="radio"/>
	Most of the time	<input type="radio"/>
	All of the time	<input type="radio"/>

Thankyou for completing this questionnaire.

Please return it to the staff member who asked you to complete it.

Area Logo

SR2

Self Report Measures for
Adults and Older People
K10-L3D

Facility Name: _____

Code: _____

Please use gummed label if available

Patient or Client Identifier:	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 20px; height: 15px;"> </td> <td style="width: 20px; height: 15px;"> </td> <td style="width: 20px; height: 15px;"> </td> <td style="width: 20px; height: 15px;"> </td> <td style="width: 20px; height: 15px;"> </td> <td style="width: 20px; height: 15px;"> </td> <td style="width: 20px; height: 15px;"> </td> <td style="width: 20px; height: 15px;"> </td> <td style="width: 20px; height: 15px;"> </td> <td style="width: 20px; height: 15px;"> </td> </tr> </table>										

Surname:	
Other names:	
Date of Birth: ____/____/____	Sex: Male <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/>
Address:	

Date completed: __/__/____

Instructions

The following ten questions ask about how you have been feeling in the **last 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 last four weeks, about how often did you feel tired out for no good reason?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2.	In the last four weeks, about how often did you feel nervous?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3.	In the last four weeks, about how often did you feel so nervous that nothing could calm you down?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4.	In the last four weeks, about how often did you feel so nervous that nothing could calm you down?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5.	In the last four weeks, about how often did you feel restless or fidgety?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6.	In the last four weeks, about how often did you feel so restless you could not sit still?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7.	In the last four weeks, about how often did you feel depressed?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8.	In the last four weeks, about how often did you feel that everything was an effort?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9.	In the last four weeks, about how often did you feel so sad that nothing could cheer you up?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10.	In the last four weeks, about how often did you feel worthless?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Thankyou for completing this questionnaire.

Please return it to the staff member who asked you to complete it.

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

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. This terminology is consistent with the National Comorbidity Survey web-site (www.hcp.med.harvard.edu/ncs/K6-K10/index.html). 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.

K10 scoring

The K10 Total score is based on the sum of K10 item 01 through 10 (range: 10-50). Items 11 through 14 are excluded from the total because they are separate measures of disability associated with the problems referred to in the preceding ten items.

The Total score is computed using the equation shown below, with the result being rounded to the nearest whole number. If any item has not been completed (that is, has not been coded 1, 2, 3, 4, 5), it is excluded from the calculation and not counted as a valid item. If more than one item is missing, the Total Score is set as missing.

$$Total\ score = \left(\frac{Sum\ of\ (Item\ scores)}{N\ of\ valid\ (completed)\ Items} \right) \times Number\ of\ Items$$

Standard values must be used for coding missing item and Total scores. For individual items, the missing values are 7, 8 and 9 (ie, is coded 7 (unable to rate), 8 (Protocol exclusion) or 9 (missing data)). For the Total score, the missing value used should be 99.

Supplementary information: Kessler-6 (K6)

The Kessler-10 also exists as a briefer version, the Kessler-6 (K6). The K6 questions are a subset of those in the K10 and both a K6 and K10 score can be calculated when the K10 is used. No jurisdictions is using the K6 as its consumer self-rated outcome measure.

The K6 was adopted for the Canadian National Population Health Survey of 1994-95, where it was used in conjunction with an extensive collection of mental health measures. An adapted version based on the K6+ has recently been developed for trial use in the Indigenous Health Survey of 2004.

For further information:

Stephens T, Dulberg C, Joubert N (1999). Mental Health of the Canadian Population: A Comprehensive Analysis. *Chronic Diseases in Canada*, 20(3):118-126.

Wade T, Cairney J. (1997) Age and depression in a nationally representative sample of Canadians: a preliminary look at the National Population Health Survey. *Canadian Journal of Public Health*;88:297–302.

APPENDIX 8: The Behavioural and Symptom Identification Scale (BASIS-32)

	No difficulty	A little difficulty	Moderate difficulty	Quite a bit difficulty	Extreme difficulty
To what extent are you experiencing difficulty in the area of:					
1. Managing day-to-day life (for example, getting to places on time, handling money, making everyday decisions)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Household responsibilities (for example, shopping, cooking, laundry, keeping room clean, other chores)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Work (for example, completing tasks, performance level, finding/keeping a job)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. School (for example, academic performance, completing assignments, attendance)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
To what extent are you experiencing difficulty in the area of:					
5. Leisure time or recreational activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Adjusting to major life stresses (for example, separation, divorce, moving, new job, new school, a death)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Relationships with family members	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Getting along with people outside the family	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Isolation or feelings of loneliness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
To what extent are you experiencing difficulty in the area of:					
10. Being able to feel close to others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Being realistic about yourself or others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Recognising and expressing emotions appropriately	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Developing independence, autonomy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. Goals or direction in life	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. Lack of self-confidence, feeling bad about yourself	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	No difficulty	A little difficulty	Moderate difficulty	Quite a bit difficulty	Extreme difficulty
To what extent are you experiencing difficulty in the area of:					
16. Apathy, lack of interest in things	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17. Depression, hopelessness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18. Suicidal feeling or behaviour	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19. Physical symptoms (for example, headaches, aches and pains, sleep disturbance, stomach aches, dizziness)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20. Fear, anxiety or panic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

To what extent are you experiencing difficulty in the area of:					
21. Confusion, concentration, memory	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22. Disturbing or unreal thoughts of beliefs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
23. Hearing voices, seeing things	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
24. Manic, bizarre behaviour	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
25. Mood swings, unstable moods	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
26. Uncontrollable, compulsive behaviour (for example, eating disorder, hand-washing, hurting yourself)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please specify:

To what extent are you experiencing difficulty in the area of:					
27. Sexual activity or preoccupation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
28. Drinking alcoholic beverages	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
29. Taking illegal drugs misusing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
30. Controlling temper, outbursts of anger, violence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
31. Impulsive, illegal or reckless behaviour	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
32. Feeling satisfaction with your life	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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This Instrument is reproduced with the permission of McLean Hospital, Massachusetts. The instrument is copyrighted and its use subject to a jurisdiction obtaining a licence for its services to use the measure. Further information can be found at:

<http://www.basis-32.org/survey/index.html>

NOTE: The BASIS32 form displayed above is from the Victorian Mental Health Outcomes Training Manual.

Rating Period

McLean Hospital recommends a rating period of the 'last one week'. The three jurisdictions that are or will be incorporating the BASIS32 into their routine collections have amended the rating period to the 'past two weeks' primarily to align the measure with the clinician rated measure to facilitate comparison.

BASIS scoring and subscales

BASIS-32 is scored into five subscales and an overall average. Just as each item is rated on a 5-point scale (from 0 for least difficulty to 4 for greatest difficulty), subscale and overall mean scores also range from 0 to 4. The lowest possible score is 0 (if every item is rated "no difficulty"). The highest possible score is 4 (if every item is rated "extreme difficulty"). The items comprising each subscale are as follows:

Relation to self/others	Items 7, 8, 10, 11, 12, 14, and 15
Depression/anxiety	Items 6, 9, 17, 18, 19 and 20
Daily living/role functioning	Items 1, (2, 3, 4*), 5, 13, 16, 21 and 32
Impulsive/addictive behaviour	Items 25, 26, 28, 29, 30 and 31
Psychosis	Items 22, 23, 24 and 27
BASIS-32	Items 1 to 32

Four of the five subscale scores and the BASIS-32 average are computed by averaging the ratings for component items using the number of non-missing items as the denominator. The four subscale scores computed this way are: Relation to self/others, Depression/anxiety, Impulsive/addictive behaviour and Psychosis.

For example, if the respondent answers all items in the Relation to self/others subscale, the subscale score is the sum of the ratings for items 7, 8, 10, 11, 12, 14, and 15 divided by 7. If one item is omitted, the subscale score is the sum of the ratings for the items answered, divided by 6.

The same process is followed for the three other subscales noted above, using the items comprising each subscale. The only exception to this scoring process is for the Daily living/role functioning scale. In this case, items 2, 3, and 4 are used to create one "role functioning" rating by taking the highest of the three ratings (indicating greatest difficulty). The role functioning item can be created if a rating is available for at least one of the three items (2, 3, or 4).

Licensing

The BASIS-32[®] Site License includes an instruction manual with a copy of the survey, a set of reproduction-quality forms, a scoring algorithm, a reference list and several published papers regarding methodology, reliability and validity. For further information please see:

<http://www.basis-32.org/index.html>

APPENDIX 9: Health of the Nation Outcome Scales for Children and Adolescents (HoNOSCA)

HoNOSCA rating guidelines

- Rate items in order from 1 to 15.
- Use all available information in making your rating.
- Do not include information already rated in an earlier item.
- 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.

HoNOSCA glossary

1 Problems with disruptive, antisocial or aggressive behaviour

Include behaviour associated with any disorder, such as hyperkinetic disorder, depression, autism, drugs or alcohol.

Include physical or verbal aggression (eg, pushing, hitting, vandalism, teasing), or physical or sexual abuse of other children.

Include antisocial behaviour (eg, thieving, lying, cheating) or oppositional behaviour (eg, defiance, opposition to authority or tantrums).

Do not include: Over-activity rated at scale 2; Truancy, rated at scale 13; Self-harm rated at Scale 3.

- 0 No problems of this kind during the period rated.
- 1 Minor quarrelling, demanding behaviour, undue irritability, lying, etc.
- 2 Mild but definitely disruptive or antisocial behaviour, lesser damage to property, or aggression, or defiant behaviour.
- 3 Moderately severe aggressive behaviour such as fighting, persistently threatening, very oppositional, more serious destruction of property, or moderately delinquent acts.

- 4 Disruptive in almost all activities, or at least one serious physical attack on others or animals, or serious destruction of property.

2 Problems with over-activity, attention or concentration

Include overactive behaviour associated with any disorder such as hyperkinetic disorder, mania, or arising from drugs.

Include problems with restlessness, fidgeting, inattention or concentration due to any cause, including depression.

- 0 No problems of this kind during the period rated.
- 1 Slight over-activity or minor restlessness, etc.
- 2 Mild but definite over-activity or attention problems, but can usually be controlled.
- 3 Moderately severe over-activity or attention problems that are sometimes uncontrollable.
- 4 Severe over-activity or attention problems that are present in most activities and almost never controllable.

3 Non-accidental self-injury

Include self-harm such as hitting self and self cutting, suicide attempts, overdoses, hanging, drowning, etc.

Do not include scratching, picking as a direct result of physical illness rated at Scale 6.

Do not include accidental self-injury due, eg, to severe learning or physical disability, rated at scale 6.

Do not include illness or injury as a direct consequence of drug or alcohol use, rated at scale 6.

- 0 No problems of this kind during the period rated.
- 1 Occasional thoughts about death, or of self-harm not leading to injury. No self-harm or suicidal thoughts.
- 2 Non-hazardous self-harm, such as wrist scratching, whether or not associated with suicidal thoughts.
- 3 Moderately severe suicidal intent (including preparatory acts, eg, collecting tablets) or moderate non-hazardous self-harm (eg, small overdose).
- 4 Serious suicidal attempt (eg, serious overdose), or serious deliberate self-injury.

4 Problems with alcohol, substance or solvent misuse

Include problems with alcohol, substance or solvent misuse taking into account current age and societal norms.

Do not include aggressive or disruptive 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 6.

- 0 No problems of this kind during the period rated.
- 1 Minor alcohol or drug use, within age norms.
- 2 Mildly excessive alcohol or drug use.
- 3 Moderately severe drug or alcohol problems significantly out of keeping with age norms.
- 4 Severe drug or alcohol problems leading to dependency or incapacity.

5 Problems with scholastic or language skills

Include problems in reading, spelling, arithmetic, speech or language associated with any disorder or problem, such as specific developmental learning problems, or physical disability such as hearing problems.

Include reduced scholastic performance associated with emotional or behavioural problems.

Children with generalised learning disability should not be included unless their functioning is below the expected level.

Do not include temporary problems resulting purely from inadequate education.

- 0 No problems of this kind during the period rated.
- 1 Minor impairment within the normal range of variation.
- 2 Minor but definite impairment of clinical significance.
- 3 Moderately severe problems, below the level expected on the basis of mental age, past performance, or physical disability.
- 4 Severe impairment, much below the level expected on the basis of mental age, past performance, or physical disability.

6 Physical illness or disability problems

Include physical illness or disability problems that limit or prevent movement, impair sight or hearing, or otherwise interfere with personal functioning.

Include movement disorder, side effects from medication, physical effects from drug or alcohol use, or physical complications of psychological disorders such as severe weight loss.

Include self-injury due to severe learning disability or as of consequence of self-injury such as head banging.

Do not include somatic complaints with no organic basis, rated at scale 8.

- 0 No incapacity as a result of physical health problems during the period rated.
- 1 Slight incapacity as a result of a health problem during the period (eg, cold, non-serious fall, etc).
- 2 Physical health problem that imposes mild but definite functional restriction.
- 3 Moderate degree of restriction on activity due to physical health problems.
- 4 Complete or severe incapacity due to physical health problems.

7 Problems associated with hallucinations, delusions or abnormal perceptions

Include hallucinations, delusions or abnormal perceptions irrespective of diagnosis.

Include odd and bizarre behaviour associated with hallucinations and delusions.

Include problems with other abnormal perceptions such as illusions or pseudo-hallucinations, or overvalued ideas such as distorted body image, suspicious or paranoid thoughts.

Do not include disruptive or aggressive behaviour associated with hallucinations or delusions, rated at Scale 1.

Do not include overactive behaviour associated with hallucinations or delusions, rated at Scale 2.

- 0 No evidence of abnormal thoughts or perceptions during the period rated.
- 1 Somewhat odd or eccentric beliefs not in keeping with cultural norms.

- 2 Abnormal thoughts or perceptions are present (eg, paranoid ideas, illusions or body image disturbance), but there is little distress or manifestation in bizarre behaviour, ie, clinically present but mild.
- 3 Moderate preoccupation with abnormal thoughts or perceptions or delusions; hallucinations, causing much distress, or manifested in obviously bizarre behaviour.
- 4 Mental state and behaviour is seriously and adversely affected by delusions or hallucinations or abnormal perceptions, with severe impact on the person or others.

8 Problems with non-organic somatic symptoms

Include problems with gastrointestinal symptoms such as non-organic vomiting or cardiovascular symptoms or neurological symptoms or non-organic enuresis and encopresis or sleep problems or chronic fatigue.

Do not include movement disorders such as tics, rated at Scale 6.

Do not include physical illnesses that complicate non-organic somatic symptoms, rated at Scale 6.

- 0 No problems of this kind during the period rated.
- 1 Slight problems only, such as occasional enuresis, minor sleep problems, headaches or stomach aches without organic basis.
- 2 Mild but definite problem with non-organic somatic symptoms.
- 3 Moderately severe, symptoms produce a moderate degree of restriction in some activities.
- 4 Very severe problems or symptoms persist into most activities. The child or adolescent is seriously or adversely affected.

9 Problems with emotional and related symptoms

Rate only the most severe clinical problem not considered previously.

Include depression, anxiety, worries, fears, phobias, obsessions or compulsions, arising from any clinical condition including eating disorders.

Do not include aggressive, destructive or over-activity behaviours attributed to fears or phobias, rated at Scale 1.

Do not include physical complications of psychological disorders, such as severe weight loss, rated at Scale 6.

- 0 No evidence of depression, anxiety, fears or phobias during the period rated.
- 1 Mildly anxious, gloomy, or transient mood changes.
- 2 A mild but definite emotional symptom is clinically present, but is not preoccupying.
- 3 Moderately severe emotional symptoms, which are preoccupying, intrude into some activities, and are uncontrollable at least sometimes.
- 4 Severe emotional symptoms which intrude into all activities and are nearly always uncontrollable.

10 Problems with peer relationships

Include problems with school mates and social network. Problems associated with active or passive withdrawal from social relationships or problems with over intrusiveness or problems with the ability to form satisfying peer relationships.

Include social rejection as a result of aggressive behaviour or bullying.

Do not include aggressive behaviour, bullying, rated at Scale 1.

Do not include problems with family or siblings rated at Scale 12.

- 0 No significant problems during the period rated.
- 1 Either transient or slight problems, occasional social withdrawal.
- 2 Mild but definite problems in making or sustaining peer relationships. Problems causing distress due to social withdrawal, over-intrusiveness, rejection or being bullied.
- 3 Moderate problems due to active or passive withdrawal from social relationships, over-intrusiveness, or to relationships that provide little or no comfort or support, eg, as a result of being severely bullied.
- 4 Severe social isolation with hardly any friends due to inability to communicate socially or withdrawal from social relationships.

11 Problems with self-care and independence

Rate the overall level of functioning, eg, problems with basic activities of self-care such as feeding, washing, dressing, toilet, and also complex skills such as managing money, travelling independently, shopping etc.; taking into account the norm for the child's chronological age.

Include poor levels of functioning arising from lack of motivation, mood or any other disorder.

Do not include lack of opportunities for exercising intact abilities and skills, as might occur in an over-restrictive family, rated at Scale 12.

Do not include enuresis and encopresis, rated at Scale 8.

- 0 No problems of this kind during the period rated; good ability to function in all areas.
- 1 Minor problems, eg, untidy, disorganised.
- 2 Self-care adequate, but major inability to perform one or more complex skills (see above).
- 3 Major problems in one or more areas of self-care (eating, washing, dressing) or major inability to perform several complex skills.
- 4 Severe disability in all or nearly all areas of self-care or complex skills.

12 Problems with family life and relationships

Include parent-child and sibling relationship problems.

Include relationships with foster parents, social workers/ teachers in residential placements. Relationships in the home with separated parents and siblings should both be included. Parental personality problems, mental illness, marital difficulties should only be rated here if they have an effect on the child or adolescent.

Include problems such as poor communication, arguments, verbal or physical hostility, criticism and denigration, parental neglect or rejection, over-restriction, sexual or physical abuse.

Include sibling jealousy, physical or coercive sexual abuse by sibling.

Include problems with enmeshment and overprotection.

Include problems with family bereavement leading to reorganisation.

Do not include aggressive behaviour by the child or adolescent, rated at Scale 1.

- 0 No problems during the period rated.

- 1 Slight or transient problems.
- 2 Mild but definite problem, eg, some episodes of neglect or hostility or enmeshment or overprotection.
- 3 Moderate problems, eg, neglect, abuse, hostility. problems associated with family or carer breakdown or reorganisation.
- 4 Serious problems with the child or adolescent feeling or being victimised, abused or seriously neglected by family or carer.

13 Poor school attendance

Include truancy, school refusal, school withdrawal or suspension for any cause.

Include attendance at type of school at time of rating, eg, hospital school, home tuition, etc. If school holiday, rate the last two weeks of the previous term.

- 0 No problems of this kind during the period rated.
- 1 Slight problems, eg, late for two or more lessons.
- 2 Definite but mild problems, eg, missed several lessons because of truancy or refusal to go to school.
- 3 Marked problems, absent several days during the period rated.
- 4 Severe problems, absent most or all days. Include school suspension, exclusion or expulsion for any cause during the period rated.

Scales 14 and 15 are concerned with problems for the **child, parent or carer** relating to lack of information or access to services. These are not direct measures of the child's mental health but changes here may result in long-term benefits for the child.

14 Problems with knowledge or understanding about the nature of the child or adolescent's difficulties (in the previous two weeks)

Include lack of useful information or understanding available to the child or adolescent, parents or carers.

Include lack of explanation about the diagnosis or the cause of the problem or the prognosis.

- 0 No problems during the period rated. Parents and carers have been adequately informed about the child or adolescent's problems.
- 1 Slight problems only.
- 2 Mild but definite problems.
- 3 Moderately severe problems. Parents and carers have very little or incorrect knowledge about the problem which is causing difficulties such as confusion or self-blame.
- 4 Very severe problems. Parents have no understanding about the nature of their child or adolescent's problems.

15 Problems with lack of information about services or management of the child or adolescent's difficulties

Include lack of useful information or understanding available to the child or adolescent, parents or carers or referrers.

Include lack of information about the most appropriate way of providing services to the child or adolescent, such as care arrangements, educational placements, or respite care.

- 0 No problems during the period rated. The need for all necessary services has been recognised.

- 1 Slight problems only.
- 2 Mild but definite problems.
- 3 Moderately severe problems. Parents and carers have been given very little information about appropriate services, or professionals are not sure where a child should be managed.
- 4 Very severe problems. Parents have no information about appropriate services or professionals do not know where a child should be managed.

HoNOSCA 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.

Section A							
1	Disruptive, antisocial or aggressive behaviour	0	1	2	3	4	<input type="text"/>
2	Over-activity, attention or concentration	0	1	2	3	4	<input type="text"/>
3	Non-accidental self-injury	0	1	2	3	4	<input type="text"/>
4	Alcohol, substance/solvent misuse	0	1	2	3	4	<input type="text"/>
5	Scholastic or language skills	0	1	2	3	4	<input type="text"/>
6	Physical illness or disability problems	0	1	2	3	4	<input type="text"/>
7	Hallucinations, delusions	0	1	2	3	4	<input type="text"/>
8	Non-organic somatic symptoms	0	1	2	3	4	<input type="text"/>
9	Emotional and related symptoms	0	1	2	3	4	<input type="text"/>
10	Peer relationships	0	1	2	3	4	<input type="text"/>
11	Self-care and independence	0	1	2	3	4	<input type="text"/>
12	Family life and relationships	0	1	2	3	4	<input type="text"/>
13	Poor school attendance	0	1	2	3	4	<input type="text"/>
Section B: Problems for the child, parent or carer relating to lack of information or access to services.							
14	Lack of knowledge – nature of difficulties	0	1	2	3	4	<input type="text"/>
15	Lack of information – services/management	0	1	2	3	4	<input type="text"/>

HoNOSCA scoring

All HoNOSCA items are answered on an item-specific anchored four-point scale with higher scores indicating more problems. A total score is calculated as the sum of the scores for items 1–13 only, with a range 0–52. Items scored 9 or with missing data are generally excluded from the calculation.

Unlike the HoNOS, subscale scores have not yet been defined for the HoNOSCA although the authors note that the items can be logically grouped into similar categories as shown below.

Structure of the 15 HoNOSCA scales

Scale	Scale item	Section
1	Disruptive, antisocial or aggressive behaviour	Behaviour
2	Over-activity, attention or concentration	
3	Non-accidental self-injury	
4	Alcohol, substance/solvent misuse	
5	Scholastic or language skills	Impairment
6	Physical illness or disability problems	
7	Hallucinations, delusions	Symptoms
8	Non-organic somatic symptoms	
9	Emotional and related symptoms	
10	Peer relationships	Social
11	Self-care and independence	
12	Family life and relationships	
13	Poor school attendance	
14	Lack of knowledge – nature of difficulties	Information
15	Lack of information – services/management	

From Gowers et al 1999a.

APPENDIX 10: Children's Global Assessment Scale (CGAS)

Rating guidelines

Rate the patient's most impaired level of general functioning for the previous two week period by selecting the *lowest* level which describes his/her current functioning on a hypothetical continuum of health-illness. Use intermediary levels (eg, 35, 58, 62).

Rate actual functioning regardless of treatment or prognosis. The examples of behaviour provided are only illustrative and are not required for a particular rating.

CGAS glossary

- 100-91 **Superior functioning** in all areas (at home, at school and with peers); involved in a wide range of activities and has many interests (eg, has hobbies or participates in extracurricular activities or belongs to an organised group such as Scouts, etc); likeable, confident; 'everyday' worries never get out of hand; doing well in school; no symptoms.
- 90-81 **Good functioning in all areas**; secure in family, school, and with peers; there may be transient difficulties and 'everyday' worries that occasionally get out of hand (eg, mild anxiety associated with an important exam, occasional 'blowups' with siblings, parents or peers).
- 80-71 **No more than slight impairments in functioning** at home, at school, or with peers; some disturbance of behaviour or emotional distress may be present in response to life stresses (eg, parental separations, deaths, birth of a sib), but these are brief and interference with functioning is transient; such children are only minimally disturbing to others and are not considered deviant by those who know them.
- 70-61 **Some difficulty in a single area but generally functioning pretty well** (eg, sporadic or isolated antisocial acts, such as occasionally playing hooky or petty theft; consistent minor difficulties with school work; mood changes of brief duration; fears and anxieties which do not lead to gross avoidance behaviour; self-doubts); has some meaningful interpersonal relationships; most people who do not know the child well would not consider him/her deviant but those who do know him/her well might express concern.
- 60-51 **Variable functioning with sporadic difficulties or symptoms in several but not all social areas**; disturbance would be apparent to those who encounter the child in a dysfunctional setting or time but not to those who see the child in other settings.
- 50-41 **Moderate degree of interference in functioning in most social areas or severe impairment of functioning in one area**, such as might result from, for example, suicidal preoccupations and ruminations, school refusal and other forms of anxiety, obsessive rituals, major conversion symptoms, frequent anxiety attacks, poor to inappropriate social skills, frequent episodes of aggressive or other antisocial behaviour with some preservation of meaningful social relationships.
- 40-31 **Major impairment of functioning in several areas and unable to function in one of these areas** (ie, disturbed at home, at school, with peers, or in society at large, eg, persistent aggression without clear instigation; markedly withdrawn and isolated behaviour due to either mood or thought disturbance, suicidal attempts with clear lethal intent; such children are likely to require special schooling and/or hospitalisation or withdrawal from school (but this is not a sufficient criterion for inclusion in this category).
- 30-21 **Unable to function in almost all areas** eg, stays at home, in ward, or in bed all day without taking part in social activities or severe impairment in reality testing or serious impairment in communication (eg, sometimes incoherent or inappropriate).
- 20-11 **Needs considerable supervision** to prevent hurting others or self (eg, frequently violent, repeated suicide attempts) or to maintain personal hygiene or gross impairment in all forms of communication, eg, severe abnormalities in verbal and gestural communication, marked social aloofness, stupor, etc.
- 10-1 **Needs constant supervision** (24-hour care) due to severely aggressive or self-destructive behaviour or gross impairment in reality testing, communication, cognition, affect or personal hygiene.

APPENDIX 11: Factors Influencing Health Status (FIHS)

Rating guidelines

The clinician is required to rate the items retrospectively, at the end of the episode or at 91-day review.

Completing the scale simply requires, for each item, an indication of whether any of the listed factors required special clinical evaluation, therapeutic treatment, diagnostic procedures or increased clinical care and/or monitoring during the course of the episode.

Only record a problem as being present where the problem has required specific intervention or additional treatment resources over the preceding Period of Care.

Where a problem can be coded under more than one FIHS category, it should be recorded once, using the category of 'best fit'.

FIHS item elaboration

	YES	NO	
1	<input type="checkbox"/>	<input type="checkbox"/>	<p>Maltreatment syndromes <i>Includes:</i></p> <ul style="list-style-type: none"> • neglect or abandonment; • physical abuse; • sexual abuse; and • psychological abuse.
2	<input type="checkbox"/>	<input type="checkbox"/>	<p>Problems related to negative life events in childhood <i>Includes:</i></p> <ul style="list-style-type: none"> • loss of love relationship in childhood; • removal from home in childhood; • altered pattern of family relationships in childhood; • problems related to <u>alleged</u> sexual abuse of child by person within primary support group; • problems related to <u>alleged</u> sexual abuse of child by person outside primary support group; • problems related to <u>alleged</u> physical abuse of child; • personal frightening experience in childhood; and • other negative life events in childhood.
3	<input type="checkbox"/>	<input type="checkbox"/>	<p>Problems related to upbringing <i>Includes:</i></p> <ul style="list-style-type: none"> • inadequate parental supervision and control; • parental overprotection; • institutional upbringing; • hostility towards and scapegoating of child; • emotional neglect of child; • other problems related to neglect in upbringing; • inappropriate parental pressure and other abnormal qualities of upbringing; and • other specified problems related to upbringing.

- | | YES | NO | |
|---|--------------------------|--------------------------|--|
| 4 | <input type="checkbox"/> | <input type="checkbox"/> | Problems related to primary support group, including family circumstances
<i>Includes:</i> <ul style="list-style-type: none"> • problems in relationship with spouse or partner; • problems in relationship with parents and in-laws; • inadequate family support; • absence of family member; • disappearance and death of family member; • disruption of family by separation and divorce; • dependent relative needing care at home; • other stressful life events affecting family and household; • other specified problems related to primary support group; • problem related to primary support group; and • unspecified. |
| 5 | <input type="checkbox"/> | <input type="checkbox"/> | Problems related to social environment
<i>Includes:</i> <ul style="list-style-type: none"> • problems of adjustment to life cycle transitions; • atypical parenting situation; • living alone; • acculturation difficulty; • social exclusion and rejection; and • target of perceived adverse discrimination and persecution. |
| 6 | <input type="checkbox"/> | <input type="checkbox"/> | Problems related to certain psychosocial circumstances
<i>Includes:</i> <ul style="list-style-type: none"> • problems related to unwanted pregnancy; • problems related to multiparity; • seeking and accepting physical, nutritional and chemical interventions known to be hazardous and harmful; • seeking and accepting behavioural and psychological interventions known to be hazardous or harmful; and • discord with counsellors. |
| 7 | <input type="checkbox"/> | <input type="checkbox"/> | Problems related to other psychosocial circumstances
<i>Includes:</i> <ul style="list-style-type: none"> • conviction in civil and criminal proceedings without imprisonment; • imprisonment and other incarceration; • problems related to release from prison; • problems related to other legal circumstances; • victim of crime and terrorism; • exposure to disaster; and • war and other hostilities. |

FIHS scoring

The summary score derived from the items is simply the count of positive (Yes) responses.

The ICD10-AM code descriptors constituting the Factors Influencing Health Status checklist (FIHS)

If any of the FIHS items are checked as being present during an inpatient admission (that is, if they “required specific intervention or additional treatment resources” during the admission) then they qualify as comorbid conditions that should be coded, using ICD10-AM, in the relevant diagnostic fields of the patient record. This will appear in the *National Minimum Data Set – Admitted Patient Mental Health Care*, and in fact it should be possible to calculate the FIHS score from the routine inpatient record, properly coded. So as to facilitate that coding, the table below maps the FIHS items onto the corresponding ICD10-AM version 3 codes.

T74: Maltreatment syndromes (FIHS Item 1)

Includes: Neglect or abandonment (T74.0); Physical abuse (T74.1); Sexual abuse (T74.2); Psychological abuse (T74.3). *Excludes: Other maltreatment syndromes (T74.8); Maltreatment syndrome, unspecified (T74.9)*

Z61: Problems related to negative life events in childhood (FIHS Item 2)

Includes: Loss of love relationship in childhood (Z61.0); Removal from home in childhood (Z61.1); Altered pattern of family relationships in childhood (Z61.2); Problems related to alleged sexual abuse of child by person within primary support group (Z61.4); Problems related to alleged sexual abuse of child by person outside primary support group (Z61.5); Problems related to alleged physical abuse of child (Z61.6); Personal frightening experience in childhood (Z61.7); Other negative life events in childhood (Z61.8). *Excludes: Events resulting in loss of self-esteem in childhood (Z61.3); Negative life event in childhood, unspecified (Z61.9)*

Z62: Problems related to upbringing (FIHS Item 3)

Includes: Inadequate parental supervision and control (Z62.0); Parental overprotection (Z62.1); Institutional upbringing (Z62.2); Hostility towards and scapegoating of child (Z62.3); Emotional neglect of child (Z62.4); Other problems related to neglect in upbringing (Z62.5); Inappropriate parental pressure and other abnormal qualities of upbringing (Z62.6); Other specified problems related to upbringing (Z62.8). *Excludes: Problem related to upbringing, unspecified (Z62.9)*

Z63: Problems related to primary support group, including family circumstances (FIHS Item 4)

Includes: Problems in relationship with spouse or partner (Z63.0); Problems in relationship with parents and in-laws (Z63.1); Inadequate family support (Z63.2); Absence of family member (Z63.3); Disappearance and death of family member (Z63.4); Disruption of family by separation and divorce (Z63.5); Dependant relative needing care at home (Z63.6); Other stressful life events affecting family and household (Z63.7); Other specified problems related to primary support group (Z63.8); problem related to primary support group, unspecified (Z63.9).

Z60: Problems related to social environment (FIHS Item 5)

Includes: Problems of adjustment to lifecycle transitions (Z60.0); Atypical parenting situation (Z60.1); Living alone (Z60.2); Acculturation difficulty (Z60.3); Social exclusion and rejection (Z60.4); Target of perceived adverse discrimination and persecution (Z60.5). *Excludes: Other problems related to social environment (Z60.8); Problem related to social environment, unspecified (Z60.9)*

Z64: Problems related to certain psychosocial circumstances (FIHS Item 6)

Includes: Problems related to unwanted pregnancy (Z64.0); Problems related to multiparity (Z64.1); Seeking and accepting physical, nutritional and chemical interventions known to be hazardous and harmful (Z64.2); Seeking and accepting behavioural and psychological interventions known to be hazardous and harmful (Z64.3); Discord with counsellors (Z64.4). *Excludes: Substance dependence.*

Z65: Problems related to other psychosocial circumstances (FIHS Item 7)

Includes: Conviction in civil and criminal proceedings without imprisonment (Z65.0); Imprisonment and other incarceration (Z65.1); Problems related to release from prison (Z65.2); Problems related to other legal circumstances (Z65.3); Victim of crime and terrorism (Z65.4); Exposure to disaster, war or other hostilities (Z65.5). *Excludes: Other specified problems related to social circumstances (Z65.8); Problem related to unspecified psychosocial circumstance (Z65.9).*

APPENDIX 12: Strengths and Difficulties Questionnaire (SDQ)

Extensive support materials are available on the SDQ developers' website, including copies of the various versions of the instrument, back ground information and scoring instructions. See <http://www.sdqinfo.com>. There are six versions (parent-report and youth-self report) currently specified for NOCC reporting with an additional four versions (teacher-report) that may be of use at the clinical level (see appendices).

The "1" versions are administered on admission and are rated on the basis of the proceeding 6 months. The "2" follow up versions are administered on review and discharge and are rated on the basis of the previous 1 month period. The versions specified for NOCC reporting are:

- PC1 – Parent Report Measure for Children aged 04-10, Baseline version;
- PC2 – Parent Report Measure for Children and Adolescents aged 4-10, Follow up version;
- PY1 – Parent Report Measure for Youth aged 11-17, Baseline version;
- PY2 – Parent Report Measure for Youth aged 11-17; Follow up version;
- YR1 – Youth self report measure (11-17), Baseline version; and
- YR2 – Youth self report measure (11-17), Follow up version.

Please note that the item numbering in the SDQ versions is deliberately non sequential because it covers all items in all versions, both to indicate item equivalence across versions and to assist data entry, especially of translated versions. The table below indicates the items that are included in each version, the rating periods used and the broad content covered by each item.

	Informant	Parent				Young Person	
		4-10		11-17		11-17	
		Baseline	Followup	Baseline	Follow-up	Baseline	Followup
		6 months	1 month	6 months	1 month	6 months	1 month
Items	Item Content	Version					
		PC1	PC2	PY1	PY2	YR1	YR2
1-25	Symptoms	✓	✓	✓	✓	✓	✓
26	Overall	✓	✓	✓	✓	✓	✓
27	Duration	✓	X	✓	X	✓	
28-33	Impact	✓	✓	✓	✓	✓	✓
34-35	Follow up progress	X	✓	X	✓	X	✓
36-38	Cross-Informant information	✓	X	✓	X	X	X
39-42	Cross-Informant information	X	X	X	X	✓	X

In addition to the measures listed above, the SDQ has four 'teacher' versions, not specified for NOCC reporting, but which have considerable clinical utility in the assessment and treatment of children and adolescents. These are similar to the Parent-report versions, but do not contain "cross-informant" items. These measures are included here for information only:

- TC1 –Teacher Report Measure for Children aged 04-10 on initial contact with service (Admission);
- TC2 - Teacher Report Measure for Children and Adolescents aged 04-10 on follow up contact with service (Review & Discharge);
- TY1 - Teacher Report Measure for Youth aged 11-17 on initial contact with service (Admission); and
- TY2 - Teacher Report Measure for Youth aged 11-17 on follow up contact with service (Review & Discharge).

Area Logo

PC1

Parent Report Measures for
Children and Adolescents
SDQ(P)04-10

Facility Name: _____

Code: _____

Please used gummed label if available

Patient or Client Identifier:

--	--	--	--	--	--	--	--	--	--

Surname:

Other names:

Date of Birth:

Sex:

____ / ____ / _____

Male

Female

Address:

Instructions: For each item, please mark the box for Not True, Somewhat True or Certainly True. It would help us if you answered all items as best you can even if you are not absolutely certain. Please give your answers on the basis of your child's behaviour **over the last six months**.

Strengths and Difficulties Questionnaire	Not True	Somewhat True	Certainly True
1. Considerate of other people's feelings	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. Restless, overactive, cannot stay still for long	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. Often complains of headaches, stomach-aches or sickness	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. Shares readily with other children, for example toys, treats, pencils	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. Often loses temper	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6. Rather solitary, prefers to play alone	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7. Generally well behaved, usually does what adults request	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8. Many worries or often seems worried	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9. Helpful if someone is hurt, upset or feeling ill	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10. Constantly fidgeting or squirming	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
11. Has at least one good friend	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
12. Often fights with other children or bullies them	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
13. Often unhappy, depressed or tearful	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
14. Generally liked by other children	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
15. Easily distracted, concentration wanders	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
16. Nervous or clingy in new situations, easily loses confidence	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
17. Kind to younger children	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
18. Often lies or cheats	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
19. Picked on or bullied by other children	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
20. Often volunteers to help others (parents, teachers, other children)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
21. Thinks things out before acting	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
22. Steals from home, school or elsewhere	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
23. Gets along better with adults than with other children	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
24. Many fears, easily scared	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
25. Good attention span, sees chores or homework through to the end	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Please turn over – there are a few more questions on the other side

SDQ (P) 04-10 SELF-REPORT MEASURE (1 of 2)

Do you have any other comments or concerns?

Over the last six months, have your child's teachers complained of:		No	A Little	A Lot
36.	Fidgetiness, restlessness or overactivity	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
37.	Poor concentration or being easily distracted	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
38.	Acting without thinking, frequently butting in, or not waiting for his or her turn	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

		No	Yes – minor difficulties	Yes – definite difficulties	Yes – severe difficulties
26	Overall, do you think that your child has difficulties in any of the following areas: emotions, concentration, behaviour or being able to get along with other people?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

If you have answered "Yes", please answer the following questions about these difficulties:

		Less than a month	1-5 months	6-12 months	Over a year
27	How long have these difficulties been present?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

		Not at all	A little	A medium amount	A great deal
28	Do the difficulties upset or distress your child?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Do the difficulties interfere with your child's everyday life in the following areas?					
29.	HOME LIFE	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
30.	FRIENDSHIPS	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
31.	CLASSROOM LEARNING	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
32.	LEISURE ACTIVITIES	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
33	Do the difficulties put a burden on you or the family as a whole?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Signature _____ Date _____

Mother/Father/Other (please specify): _____

Thank you very much for your help.

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SDQ (P) 04-10 SELF-REPORT MEASURE (2of 2)

Area Logo

PC2

Parent Report Measures for
Children and Adolescents
SDQ(P)04-10 FU

Facility Name: _____

Code: _____

Please use gummed label if available

Patient or Client Identifier:

Surname:

Other names:

Date of Birth:

Sex:

___/___/_____

Male Male Female

Address:

Instructions: For each item, please mark the box for Not True, Somewhat True or Certainly True. It would help us if you answered all items as best you can even if you are not absolutely certain. Please give your answers on the basis of your child's behaviour **over the last month**.

Strengths and Difficulties Questionnaire	Not True	Somewhat True	Certainly True
1. Considerate of other people's feelings	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. Restless, overactive, cannot stay still for long	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. Often complains of headaches, stomach-aches, or sickness	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. Shares readily with other children, for example toys, treats, pencils	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. Often loses temper	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6. Rather solitary, prefers to play alone	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7. Generally well behaved, usually does what adults request	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8. Many worries or often seems worried	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9. Helpful if someone is hurt, upset or feeling ill	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10. Constantly fidgeting or squirming	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
11. Has at least one good friend	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
12. Often fights with other children or bullies them	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
13. Often unhappy, depressed or tearful	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
14. Generally liked by other children	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
15. Easily distracted, concentration wanders	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
16. Nervous or clingy in new situations, easily loses confidence	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
17. Kind to younger children	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
18. Often lies or cheats	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
19. Picked on or bullied by other children	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
20. Often volunteers to help others (parents, teachers, other children)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
21. Thinks things out before acting	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
22. Steals from home, school or elsewhere	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
23. Gets along better with adults than with other children	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
24. Many fears, easily scared	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
25. Good attention span, sees chores or homework through to the end	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Please turn over – there are a few more questions on the other side

SDQ (P) 04-10 FU SELF-REPORT MEASURE (1 of 2)

Do you have any other comments or concerns?

	Much worse	A bit worse	About the same	A bit better	Much better
34 Since coming to the service, are your child's problems:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

	Not at all	A little	A medium amount	A great deal
35 Has coming to the service been helpful in other ways e.g. providing information or making the problems more bearable?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

	No	Yes – minor difficulties	Yes – definite difficulties	Yes – severe difficulties
26 Overall, do you think that your child has difficulties in any of the following areas: emotions, concentration, behaviour or being able to get along with other people?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

If you have answered “Yes”, please answer the following questions about these difficulties:

	Not at all	A little	A medium amount	A great deal
28 Do the difficulties upset or distress your child?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Do the difficulties interfere with your child's everyday life in the following areas?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
29. HOME LIFE	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
30 FRIENDSHIPS	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
31 CLASSROOM LEARNING	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
32. LEISURE ACTIVITIES	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
33 Do the difficulties put a burden on you or the family as a whole?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Signature _____

Date _____

Mother/Father/Other (please specify): _____

Thank you very much for your help.

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SDQ (P) 04-10 FU SELF-REPORT MEASURE (2 of 2)

Area Logo

PY1

Parent Report Measures for
Children and Adolescents
SDQ(P)11-17

Facility Name: _____

Code: _____

Please use gummed label if available

Patient or Client Identifier:

--	--	--	--	--	--	--	--	--	--

Surname:

Other names:

Date of Birth:

Sex:

___ / ___ / _____

Male Male Female

Address:

Instructions: For each item, please mark the box for Not True, Somewhat True or Certainly True. It would help us if you answered all items as best you can even if you are not absolutely certain. Please give your answers on the basis of your child's behaviour **over the last six months.**

Strengths and Difficulties Questionnaire	Not True	Somewhat True	Certainly True
1. Considerate of other people's feelings	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. Restless, overactive, cannot stay still for long	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. Often complains of headaches, stomach-aches, or sickness	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. Shares readily with other young people, for example CDs, games, food	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. Often loses temper	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6. Would rather be alone than with other young people	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7. Generally well behaved, usually does what adults request	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8. Many worries or often seems worried	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9. Helpful if someone is hurt, upset or feeling ill	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10. Constantly fidgeting or squirming	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
11. Has at least one good friend	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
12. Often fights with other young people or bullies them	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
13. Often unhappy, depressed or tearful	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
14. Generally liked by other young people	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
15. Easily distracted, concentration wanders	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
16. Nervous in new situations, easily loses confidence	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
17. Kind to younger children	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
18. Often lies or cheats	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
19. Picked on or bullied by other young people	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
20. Often volunteers to help others (parents, teachers, children)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
21. Thinks things out before acting	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
22. Steals from home, school or elsewhere	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
23. Gets along better with adults than with other young people	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
24. Many fears, easily scared	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
25. Good attention span, sees chores or homework through to the end	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

SDQ (P) 11-17 SELF-REPORT MEASURE (1 of 2)

Please turn over – there are a few more questions on the other side

Do you have any other comments or concerns?

Over the last six months, have your child's teachers complained of:	No	A Little	A Lot
36. Fidgetiness, restlessness or overactivity	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
37. Poor concentration or being easily distracted	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
38. Acting without thinking, frequently butting in, or not waiting for his or her turn	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

	No	Yes – minor difficulties	Yes – definite difficulties	Yes – severe difficulties
26. Overall, do you think that your child has difficulties in any of the following areas: emotions, concentration, behaviour or being able to get along with other people?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

If you have answered “Yes”, please answer the following questions about these difficulties:

	Less than a month	1-5 months	6-12 months	Over a year
27. How long have these difficulties been present?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

	Not at all	A little	A medium amount	A great deal
28. Do the difficulties upset or distress your child?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Do the difficulties interfere with your child's everyday life in the following areas?				
29. HOME LIFE	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
30. FRIENDSHIPS	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
31. CLASSROOM LEARNING	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
32. LEISURE ACTIVITIES	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
33. Do the difficulties put a burden on you or the family as a whole?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Signature _____ Date _____

Mother/Father/Other (please specify): _____

Thank you very much for your help.

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<h1>Area Logo</h1> <h2>PY2</h2> <p>Parent Report Measures for Children and Adolescents SDQ(P)11-17 FU</p> <p>Facility Name: _____</p> <p>Code: _____</p>
--

Please use gummed label if available

Patient or Client Identifier:

--	--	--	--	--	--	--	--	--	--

Surname:

Other names:

Date of Birth:

Sex:

___/___/_____

Male Female

Address:

Instructions: For each item, please mark the box for Not True, Somewhat True or Certainly True. It would help us if you answered all items as best you can even if you are not absolutely certain. Please give your answers on the basis of your child's behaviour **over the last month**.

Strengths and Difficulties Questionnaire	Not True	Somewhat True	Certainly True
1. Considerate of other people's feelings	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. Restless, overactive, cannot stay still for long	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. Often complains of headaches, stomach-aches, or sickness	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. Shares readily with other young people, for example CDs, games, food	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. Often loses temper	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6. Would rather be alone than with other young people	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7. Generally well behaved, usually does what adults request	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8. Many worries or often seems worried	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9. Helpful if someone is hurt, upset or feeling ill	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10. Constantly fidgeting or squirming	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
11. Has at least one good friend	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
12. Often fights with other young people or bullies them	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
13. Often unhappy, depressed or tearful	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
14. Generally liked by other young people	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
15. Easily distracted, concentration wanders	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
16. Nervous in new situations, easily loses confidence	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
17. Kind to younger children	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
18. Often lies or cheats	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
19. Picked on or bullied by other young people	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
20. Often volunteers to help others (parents, teachers, children)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
21. Thinks things out before acting	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
22. Steals from home, school or elsewhere	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
23. Gets along better with adults than with other young people	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
24. Many fears, easily scared	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
25. Good attention span, sees chores or homework through to the end	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Please turn over – there are a few more questions on the other side

SDQ (P) 11-17 FU SELF-REPORT MEASURE (1 of 2)

Do you have any other comments or concerns?

	Much worse	A bit worse	About the same	A bit better	Much better
34. Since coming to the service, are your child's problems:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

	Not at all	A little	A medium amount	A great deal
35. Has coming to the service been helpful in other ways e.g. providing information or making the problems more bearable?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

	No	Yes – minor difficulties	Yes – definite difficulties	Yes – severe difficulties
26. Overall, do you think that your child has difficulties in any of the following areas: emotions, concentration, behaviour or being able to get along with other people?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

If you have answered “Yes”, please answer the following questions about these difficulties:

	Not at all	A little	A medium amount	A great deal
28. Do the difficulties upset or distress your child?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Do the difficulties interfere with your child's everyday life in the following areas?				
29. HOME LIFE	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
30. FRIENDSHIPS	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
31. CLASSROOM LEARNING	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
32. LEISURE ACTIVITIES	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
33. Do the difficulties put a burden on you or the family as a whole?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Signature _____

Date _____

Mother/Father/Other (please specify): _____

Thank you very much for your help.

© Robert Goodman 2002

Area Logo

YR1

Youth Report Measures for
Children and Adolescents
SDQ(S)11-17

Facility Name: _____

Code: _____

Please use gummed label if available

Patient or Client Identifier:

Surname:

Other names:

Date of Birth:

Sex:

____/____/____

Male ₁ Female ₂

Address:

Instructions: For each item, please mark the box for Not True, Somewhat True or Certainly True. It would help us if you answered all items as best you can even if you are not absolutely certain. Please give your answers on the basis of how things have been for you **over the last six months.**

Strengths and Difficulties Questionnaire		Not True	Somewhat True	Certainly True
1.	I try to be nice to other people. I care about their feelings	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2.	I am restless, I cannot stay still for long	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3.	I get a lot of headaches, stomach-aches, or sickness	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4.	I usually share with others, for example CDs, games, food	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5.	I get very angry and often lose my temper	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6.	I would rather be alone than with people of my age	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7.	I usually do as I am told	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8.	I worry a lot	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9.	I am helpful if someone is hurt, upset or feeling ill	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10.	I am constantly fidgeting or squirming	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
11.	I have one good friend or more	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
12.	I fight a lot. I can make other people do what I want	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
13.	I am often unhappy, depressed or tearful	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
14.	Other people my age generally like me	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
15.	I am easily distracted, I find it difficult to concentrate	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
16.	I am nervous in new situations. I easily lose confidence	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
17.	I am kind to younger children	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
18.	I am often accused of lying or cheating	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
19.	Other children or young people pick on me or bully me	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
20.	I often volunteer to help others (parents, teachers, children)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
21.	I think before I do things	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
22.	I take things that are not mine from home, school or elsewhere	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
23.	I get along better with adults than with people my own age	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
24.	I have many fears, I am easily scared	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
25.	I finish the work I'm doing. My attention is good	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Please turn over – there are a few more questions on the other side

SDQ(S) 11-17 SELF-REPORT MEASURE (1 of 2)

Do you have any other comments or concerns?

	No	A Little	A Lot
39. Does your family complain about you having problems with overactivity or poor concentration?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
40. Do your teachers complain about you having problems with overactivity or poor concentration?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
41. Does your family complain about you being awkward or troublesome?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
42. Do your teachers complain about you being awkward or troublesome?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

	No	Yes – minor difficulties	Yes – definite difficulties	Yes – severe difficulties
26. Overall, do you think that you have difficulties in any of the following areas: emotions, concentration, behaviour or being able to get along with other people?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

If you have answered “Yes”, please answer the following questions about these difficulties:

	Less than a month	1-5 months	6-12 months	Over a year
27. How long have these difficulties been present?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

	Not at all	A little	A medium amount	A great deal
28. Do the difficulties upset or distress you?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Do the difficulties interfere with your everyday life in the following areas?				
29. HOME LIFE	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
30. FRIENDSHIPS	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
31. CLASSROOM LEARNING	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
32. LEISURE ACTIVITIES	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
33. Do the difficulties make it harder for those around you (family, friends, teachers, etc.)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Your Signature _____ Today's Date _____

Thank you very much for your help.

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SDQ (S) 11-17 SELF-REPORT MEASURE (2of2)

Area Logo

YR2

Youth Report Measures for
Children and Adolescents
SDQ(S)11-17 FU

Facility Name: _____

Code: _____

Please use gummed label if available

Patient or Client Identifier:

--	--	--	--	--	--	--	--	--	--

Surname: _____	
Other names: _____	
Date of Birth: _____ / _____ / _____	Sex: Male <input type="checkbox"/> ₁ Female <input type="checkbox"/> ₂
Address: _____	

Instructions: For each item, please mark the box for Not True, Somewhat True or Certainly True. It would help us if you answered all items as best you can even if you are not absolutely certain. Please give your answers on the basis of how things have been for you **over the last month**.

Strengths and Difficulties Questionnaire	Not True	Somewhat True	Certainly True
1. I try to be nice to other people. I care about their feelings	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. I am restless, I cannot stay still for long	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. I get a lot of headaches, stomach-aches, or sickness	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. I usually share with others, for example CDs, games, food	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. I get very angry and often lose my temper	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6. I would rather be alone than with people of my age	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7. I usually do as I am told	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8. I worry a lot	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9. I am helpful if someone is hurt, upset or feeling ill	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10. I am constantly fidgeting or squirming	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
11. I have one good friend or more	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
12. I fight a lot. I can make other people do what I want	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
13. I am often unhappy, depressed or tearful	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
14. Other people my age generally like me	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
15. I am easily distracted, I find it difficult to concentrate	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
16. I am nervous in new situations. I easily lose confidence	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
17. I am kind to younger children	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
18. I am often accused of lying or cheating	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
19. Other children or young people pick on me or bully me	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
20. I often volunteer to help others (parents, teachers, children)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
21. I think before I do things	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
22. I take things that are not mine from home, school or elsewhere	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
23. I get along better with adults than with people my own age	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
24. I have many fears, I am easily scared	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
25. I finish the work I'm doing. My attention is good	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

SDQ (S) 11-17 FU SELF-REPORT MEASURE (1 of 2)

Please turn over – there are a few more questions on the other side

Do you have any other comments or concerns?

	Much worse	A bit worse	About the same	A bit better	Much better
34. Since coming to the service, are your problems:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

	Not at all	A little	A medium amount	A great deal
35. Has coming to the service been helpful in other ways e.g. providing information or making the problems more bearable?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

	No	Yes – minor difficulties	Yes – definite difficulties	Yes – severe difficulties
26. Overall, do you think that you have difficulties in any of the following areas: emotions, concentration, behaviour or being able to get along with other people?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

If you have answered “Yes”, please answer the following questions about these difficulties:

	Not at all	A little	A medium amount	A great deal
28. Do the difficulties upset or distress you?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Do the difficulties interfere with your everyday life in the following areas?				
29. HOME LIFE	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
30. FRIENDSHIPS	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
31. CLASSROOM LEARNING	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
32. LEISURE ACTIVITIES	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
33. Do the difficulties make it harder for those around you (family, friends, teachers, etc.)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Your Signature _____

Today's Date _____

Thank you very much for your help.

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NOTE: The SDQ forms displayed above are the generic forms used in NSW.

SDQ (S) 11-17 FU SELF-REPORT MEASURE (2 of 2)

SDQ items and Scale Summary scores

The first 25 items in the SDQ comprise 5 scales of 5 items each. It is usually easiest to score all 5 scales before working out the Total Difficulties score. For data entry, the responses to items should always be entered the same way (see below), but they are not all scored the same way. Somewhat True is always scored as 1, but the scoring of Not True and Certainly True varies with each item (see Table 5). For each of the 5 scales the score can range from 0-10 if all 5 items were completed. Scale scores can be prorated if at least 3 items were completed.

Table 11: The individual SDQ items and the Total score derived from them.

		Not True	Somewhat True	Certainly True	
Standard Values for Data Entry =====>		0	1	2	
Data element	SDQ Item number and description	Item Score			Summary Score
<i>Emotional Symptoms Scale</i>					0-10
Item 03	Often complains of headaches,	0	1	2	
Item 08	Many worries or often seems worried	0	1	2	
Item 13	Often unhappy, depressed or tearful	0	1	2	
Item 16	Nervous or clingy in new situations	0	1	2	
Item 24	Many fears, easily scared	0	1	2	
<i>Conduct Problem Scale</i>					0-10
Item 05	Often loses temper	0	1	2	
Item 07	Generally well behaved	2	1	0	
Item 12	Often fights with other children	0	1	2	
Item 18	Often lies or cheats	0	1	2	
Item 22	Steals from home, school.....	0	1	2	
<i>Hyperactivity Scale</i>					0-10
Item 02	Restless, overactive....	0	1	2	
Item 10	Constantly fidgeting ...	0	1	2	
Item 15	Easily distracted	0	1	2	
Item 21	Thinks things out before acting	2	1	0	
Item 25	Good attention span, ...	2	1	0	
<i>Peer Problem Scale</i>					0-10
Item 06	Rather solitary, prefers to play alone	0	1	2	
Item 11	Has at least one good friend	2	1	0	
Item 14	Generally liked by other children	2	1	0	
Item 19	Picked on or bullied....	0	1	2	
Item 23	Gets along better with adults ...	0	1	2	
<i>Prosocial Scale</i>					0-10
Item 01	Considerate of other people's feelings	0	1	2	
Item 04	Shares readily with other children, ...	0	1	2	
Item 09	Helpful if someone is hurt....	0	1	2	
Item 17	Kind to younger children	0	1	2	
Item 20	Often volunteers to help others ...	0	1	2	
SDQ Total Difficulties Score = Sum of Scales below					0-40
<i>Emotional Symptoms Scale</i>			0-10		
<i>Conduct Problem Scale</i>			0-10		
<i>Hyperactivity Scale</i>			0-10		
<i>Peer Problem Scale</i>			0-10		

NB. Bold items indicate reverse scoring

Calculating the Summary scores for the five Scales (Scale Scores)

Standard values must be used for coding Item responses and Summary scores. The standard values for coding individual Item responses are 0 (Not True), 1 (Somewhat True), 2 (Certainly True); and the 'missing' values 7 (Unable to rate), 8 (Protocol exclusion) and 9 (Missing data).

The Item scores used in calculation are shown in the table above. For completed items (response coded 0, 1, 2) the Item scores are usually the same as the standard values. The exceptions are items 07, 11, 14, 21 and 25, which are shown bolded in the table. These items are "reverse-scored", that is, the standard value is mapped (→) to Item scores as follows: 0→2, 1→1, 2→0.

Summary scores are only calculated if at least three of the five items have been completed (that is, coded 0, 1 or 2). Otherwise the summary score is set to missing. For the Summary scores, the missing value used should be 99.

The Summary scores are computed using the equation shown below, with the result being rounded to the nearest whole number. In the first 25 SDQ questions, each summary scale is composed of five items.

$$\text{Summary score} = \left(\frac{\text{Sum of (Item scores)}}{\text{N of valid (completed) Items}} \right) \times \text{Number of Items}$$

Calculating other diagnostic possibilities

In addition to their clinical value, the use of the perceptions of other informants can be used with an algorithm available from www.youthinmind.net to calculate other likely diagnostic options.

Calculating the Total Difficulties scores

The simplest way to calculate the total difficulties score is to add up the following summary scores with the result being rounded to the nearest whole number.

$$\text{Total Score} = \text{Emotional Scale} + \text{Conduct Scale} + \text{Hyperactivity Scale} + \text{Peer Problem Scale}.$$

However, some of the summary scores may be missing. The rule is if more than one summary score is missing the Total Score is set to missing, value 99.

Calculating the Impact Score

Table 12: The individual SDQ impact items and the Total score derived from them.

		Item Responses			
		Not at all	A little	A medium amount	A great deal
Standard Value for Data Entry =====>		0	1	2	3
Data element	SDQ Item number and description	Item Score			Summary score
Item 28	Difficulties upset or distress child	0	0	1	2
Item 29	Interfere with HOME LIFE	0	0	1	2
Item 30	Interfere with FRIENDSHIP	0	0	1	2
Item 31	Interfere with CLASSROOM LEARNING	0	0	1	2
Item 32	Interfere with LEISURE ACTIVITIES	0	0	1	2
SDQ IMPACT SCORE					0-10

These questions are NOT completed if respondents have answered “No” to Item 26, which asks for an overall opinion about difficulties being present. In this case, all Item responses for Items 27 through 33 should be coded to “8” for “not applicable”, and the impact score should be coded to zero. Item 27 is not included in the Impact Score, since it assesses the chronicity of the difficulties – the length of time they have been present. Item 33 is not included in the Impact Score, since it assesses the burden on others rather than on the child/ youth.

The coded Item Responses for the remaining Items 28 through 32 have to be mapped to their Item Scores before adding up. This mapping is the same for all, namely: 0→0, 1→0, 2→1, 3→2 as per the table above.

Standard values must be used for coding missing item and Total scores. For individual items, the missing values are 7 unable to rate, 8 not applicable or protocol exclusion and 9 missing data. For the Total score, the missing value should be 99.

Interpreting the SDQ Symptom Scores and Defining “Caseness” from Symptom Scores

Although SDQ scores can often be used as continuous variables, it is sometimes convenient to classify scores in the bands as set out in the Table below. Using the comments, a “substantial risk of clinical significant problems” score on the Total Difficulties Score can be used to identify likely ‘cases’ with mental disorders. This is clearly only a rough- and ready method for detecting disorders – combining information from SDQ symptom and impact scores from multiple informants is better, but still far from perfect. Approximately 10% of a community sample scores in the ‘substantial risk of clinically significant’ band on any given score with a further 10% scoring in the ‘may reflect clinically significant problems’ band. The exact proportions vary according to country, age and gender – normative SDQ data are available from the website <http://www.sdqinfo.com/b8.html>. Banding and caseness criteria for these characteristics can be adjusted; setting the threshold higher when avoiding false positives is of paramount importance, and setting the threshold lower when avoiding false negatives is more important.

Table 13: Interpreting SDQ scores.

PARENT VERSIONS	'This score is close to average - clinically significant problems in this area are unlikely'	'This score is slightly raised, which may reflect clinically significant problems'	'This score is high - there is a substantial risk of clinically significant problems in this area'
Total Difficulties Score	0-13	14-16	17-40
Emotional Symptoms Score	0-3	4	5-10
Conduct Problem Score	0-2	3	4-10
Hyperactivity Score	0-5	6	7-10
Peer Problem Score	0-2	3	4-10
	'This score is close to average – clinically significant problems in this area are unlikely'	'This score is slightly low, which may reflect clinically significant problems'	'This score is low - there is a substantial risk of clinically significant problems in this area'
Prosocial Behaviour Score	6-10	5	0-4
SELF COMPLETED VERSIONS	'This score is close to average - clinically significant problems in this area are unlikely'	'This score is slightly raised, which may reflect clinically significant problems'	'This score is high - there is a substantial risk of clinically significant problems in this area'
Total Difficulties Score	0-15	16-19	20-40
Emotional Symptoms Score	0-5	6	7-10
Conduct Problem Score	0-3	4	5-10
Hyperactivity Score	0-5	6	7-10
Peer Problem Score	0-3	4-5	6-10
	'This score is close to average - clinically significant problems in this area are unlikely'	'This score is slightly low, which may reflect clinically significant problems'	'This score is low - there is a substantial risk of clinically significant problems in this area'
Prosocial Behaviour Score	6-10	5	0-4

Note: This broad classification is based on information from the www.sdqinfo.com web site © R Goodman and is derived from British norms. It is used with permission, and is intended to provide a general reference range only, while more detailed clinical interpretations are being developed with Dr. Goodman. It is anticipated that Australian norms will become available.

See www.sdqinfo.com for more information.

Versions NOT specified for NOCC reporting

Following are copies of the four SDQ versions not specified for NOCC reporting (ie teacher reports).

Area Logo

TC1

Teacher Report Measures for
Children and Adolescents
SDQ(T)04-10

Facility Name: _____

Code: _____

Please used gummed label if available

Patient or Client Identifier: _____

Surname: _____

Other names: _____

Date of Birth: _____ Sex: _____
 Male Female

Address: _____

Instructions: For each item, please mark the box for Not True, Somewhat True or Certainly True. It would help us if you answered all items as best you can even if you are not absolutely certain. Please give your answers on the basis of the child's behaviour **over the last six months or this school year.**

Strengths and Difficulties Questionnaire	Not True	Somewhat True	Certainly True
1. Considerate of other people's feelings	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. Restless, overactive, cannot stay still for long	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. Often complains of headaches, stomach-aches or sickness	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. Shares readily with other children, for example toys, treats, pencils	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. Often loses temper	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6. Rather solitary, prefers to play alone	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7. Generally well behaved, usually does what adults request	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8. Many worries or often seems worried	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9. Helpful if someone is hurt, upset or feeling ill	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10. Constantly fidgeting or squirming	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
11. Has at least one good friend	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
12. Often fights with other children or bullies them	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
13. Often unhappy, depressed or tearful	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
14. Generally liked by other children	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
15. Easily distracted, concentration wanders	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
16. Nervous or clingy in new situations, easily loses confidence	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
17. Kind to younger children	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
18. Often lies or cheats	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
19. Picked on or bullied by other children	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
20. Often volunteers to help others (parents, teachers, other children)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
21. Thinks things out before acting	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
22. Steals from home, school or elsewhere	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
23. Gets along better with adults than with other children	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
24. Many fears, easily scared	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
25. Good attention span, sees chores or homework through to the end	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

SDQ (T) 04-10 SELF-REPORT MEASURE (1 of 2)

Please turn over – there are a few more questions on the other side

Do you have any other comments or concerns?

	No	Yes – minor difficulties	Yes – definite difficulties	Yes – severe difficulties
26 Overall, do you think that this child has difficulties in any of the following areas: emotions, concentration, behaviour or being able to get along with other people?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

If you have answered “Yes”, please answer the following questions about these difficulties:

	Less than a month	1-5 months	6-12 months	Over a year
27 How long have these difficulties been present?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

	Not at all	A little	A medium amount	A great deal
28 Do the difficulties upset or distress the child?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Do the difficulties interfere with the child’s everyday life in the following areas?				
30. PEER RELATIONSHIPS	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
31. CLASSROOM LEARNING	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
33 Do the difficulties put a burden on the class as a whole?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Signature _____ Date _____

Thank you very much for your help

© Robert Goodman 2002

Area Logo

TC2

Teacher Report Measures for
Children and Adolescents
SDQ(T)04-10 FU

Facility Name: _____

Code: _____

Please used gummed label if available

Patient or Client Identifier: _____

Surname: _____

Other names: _____

Date of Birth: _____ / _____ / _____ Sex: Male Female

Address: _____

Instructions: For each item, please mark the box for Not True, Somewhat True or Certainly True. It would help us if you answered all items as best you can even if you are not absolutely certain. Please give your answers on the basis of the child's behaviour **over the last month.**

Strengths and Difficulties Questionnaire	Not True	Somewhat True	Certainly True
1. Considerate of other people's feelings	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. Restless, overactive, cannot stay still for long	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. Often complains of headaches, stomach-aches, or sickness	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. Shares readily with other children, for example toys, treats, pencils	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. Often loses temper	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6. Rather solitary, prefers to play alone	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7. Generally well behaved, usually does what adults request	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8. Many worries or often seems worried	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9. Helpful if someone is hurt, upset or feeling ill	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10. Constantly fidgeting or squirming	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
11. Has at least one good friend	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
12. Often fights with other children or bullies them	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
13. Often unhappy, depressed or tearful	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
14. Generally liked by other children	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
15. Easily distracted, concentration wanders	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
16. Nervous or clingy in new situations, easily loses confidence	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
17. Kind to younger children	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
18. Often lies or cheats	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
19. Picked on or bullied by other children	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
20. Often volunteers to help others (parents, teachers, other children)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
21. Thinks things out before acting	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
22. Steals from home, school or elsewhere	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
23. Gets along better with adults than with other children	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
24. Many fears, easily scared	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
25. Good attention span, sees chores or homework through to the end	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

SDQ (T) 04-10 FU SELF-REPORT MEASURE (1 of 2)

Please turn over – there are a few more questions on the other side

Do you have any other comments or concerns?

	Much worse	A bit worse	About the same	A bit better	Much better
34 Since coming to the service, are this child's problems:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

	Not at all	A little	A medium amount	A great deal
35 Has coming to the service been helpful in other ways e.g. providing information or making the problems more bearable?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

	No	Yes – minor difficulties	Yes – definite difficulties	Yes – severe difficulties
26 Overall, do you think that this child has difficulties in any of the following areas: emotions, concentration, behaviour or being able to get along with other people?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

If you have answered "Yes", please answer the following questions about these difficulties:

	Not at all	A little	A medium amount	A great deal
28 Do the difficulties upset or distress the child?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Do the difficulties interfere with your child's everyday life in the following areas?				
30 PEER RELATIONSHIPS	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
31 CLASSROOM LEARNING	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
33 Do the difficulties put a burden on the class as a whole?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Signature _____

Date _____

Thank you very much for your help.

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SDQ (T) 04-10 FU SELF-REPORT MEASURE (2 of 2)

Area Logo

TY1

Teacher Report Measures for
Children and Adolescents
SDQ(T)11-17

Facility Name: _____

Code: _____

Please used gummed label if available

Patient or Client Identifier:

--	--	--	--	--	--	--	--	--	--

Surname:

Other names:

Date of Birth:

Sex:

____/____/____

Male Female

Address:

Instructions: For each item, please mark the box for Not True, Somewhat True or Certainly True. It would help us if you answered all items as best you can even if you are not absolutely certain. Please give your answers on the basis of this student's behaviour **over the last six months or this school year.**

Strengths and Difficulties Questionnaire	Not True	Somewhat True	Certainly True
1. Considerate of other people's feelings	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. Restless, overactive, cannot stay still for long	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. Often complains of headaches, stomach-aches, or sickness	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. Shares readily with other young people, for example CDs, games, food	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. Often loses temper	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6. Would rather be alone than with other young people	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7. Generally well behaved, usually does what adults request	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8. Many worries or often seems worried	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9. Helpful if someone is hurt, upset or feeling ill	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10. Constantly fidgeting or squirming	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
11. Has at least one good friend	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
12. Often fights with other young people or bullies them	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
13. Often unhappy, depressed or tearful	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
14. Generally liked by other young people	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
15. Easily distracted, concentration wanders	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
16. Nervous in new situations, easily loses confidence	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
17. Kind to younger children	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
18. Often lies or cheats	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
19. Picked on or bullied by other young people	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
20. Often volunteers to help others (parents, teachers, children)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
21. Thinks things out before acting	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
22. Steals from home, school or elsewhere	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
23. Gets along better with adults than with other young people	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
24. Many fears, easily scared	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
25. Good attention span, sees chores or homework through to the end	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

SDQ (T) 11-17 SELF-REPORT MEASURE (1 of 2)

Please turn over – there are a few more questions on the other side

Do you have any other comments or concerns?

	No	Yes – minor difficulties	Yes – definite difficulties	Yes – severe difficulties
26. Overall, do you think that this student has difficulties in any of the following areas: emotions, concentration, behaviour or being able to get along with other people?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

If you have answered “Yes”, please answer the following questions about these difficulties:

	Less than a month	1-5 months	6-12 months	Over a year
27. How long have these difficulties been present?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

	Not at all	A little	A medium amount	A great deal
28. Do the difficulties upset or distress this student?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Do the difficulties interfere with this student’s everyday life in the following areas?				
30. PEER RELATIONSHIPS	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
31. CLASSROOM LEARNING	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
33. Do the difficulties put a burden on the class as a whole?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Signature _____ Date _____

Thank you very much for your help.

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<h1>Area Logo</h1> <h2>TY2</h2> <p>Teacher Report Measures for Children and Adolescents SDQ(T)11-17 FU</p> <p>Facility Name: _____</p> <p>Code: _____</p>
--

Please used gummed label if available

Patient or Client Identifier:

Surname: _____	
Other names: _____	
Date of Birth: _____ / _____ / _____	Sex: Male <input type="checkbox"/> _1 Female <input type="checkbox"/> _2
Address: _____	

Instructions: For each item, please mark the box for Not True, Somewhat True or Certainly True. It would help us if you answered all items as best you can even if you are not absolutely certain. Please give your answers on the basis of this student's behaviour **over the last month**.

Strengths and Difficulties Questionnaire		Not True	Somewhat True	Certainly True
1.	Considerate of other people's feelings	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2.	Restless, overactive, cannot stay still for long	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3.	Often complains of headaches, stomach-aches, or sickness	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4.	Shares readily with other young people, for example CDs, games, food	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5.	Often loses temper	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6.	Would rather be alone than with other young people	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7.	Generally well behaved, usually does what adults request	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8.	Many worries or often seems worried	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9.	Helpful if someone is hurt, upset or feeling ill	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10.	Constantly fidgeting or squirming	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
11.	Has at least one good friend	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
12.	Often fights with other young people or bullies them	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
13.	Often unhappy, depressed or tearful	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
14.	Generally liked by other young people	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
15.	Easily distracted, concentration wanders	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
16.	Nervous in new situations, easily loses confidence	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
17.	Kind to younger children	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
18.	Often lies or cheats	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
19.	Picked on or bullied by other young people	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
20.	Often volunteers to help others (parents, teachers, children)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
21.	Thinks things out before acting	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
22.	Steals from home, school or elsewhere	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
23.	Gets along better with adults than with other young people	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
24.	Many fears, easily scared	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
25.	Good attention span, sees chores or homework through to the end	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

SDQ (T) 11-17 FU SELF-REPORT MEASURE (1 of 2)

Please turn over – there are a few more questions on the other side

Do you have any other comments or concerns?

	Much worse	A bit worse	About the same	A bit better	Much better
34. Since coming to the service, are this student's problems:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

	Not at all	A little	A medium amount	A great deal
35. Has coming to the service been helpful in other ways e.g. providing information or making the problems more bearable?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

	No	Yes – minor difficulties	Yes – definite difficulties	Yes – severe difficulties
26. Overall, do you think that this student has difficulties in any of the following areas: emotions, concentration, behaviour or being able to get along with other people?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

If you have answered “Yes”, please answer the following questions about these difficulties:

	Not at all	A little	A medium amount	A great deal
28. Do the difficulties upset or distress this student?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Do the difficulties interfere with this student's everyday life in the following areas?				
30. PEER RELATIONSHIPS	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
31. CLASSROOM LEARNING	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
33. Do the difficulties put a burden on the class as a whole?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Signature _____

Date _____

Thank you very much for your help.

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NOTE: The SDQ forms displayed above are the generic forms used in NSW.

SDQ (T) 11-17 FU SELF-REPORT MEASURE (2 of 2)

APPENDIX 13: Log of Amendments to Mental Health National Outcomes and Casemix Collection: Overview of clinician-rated and consumer self-report measures, Version 1.50

PAGE	AMENDMENT
Title	Title changed from <i>Overview of clinical measures and data items</i> to <i>Overview of clinician-rated and consumer self-report measures, Version 1.50</i>
Verso	Date in document history corrected. Acknowledgments and citations updated.
2	Paragraph added <i>“In addition, further information related to the measures or variants of the measures (eg Kessler 6) may be provided in brief supplementary and technical papers to be published on the NOCC website (www.mhmocc.org). This information will be published on an ad hoc basis when available.”</i>
3	RUG-ADL – Activities of Daily Living added Table regarding consumer self report measures being used brought forward to this point.
3	Footnote 2 added to clarify scope in relation to aged care residential services.
5	Footnote 3 added regarding version of HoNOS65+.
8-11	Sections regarding the three consumer self-report measures included.
8	Information regarding the National Consumer Self Report Measure project updated.
14	SDQ information updated.
16-17	Copyright details added for all measures including consumer self rating.
35	Separate summary sheet for HoNOS 65+ included
40	RUG-ADL Glossary Item 1 (Bed Mobility): Number 5 amended to “requires <i>two</i> assistants to readjust position and perform own pressure area relief”, comma removed to reduce ambiguity.
42-43	Focus of Care – definition amended to correct wording.
47	MHI Item 26 corrected to read: <i>During the past month, how much of the time has living been a wonderful adventure for you?</i>
52	Table 8: Item 4 deleted from calculation rules used to derive Psychological Distress score
55-56	Brief supplementary information on MHI-5 included
61-63	BASIS 32 included.
72	CGAS: Rating Guidelines amended to clarify that the reporting period on which ratings are based is the last two weeks (to align with HoNOSCA).
73	FIHS: Rating Guidelines modified to include: 1. Only record a problem as being present where the problem has required specific intervention or additional treatment resources over the preceding Period of Care. 2. Where a problem can be coded under more than one FIHS category, it should only be recorded once, using the category of ‘best fit’.
76-100	Substantial detail on SDQ added derived from the resource material compiled by the Child & Adolescent Expert Group. Teacher report forms added.
101	Appendix 13 - Log of V1.5 amendments added.