

Mental Status Exam

Data Field	Identifying Information
Organization and Program Name	Record the names of the Organization and the Program if applicable
Individual's Name	Record the first name, last name, and middle initial of the Individual being served. Order of name is at agency discretion.
Record #	Record your agency's established Record number for the Individual.
Date of Birth	Record the date of birth of the Individual. (e.g. MM/DD/YYYY)
Data Field	General Observations
Appearance	Check appropriate boxes to describe physical appearance, taking into account culture and age of individual.
Build/Stature	Check box that applies
Posture	Check box that applies
Eye Contact	Check box that applies
Activity	Check box that applies
Attitude Toward Examiner	Check box that applies
Attitude Toward Parent/Guardian	Check boxes that apply (for children/adolescents).
Separation (for Children/Adolescent)	Check boxes that apply (for children/adolescents).
Data Field	Mood
Euthymic	Mood in the normal range, which implies the absence of depressed or elevated mood.
Depressed	A state of low mood and typically an aversion to activity. Often accompanies feelings of hopelessness and helplessness.
Anxious	Unpleasant feeling that is typically associated with uneasiness, fear, or worry. Characterized by cognitive, somatic, emotional, and behavioral components.
Angry	Strong feelings of displeasure or hostility.
Euphoric	Exaggerated feeling of well-being.
Irritable	Abnormal or excessive excitability with easily triggered anger, annoyance, or impatience.
Silly	Lacking seriousness; frivolous.
Data Field	Affect
Full	Demonstrates a full range of feelings.
Constricted	Feelings demonstrated are subdued and do not appear to present the full range usually seen in people of this culture (cultural expectations are vital considerations in this area).
Flat	No feeling states are demonstrated.
Inappropriate	Demonstrated feelings do not match with subject discussed (e.g. laughing while discussing a trauma experience).
Labile	Abnormal sudden shifts in affect.
Data Field	Speech
Clear	WNL
Slurred	Abnormal speech in which words are not enunciated clearly or completely but are run together or partially eliminated.
Rapid	As if motivated by urgency; fast.
Pressured	Is a hallmark symptom of mania or hypomania. Pressured speech is rapid, virtually non-stop, often loud and emphatic, seemingly driven, and usually hard to interrupt.
Overproductive	Excitable; says too much.
Underproductive	Minimal, sparse, inhibited verbal response pattern.

Echolalic	Repetition of verbalizations made by another Individual. Can be present in autism and other developmental disorders, Tourette Syndrome, schizophrenia, etc.
Data Field	Thought Process
Logical	Within normal limits. Thoughts are clear, logical, and easily understood.
Circumstantial	Pattern of speech in which the individual is not able to respond directly to a question but will provide a lot of related information.
Tangential	A question or statement will prompt a response that begins with one subject and ends with an entirely different subject only vaguely related to the first subject, if at all.
Loose	A disturbance of thinking shown by speech in which ideas shift from one subject to another that is unrelated or minimally related to the first. The speaker gives no indication of being aware of the disconnectedness, contradictions, or illogicality of speech. To assess for loose thinking, ask the individual to explain a proverb. For example, "People who live in glass houses shouldn't throw stones". An example of loose thinking would be: "If you don't punch holes in the top, everyone dies."
Racing	Demonstrates rapid thinking that is not necessarily bizarre or unusual but thought production is faster than most people typically demonstrate.
Incoherent	Thoughts, words, or phrases are joined together without a logical or meaningful connection or relevance, and are not understandable despite repeated attempts to explain
Concrete	Thinking characterized by a predominance of actual objects and events and the absence of concepts and generalizations. To assess for concrete thinking, ask the individual to explain a proverb. For example, "People who live in glass houses shouldn't throw stones". An example of concrete thinking would be: "Rocks break glass."
Blocked	The individual has consistent difficulty responding to questions. Answers or statements are either very brief and appear difficult to produce or there are no responses at all.
Flight of Ideas	A nearly continuous flow of accelerated speech with abrupt changes from topic to topic that are usually based on understandable associations, distracting stimuli, or plays on words. When severe, speech may be disorganized and incoherent.
Poverty of Content	A lack of ideas, themes, subjects and beliefs.
Slowed Thinking	A decline or deterioration in thinking capacity.
Data Field	Perception
WNL	If there are no perceptual disturbances, check here.
Illusions	A misperception or misinterpretation of a real external stimulus, such as hearing the rustling of leaves as the sound of voices.
Depersonalization	An alteration in the perception or experience of the self. The Individual will describe feeling as though he/she is "not really there", detached from or feeling as though he/she is an outside observer to his/herself or as if in a dream.
Derealization	An alteration in the perception or experience of the external world so that it seems strange or unreal (e.g. people may seem unfamiliar or mechanical).
Reexperiencing	The recurrence or reliving of a past experience.
Hallucinations	Perceptions with a compelling sense of reality that occur in the absence of stimuli. Hallucinations should be distinguished from illusions, in which an actual external stimulus is misperceived or misinterpreted. The Individual may or may not have insight into the fact that he or she is having a hallucination.

Auditory	Usually described as voices. To assess, ask the individual, "Do you ever hear anyone talking but cannot tell where the voice is coming from?" If they answer yes, ask if he/she can tell what the voice is saying and he/she can identify the voice.
Command	Voices telling someone to do something dangerous or harmful (e.g. "kill him").
Visual	Usually only experienced by individuals who have ingested an illicit drug or drug overdose, or someone who has experienced a head injury. It is important to ask the Individual served to describe the visual hallucination and under what circumstances it occurs
Olfactory	A hallucination involving the perception of odor, such as of burning rubber or decaying fish. This is usually a symptom of a neurological disorder or brain injury.
Tactile	A hallucination involving the perception of being touched or of something being under one's skin. This is more typical in substance dependent individuals (especially alcoholics) who are detoxifying. The most common tactile hallucination is the feeling that bugs are crawling under the skin.
Gustatory	A hallucination involving the perception of taste (usually unpleasant). This is usually a symptom of a neurological disorder or brain injury.
Data Field	Thought Content
WNL	No observable evidence of delusions or delusions are denied.
Ruminations/Preoccupations	Associated with depression. Dwelling on matters that are meaningful to most people (e.g., one's accomplishments or other measures of self-worth), but the individuals perceptions or interpretations of these events and issues are colored by the depressed mood.
Obsessional	Persistent and disturbing intrusive thoughts, ideas or feelings.
Depressive	Characterized by symptoms of depression-low mood, poor self-esteem, loss of interest or pleasure in normally enjoyable activities.
Paranoid	Typically characterized by persecutory beliefs concerning a perceived threat towards oneself ("People are trying to kill me")
Self-Deprecatory	Tending to undervalue oneself and one's abilities.
Grandiose	Thoughts of exaggerated and somewhat improbable status or success: "Mattel is going to buy my game and I'll make millions."
Phobic	Exaggerated fear inexplicable to the Individual (i.e. airplane flight, spiders, heights).
Guilty	Focused on unrealistic self-blame.
Delusions	A false belief based on incorrect inference about external reality that is firmly sustained despite what constitutes incontrovertible and obvious proof to the contrary. The belief is not one ordinarily accepted by other members of the Individual's culture or subculture (e.g. it is not an article of religious faith). "Aliens have planted a sensor in my head"). Specify type of delusion.
Control	The belief that one's thoughts, feelings, and actions are not one's own, but are being imposed by someone else or other external force.
Thought Withdrawal	The belief that an outside force, Individual, or group of people is removing or extracting an Individual's thoughts.
Thought Insertion	The belief that thoughts are being inserted into one's mind by someone else.
Thought Broadcasting	The belief that one is capable of inserting thoughts into other individual's minds, or that others can perceive them (telepathy); for instance, that one's thoughts are being transmitted from one's mind and broadcast to everyone else.
Persecution	A belief that one is being attacked, harassed, persecuted, cheated, or conspired against.

Reference	A conviction that ordinary events, objects, or behaviors of others have particular and unusual meanings specifically for oneself.
Grandeur	Conviction of one's own importance, power, or knowledge or that one is, or has a special relationship with, a deity or a famous Individual.
Somatic	A notion that one's body has been injured or altered in some manner.
Erotic	A belief that another Individual, usually someone of higher status, is in love with him or her.
Religious	Any delusion with a spiritual or religious content.
Other	Describe any other delusional content that is evidenced.
Data Field	Risk Assessment
Denied Danger to Self/Others	Check this box if Individual is not a danger to him/herself or others.
Danger To Self/Others:	Check off all boxes that apply to Individual with regard to being a danger to him/herself and/or others.
Ideation	Individual admits to thinking about taking his/her life or hurting others.
Plan	Individual describes a viable, actual plan to take his/her life or hurt others.
Intent	Individual admits to seriously considering taking his/her life or hurting others.
Means	Individual has in his/her possession the object or objects necessary to complete his/her plan (i.e. gun, stockpile of medication).
Comments	Provide specific, detailed comments regarding risk.
Data Field	Cognition
WNL	Check this box if cognition is within normal limits.
Impairment of:	
Orientation	<p>Individual - Does the individual know his/her correct name, age, and some facts about his/her life?</p> <p>Time - Does the individual know what time and day it is (within a few hours and days)?</p> <p>Place - Does the individual know where he or she is?</p>
Memory	<p>Immediate- At the beginning of the assessment interview, tell the individual you are going to state three objects that you will ask him or her to recall later in the interview. Use three basic objects such as tree, car, and floor. After 10-15 minutes, ask the individual to tell you what the three items were that you asked him/her to remember from the beginning of the interview.</p> <p>Recent- Can the individual tell you what they had for breakfast or what he/she did first thing this morning?</p> <p>Remote- Can the individual describe events from his/her childhood or in the past?</p>
Attention/Concentration	Give the digit span test-consists of asking the Individual to repeat a series of digits read to him/her, forwards and backwards. The average expected level is from 5 to 8 digits correct forward and from 4 to 6 digits correct backwards.
Ability to Abstract	Ask the Individual the meaning of some common proverbs including: "There is no use crying over spilt milk;" "A stitch in time saves nine;" and "You can catch more flies with honey than with vinegar." Another way to test abstraction capacity is to ask how certain words are similar (e.g. a plum and a peach or, a piano and a violin).

Fund of Knowledge	Ask: "Who is the President of the United States?" "Who was the President before him?" Or, ask other common informational questions such as: "How many days are in a week?", "Name the four seasons of the year", and "In what direction does the sun set?"
Visuospatial Ability	Ask the Individual to draw some common geometric shapes.
Reading and Writing	Ask the Individual to read a passage from a book/magazine.
Calculation Ability	Ask the Individual to solve some basic arithmetic problems with paper and pencil.
Data Field	Intelligence
Intelligence	This can be an estimate only in the absence of any accepted intelligence tests or information from other sources. Keep in mind that some psychiatric disorders (depression) can negatively impact IQ scores. Intelligence is generally accepted to be an individual's capacity to absorb information and solve problems.
MR	IQ under 70 on the Wechsler scale.
Borderline	IQ from 70-79 on the Wechsler scale.
Average	IQ from 90-109 on the Wechsler scale. (80-89 is considered "low average").
Above Average	IQ above 110 on the Wechsler scale.
Data Field	Insight
Insight	Check the most appropriate description of the individual's current functioning.
Data Field	Judgment
Judgment	To determine if there is any impairment in judgment, present questions/scenarios such as, "If you were in a crowded movie theatre and noticed there was a fire off to the side in a hallway, what would you do?", "If you found a fully addressed and stamped envelope on the sidewalk, what would you do?", "What is the thing to do if a very good friend asks you for something you don't have?"
Data Field	Elaboration on Positive Mental Status Findings
Comments	Provide detailed, descriptive information with regard to positive findings.
Data Field	Signatures
Provider Name, Signature, Credentials, Date	Person completing form prints their name and credentials, adds their signature and date of signature.