## **Administering Client-Rated HoNOSCA's**

The client-rated version of HoNOSCA has been developed using the 13 scales in Section A of the clinician-rated HoNOSCA. This consists of an administered questionnaire based on the main statement for each scale worded in the form of a question. For example, scale 1 of the clinician-rated HoNOSCA "Disruptive, anti-social or aggressive behaviour" became "Have you been troubled by your disruptive behaviour, physical or verbal aggression?"

The client-rated HoNOSCA is completed with minimal assistance from an independent person (i.e. not clinician). This assistant explains the purpose of HoNOSCA (i.e. to measure outcome) and gives a few brief guidelines, which consist of -

- -Answer questions with last two weeks in mind.
- -Try to be honest
- -Try to answer all 13 questions
- -Please tick one box for each question
- -Try to rate the most severe difficulty mentioned in a question
- -Take as long as necessary to answer questions

The client then completes the questionnaire with the assistant still present, so that help can be given in answering the questions if difficulties arise.

If it is not possible for an assistant to be available to administer the questionnaire, the client is given a "guidance sheet", which consists of the brief guidelines given above as well as an example which goes through a specific question and possible responses.

The client-rated HoNOSCA should be administered every time a clinician-rated HoNOSCA is completed, to act as a comparison. This would usually be at assessment, sixweekly review and discharge.

NA	ME		
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## **HoNOSCA SELF ASSESSMENT (V1).**

## IN THE LAST TWO WEEKS:-

1. Have you beer	n troubled by you	r disruptive behaviou	r, physical or v	erbal aggression?	
ð	ð	ð	ð	ð	
Not at all	Insignificantly	Mild but definitely	Moderately	Severely	
2. Have you suff	fered from lack of	concentration or res	stlessness?		
ð	ð	ð	ð	ð	
Not at all		Mild but definitely	•	Severely	
3. Have you don	e anything to inju	re or harm yourself o	n purpose?		
ð	ð	ð	ð	ð	
Not at all		Mild but definitely	•	Severely	
4. Have you had	l problems as a res	sult of your use of Alc	ohol, Drugs or	Solvents?	
ð	ð	ð	ð	ð	
Not at all		Mild but definitely	•	Severely	
5. Have you exp	erienced difficulti	es keeping up with yo	our usual educa	ational abilities?	
ð	ð	ð	ð	ð	
Not at all	Insignificantly	Mild but definitely		Severely	
6. Has any phys	ical illness or disa	bility restricted your	activities?		
ð	ð	ð	ð	ð	
Not at all		Mild but definitely	•	Severely	
7. Have you beer	n troubled by hear	ring voices, seeing thi	ngs, suspicious	or abnormal though	ıts?
ð	ð	ð	ð	ð	
Not at all		Mild but definitely	•	Severely	
-		uced vomiting, head/s	stomach aches	with no physical caus	se,
bedwetting or so	oiling?	×	*	*	
ð	ð	ð	ð	ð	
Not at all		Mild but definitely	•	Severely	
		or anxious mood, or t	roubled by fear	~	ıls?
ð	Ô	ð	ð	ð	
Not at all	Insignificantly	•	•	Severely	
10. Have you be	en troubled by a la	ack of satisfactory fri	endships or bu		
ð	ð	ð	ð	ð	
Not at all		Mild but definitely		Severely	
	and it difficult to l	ook after yourself or	take responsib	ility for your	
independence?	×	×	*	*	
ð	ð	0	0	ð	
Not at all	Insignificantly			Severely	
Ī.		ationships in your fan	nily or substitu		
ð	ð	ð	ð	ð	
Not at all	Insignificantly	Mild but definitely	•	Severely	
13. Have you stopped attending your education sessions?					
ð	ð	ð	ð	ð	
Not at all	Insignificantly	Mild but definitely	Moderately	Severely	