## Older Persons

### Age Grouping
- 0-17 ....... 01
- 18-65 ...... 02
- 65+ ...... 03

### Mental Health Service Setting
- Inpatient .......... 01
- Community Residential .......... 02
- Ambulatory .......... 03

### Reason for Collection (Collection Occasion)
<table>
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<tr>
<th>Admission</th>
<th>Review</th>
<th>Discharge</th>
</tr>
</thead>
<tbody>
<tr>
<td>New Referral ......................... 01</td>
<td>Three Month Review ..... 04</td>
<td>No Further Care .................. 06</td>
</tr>
<tr>
<td>Admitted from other treatment setting .... 02</td>
<td>Review - Other ............ 05</td>
<td>Discharge to change of treatment setting .......... 07</td>
</tr>
<tr>
<td>Admission - Other .................... 03</td>
<td></td>
<td>Death ......................... 08</td>
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</tbody>
</table>

### Collection Point
- Service Unit _________________
- Service Unit Code [ ]
- Staff Member name ________________
- Signature _____________
- Designation _______________
- Date / /

### About the Preceding Period of Care
- Principal (1): [ ]
- Additional (2): [ ]
- (3): [ ]

### Focus of Care (for Ambulatory Services only):
*Complete at Review and Discharge, but NOT at Admission. Define the main Focus of Care for the preceding period of care.*

- Acute ........................................................................................................................................... 1
- Short-term reduction in severity of symptoms and/or personal distress associated with the recent onset or exacerbation of psychiatric disorder.
- Functional gain .................................................................................................................................. 2
- Improve personal, social or occupational functioning or the promotion of psychosocial adaptation in a consumer with impairment arising from psychiatric disorder.
- Intensive extended .............................................................................................................................. 3
- Prevent or minimise further deterioration and reduce the risk of harm to self/others in a consumer who has a stable pattern of severe symptoms/frequent relapses/severe inability to function independently, and is judged to require care over an indefinite period.
- Maintenance ......................................................................................................................................... 4
- Maintain level of functioning, minimise deterioration or prevent relapse where the consumer has stabilised and functions relatively independently.

### Mental Health Legal Status:
*Complete at Review and Discharge. For all services.*
- Person was an involuntary patient for all or part of the period of care [ ] 1
- Not an involuntary patient at any time during the period of care [ ] 2
- Not applicable (collection not required due to protocol exclusion) [ ] 8
- Not stated / Missing [ ] 9

### About the collection of the required Routine Outcome Measures
<table>
<thead>
<tr>
<th>Collection Status Code:</th>
<th>Date of Completion:</th>
<th>Total Scores:</th>
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<tbody>
<tr>
<td>HoNOS</td>
<td>[ ]</td>
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</tr>
<tr>
<td>LSP-16</td>
<td>[ ]</td>
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<tr>
<td>K10+</td>
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</tbody>
</table>

Offer the K10+ at Admission, Review and Discharge in Community Residential and Ambulatory Service Settings.

### Codes for Collection Status
1. Complete or partially complete
2. Not completed due to temporary contraindication (applies only to K-10+)
3. Not completed due to general exclusion (applies only to K-10+)
4. Not completed due to refusal by consumer (applies only to K-10+)
5. Not completed for reasons not elsewhere classified
6. Not completed due to protocol exclusion (eg. Collection not required at admission immediately following inpatient discharge)
7. Not stated / Missing

Total Scores are derived by adding-up the individual scores, excluding scores of 9, on the HoNOS & LSP-16.
1. Behavioural disturbance (eg overactive, aggressive, disruptive or agitated behaviour, uncooperative or resistive)

Include such behaviour due to any cause, e.g. dementia, drugs, alcohol, psychosis, depression, etc. Do not include bizarre behaviour, rated at Scale 6.

- No problems of this kind during the period rated .......................... 0
- Occasional irritability, quarrels, restlessness etc but generally calm and not requiring action specific action .......................... 1
- Includes aggressive gestures, pushing or pestering others; threats or verbal aggression; lesser damage to property, significant over-activity or agitation; intermittent restlessness or wandering (day or night), uncooperative at times, requiring encouragement and persuasion .................................. 2
- 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 cooperation, largely resistant to help or assistance .......................................................... 3
- 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 .......................................................... 4
- Not known or not applicable .......................................................... 9

2. Non-accidental self-injury

Do not include accidental self-injury due e.g. to dementia or severe learning disability (Scales 4 & 5). Do not include illness or injury as a direct consequence of drug or alcohol use (Scale 3)

- No problem of this kind during the period rated .......................... 0
- Fleeting thoughts of self-harm or suicide; but little or no risk during the period rated .................................................. 1
- 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) .................................. 2
- Moderate to serious risk of deliberate self-harm during the period rated; includes preparatory behaviours eg collecting tablets .................................................. 3
- Suicidal attempt or deliberate self-injury during period ................. 4
- Not known or not applicable .......................................................... 9

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.

- No problem of this kind during the period rated .......................... 0
- Some over-indulgence, but within social norm .................................. 1
- Occasional loss of control of drinking or drug-taking; but not a serious problem .................................................. 2
- Marked craving or dependence on alcohol or drug use with frequent loss of control, drunkenness etc .................................................. 3
- Major adverse consequences or incapacitated due to alcohol or drug problems .................................................. 4
- Not known or not applicable .......................................................... 9

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 drug, alcohol or medication use, rated at Scale 3.

- No problem of this kind during the period rated .......................... 0
- 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 .................................................. 1
- Mild problems with orientation (eg frequently disoriented to time, often place) 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 not from mediation; understanding or expression of more complex language .................................. 2
- Moderate problems with orientation (eg usually disoriented 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) .................................................. 3
- Severe disorientation (eg consistently disoriented to time and place and sometimes to person) or memory impairment (eg only fragments remain, loss of detail as well as recent information, unable to effectively learn any new information, consistently unable to recognise familiar individuals or places); no effective communication possible through language or inaccessible to speech .................................................. 4
- Not known or not applicable .......................................................... 9

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. Include side effects from medication, effects of drug/alcohol use; physical disabilities resulting from accidents or self-harm associated with cognitive problems, drunk driving etc. Do not include mental or behavioural problems rated at Scale 4.

- No physical health, disability or mobility problems during the period rated .................................................. 0
- 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) .................................. 1
- 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); significant risk of falling (one or more falls) because of physical illness or disability; problems associated with middegree of pain .................................................. 2
- 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 .................................................. 3
- 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 .................................................. 4
- Not known or not applicable .......................................................... 9
6. Problems associated with hallucinations and delusions

Include hallucinations & delusions (or false beliefs) irrespective of diagnosis; odd and bizarre behaviour associated with hallucinations or delusions (or false beliefs).

Do not include aggressive, destructive or overactive behaviours attributed to hallucinations or delusions or false beliefs, rated at Scale 1.

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

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

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 ................................................................. 2

Marked preoccupation with delusions or hallucinations, causing significant distress and/or manifested in obviously bizarre behaviour, that is, a present, but definite clinical problem ................................................................. 3

Mental state & behaviour is greatly affected by delusions or hallucinations, with major impact on patient or others .................................................................................................................. 4

Not known or not applicable ................................................................. 9

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.

No problems associated with depression during the period rated ................................ ................................ .......................... 0

Gloomy; or minor changes in mood .................................................. 1

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

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

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

Not known or not applicable .................................................. 9

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, (mandatory to specify if J is selected).

TYPE OF DISORDER ........................................... [ ]

No evidence of any of these problems .................................................. 0

Minor non-clinical problems .................................................. 1

Cont....

9. Problems with relationships

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.

No significant problems during the period .................................................. 0

Minor non-clinical problems .................................................. 1

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 .................................................. 2

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

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

Not known or not applicable .................................................. 9
10. Problems with activities of daily living

Rate overall level of functioning in activities of daily living, e.g. problems with basic activities of self care such as eating, washing, dressing, toilet; also complex skills such as budgeting, recreation, use of transport etc.

Include any lack of motivation.

Do not include lack of opportunities for exercising intact abilities & skills, rated at Scale 11 & Scale 12.

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

Minor problems only without significantly adverse consequences, eg untidy, mildly disorganised, some evidence to suggest minor difficulty with complex skills but still able to cope effectively.......................................................1

Self care and basic activities adequate (although 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) ..............................................................2

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

Severe disability or incapacity in all or nearly all areas of basic and complex skills .........................................................4

Not known or not applicable .................................................................9

11. Problems with living conditions

Rate 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? 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 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 available, rate 9.

Accommodation & 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 accommodation ...............0

Accommodation is reasonably acceptable although there are minor or transient problems primarily to the patient's preferences rather than any significant problems or risks associated with their environment (eg not ideal location, doesn't like food) .................................................................1

Basic needs are met but significant problems with one or more aspects of the accommodation or regime (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 otherside be reduced .........................................................2

12. Problems with occupation and activities

Rate 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.

Rate the patient's usual situation. If in acute ward, rate activities during period before admission. If information not available, rate 9.

Patient's day-time environment is acceptable; helpful in keeping any disability rated at Scale 10 to the lowest level possible, and maximising autonomy .........................................................0

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

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

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 ....................................................................................3

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

Not known or not applicable .................................................................9
1. Does this person generally have any difficulty with initiating and responding to conversation?
   - No difficulty ................................................. 0
   - Slight difficulty ........................................... 1
   - Moderate difficulty ...................................... 2
   - Extreme difficulty ...................................... 3

2. Does this person generally withdraw from social contact?
   - Does not withdraw at all .................................. 0
   - Withdraws slightly ...................................... 1
   - Withdraws moderately ................................... 2
   - Withdraws totally or near totally ..................... 3

3. Does this person generally show warmth to others?
   - Considerable warmth ..................................... 0
   - Moderate warmth ........................................ 1
   - Slight warmth ............................................ 2
   - No warmth at all ........................................ 3

4. Is this person generally well groomed?
   - Well groomed ............................................... 0
   - Moderately well groomed ................................ 1
   - Poorly groomed ......................................... 2
   - Extremely poorly groomed .............................. 3

5. Does this person wear clean clothes generally, or ensure that they are cleaned if dirty?
   - Maintains cleanliness of clothes ...................... 0
   - Moderate cleanliness of clothes ...................... 1
   - Poor cleanliness of clothes ............................ 2
   - Very poor cleanliness of clothes ..................... 3

6. Does this person generally neglect her or his physical health?
   - No neglect .................................................. 0
   - Slight neglect of physical problems .................. 1
   - Moderate neglect of physical problems ............. 2
   - Extreme neglect of physical problems .............. 3

7. Is this person violent to others?
   - Not at all ................................................... 0
   - Rarely ...................................................... 1
   - Occasionally ............................................ 2
   - Often ..................................................... 3

8. Does this person generally make and/or keep up friendships?
   - Friendships made or kept up well ..................... 0
   - Friendships made or kept up with slight difficulty .... 1
   - Friendships made or kept up with considerable difficulty .............................................. 2
   - No friendships made or none kept .................... 3

9. Does this person generally maintain an adequate diet?
   - No problem ................................................ 0
   - Slight problem .......................................... 1
   - Moderate problem ...................................... 2
   - Extreme problem ...................................... 3

10. Does this person generally look after and take her or his own prescribed medication without reminding?
    - Reliable with medication .............................. 0
    - Slightly unreliable .................................... 1
    - Moderately unreliable ................................. 2
    - Extremely unreliable .................................. 3

11. Is this person willing to take psychiatric medication when prescribed by a doctor?
    - Always ...................................................... 0
    - Usually ................................................... 1
    - Rarely ..................................................... 2
    - Never ..................................................... 3

12. Does this person co-operate with health services (eg. doctors and/or other health workers)?
    - Always ...................................................... 0
    - Usually ................................................... 1
    - Rarely ..................................................... 2
    - Never ..................................................... 3

13. Does this person generally have problems (e.g. friction, avoidance) living with others in the household?
    - No obvious problem .................................... 0
    - Slight problems ........................................ 1
    - Moderate problems .................................... 2
    - Extreme problems .................................... 3

14. Does this person behave offensively (includes sexual behaviour)?
    - Not at all ................................................ 0
    - Rarely ................................................... 1
    - Occasionally .......................................... 2
    - Often ..................................................... 3

15. Does this person behave irresponsibly?
    - Not at all ................................................ 0
    - Rarely ................................................... 1
    - Occasionally .......................................... 2
    - Often ..................................................... 3

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 ................................ 0
    - Capable of part-time work ................................ 1
    - Capable only of sheltered work ...................... 2
    - Totally incapable of work ............................ 3

Total LSP Score [ ]
**The Resource Utilisation Groups – Activities of Daily Living Scale (RUG-ADL)**

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.

1. Bed Mobility

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

- **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 .................................................. 1
- **Limited Assistance:** is able to readjust position in bed and perform own pressure relief, with the assistance of one person .............................................. 3
- **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 .......................................................... 4
- **Two-person physical assist:** Requires two assistants to readjust position and perform own pressure area relief ............................................. 5

*NB 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.*

- **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 a device .................................................. 1
- **Limited Assistance:** requires hands-on assistance of one person for one or more of the tasks .......................................................... 3
- **Other than two-person:** Requires 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 .......................................................... 4
- **Two-person physical assist:** Requires two assistants to perform any step of the task .......................................................... 5

*NB 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.**

- **Independent/supervision:** Is able to perform all transfers independently or with prompting from a carer. No hands-on assistance required. May be independent with the use of a device .................................................. 1
- **Limited Assistance:** requires hands-on assistance of one person to perform any transfer in the day or night .......................................................... 3
- **Other than two-person:** Requires the use of a device for any of the transfers performed in the day or night .......................................................... 4
- **Two-person physical assist:** Requires two persons to perform any transfer of the day or night .......................................................... 5

*NB 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.**

- **Independent/supervision:** Is able to cut, chew and swallow food, independently or with supervision, once meal has been presented in 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 .......................................................... 1
- **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) .......................................................... 2
- **Extensive Assistance/total dependence/tube fed:** Person needs to be 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 .......................................................... 3

**Total RUG-ADL Score ........................................................ [ ]**