# interRAI Home Care (HC) Outcome Scales

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<th>Outcome scale</th>
<th>Description</th>
<th>interRAI HC assessment items</th>
<th>Score range</th>
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<td><strong>ABS</strong></td>
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| Aggressive Behaviour Scale | This scale provides a measure of aggressive behaviour. The ABS is highly correlated with the [Cohen Mansfield Agitation Inventory (CMAI) Aggression Subscale](https://www.interrai.org/). | - Verbal abuse (E3b)  
- Physical abuse (E3c)  
- Socially inappropriate or disruptive behaviour (E3d)  
- Resists care (E3f) | 0–12  
Higher scores indicate greater frequency and diversity of aggressive behaviour. |
| **ADL Long Form** | This scale provides a measure of the person's ability to perform ADLs. The ADL Long Form is more sensitive to clinical changes than the other ADL scales. | - Personal hygiene (G2b)  
- Dressing upper body (G2c)  
- Dressing lower body (G2d)  
- Locomotion (G2f)  
- Toilet use (G2h)  
- Bed mobility (G2i)  
- Eating (G2j) | 0–28  
Higher scores indicate more dependence in ADL performance. |
| **ADL Self-Performance Hierarchy Scale** | This scale reflects the disablement process by grouping ADL performance levels into discrete stages of loss (early loss: personal hygiene; middle loss: toileting and locomotion; late loss: eating). | - Personal hygiene (G2b)  
- Locomotion (G2f)  
- Toilet use (G2h)  
- Eating (G2j) | 0–6  
Higher scores indicate greater decline (progressive loss) in ADL performance. |
| **ADL Short Form** | This scale provides a measure of the person's ADL self-performance status based on items that reflect stages of loss (early, middle and late loss). | - Personal hygiene (G2b)  
- Locomotion (G2f)  
- Toilet use (G2h)  
- Eating (G2j) | 0–16  
Higher scores indicate more dependence in ADL performance. |
| **ADL–IADL Functional Scale** | This scale is a summary measure of both the ADL Self-Performance Hierarchy Scale and the IADL Capacity Hierarchy Scale (see below). It categorizes the person based on impairment in both ADLs and IADLs. | - ADL Self-Performance Hierarchy Scale (0–6)  
- IADL Capacity Hierarchy Scale (0–6) | 0–11  
Higher scores indicate greater impairment in ADLs and/or IADLs. |
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| CHESS Changes in Health, End-Stage Disease and Signs and Symptoms          | This scale detects frailty and health instability and was designed to identify persons at risk of serious decline. | • Change in decision-making (C5)  
• Change in ADL status (G6)  
• Vomiting (J2n)  
• Peripheral edema (J2u)  
• Dyspnea (J3)  
• End-stage disease, 6 or fewer months to live (J6c)  
• Weight loss of 5% or more in last 30 days or 10% or more in last 180 days (K2a)  
• Dehydrated or BUN/creatinine ratio >20 (K2b)  
• Fluid intake <1000 ml/day (K2c)  
• Fluid output exceeds input (K2d)  
• Decrease in amount of food or fluids usually consumed (K2e)  
• Ate one or fewer meals on at least 2 of last 3 days (K2f) | 0–5  
Higher scores are associated with adverse outcomes, such as mortality, hospitalization, pain, caregiver stress and poor self-rated health. |
| Communication Scale                                                          | This scale summarizes a person’s ability to communicate with others and to comprehend information. | • Making Self Understood (D1)  
• Ability to Understand Others (D2) | 0–8  
Higher scores indicate greater difficulty in communicating with others. |
| CPS Cognitive Performance Scale                                              | This scale describes the cognitive status of a person. It has been validated against the Mini-Mental State Examination (MMSE) and the Test for Severe Impairment (TSI). | • Cognitive Skills for Daily Decision-Making (C1)  
• Short-term memory OK (C2a)  
• Making Self Understood (D1)  
• Eating (G2j) | 0–6  
Higher scores indicate more severe cognitive impairment. |
| CPS2                                                                         | This scale describes the cognitive status of a person. It is an updated version of the CPS.       | • Cognitive Skills for Daily Decision-Making (C1)  
• Short-term memory OK (C2a)  
• Making Self Understood (D1)  
• Managing finances (G1cC)  
• Managing medications (G1dC)  
• Walking (G2e) | 0–8  
Higher scores indicate a greater degree of cognitive impairment. |
| DbSI Deafblind Severity Index Scale                                          | This scale is a summary measure of impairment in hearing and vision.                             | • Hearing (D3)  
• Vision (D4) | 0–5  
Higher scores indicate a greater degree of impairment in both senses. |
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| **DRS**              | This scale can be used as a clinical screen for depression. It has been validated against the Hamilton Depression Rating Scale (HDRS), the Cornell Scale for Depression in Dementia (CSDD) and the Calgary Depression Scale (CDS). | • Made negative statements (E1a)  
• Persistent anger with self or others (E1b)  
• Expressions, including non-verbal, of what appear to be unrealistic fears (E1c)  
• Repetitive health complaints (E1d)  
• Repetitive anxious complaints/concerns (E1e)  
• Sad, pained or worried facial expressions (E1f)  
• Crying, tearfulness (E1g)                                                                                             | 0–14  
A score of 3 or more may indicate a potential or actual problem with depression.                                                                                           |
| **IADL Capacity Hierarchy Scale** | This scale provides a measure of the person's capacity (rather than performance) to complete tasks based on items that reflect stages of loss (early, middle and late). | • Meal preparation (G1aC)  
• Ordinary housework (G1bC)  
• Managing finances (G1cC)  
• Managing medications (G1dC)  
• Shopping (G1gC)                                                                                             | 0–6  
Higher scores indicate less capacity in performing IADLs                                                                                                                   |
| **interRAI PURS**    | This scale identifies persons at various levels of risk for developing a pressure ulcer with the objective of targeting risk factors for prevention.                                                                 | • Walking (G2e)  
• Bed mobility (G2i)  
• Bowel Continence (H3)  
• Dyspnea (J3)  
• Frequency with which person complains or shows evidence of pain (J5a)  
• Weight loss of 5% or more in last 30 days or 10% or more in last 180 days (K2a)  
• Prior Pressure Ulcer (L2)                                                                                             | 0–8  
Higher scores indicate a higher relative risk for developing a new pressure ulcer.                                                                                          |
| **Pain Scale**       | This scale summarizes the presence and intensity of pain. This scale validates well against the Visual Analogue Scale.                                                                                       | • Frequency with which person complains or shows evidence of pain (J5a)  
• Intensity of highest level of pain present (J5b)                                                                                                                         | 0–4  
Higher scores indicate more severe pain.                                                                                                                                       |