

**MENTAL STATUS EXAMINATION  
Checklist**

	<b>Need to practice</b>	<b>Feel Comfortable</b>
<p><b>Instructions:</b></p> <ol style="list-style-type: none"> <li>1. Observe a videotaped patient interview.</li> <li>2. Assess and record normal/ abnormal findings in each of the following categories.</li> </ol>		
<p><b>General Appearance and Behavior</b></p> <ol style="list-style-type: none"> <li>1. Determines level of consciousness. Note if patient is awake, alert, sedated, drowsy.</li> </ol>		
<ol style="list-style-type: none"> <li>2. Assesses patient's attentiveness and effective participation in interview.</li> </ol>		
<ol style="list-style-type: none"> <li>3. Notes patient's attitude toward examiner, e.g., cooperative, guarded, suspicious, evasive, hostile, seductive.</li> </ol>		
<ol style="list-style-type: none"> <li>4. Assesses posture and general motor activity, e.g., rigid, tense, restless, pacing.</li> </ol>		
<ol style="list-style-type: none"> <li>5. Notes facial expression, e.g., tearful, laughing, smiling, angry.</li> </ol>		
<ol style="list-style-type: none"> <li>6. Notes personal hygiene and grooming, e.g., unkept appearance, meticulous grooming.</li> </ol>		
<ol style="list-style-type: none"> <li>7. Assesses nutritional status, e.g., obesity, extreme thinness.</li> </ol>		
<p><b>Mood and Affect</b></p> <ol style="list-style-type: none"> <li>8. Describe predominant mood, e.g., neutral, anxious, fearful, elated, euphoric, depressed, angry, irritable.</li> </ol>		

**MENTAL STATUS EXAMINATION  
Checklist**

	<b>Need to practice</b>	<b>Feel Comfortable</b>
9. Describe affect, including range (e.g., broad, restricted, labile); intensity (e.g., blunted, flat, animated); and appropriateness to mood/thought content.		
<b>Psychomotor Activity and Speech</b> Assesses psychomotor activity and notes 10. Rate of psychomotor activity (e.g., agitated, retarded).		
11. Presence of abnormal movements (e.g., grimacing, mannerisms, stereotype).		
12. Assesses speech and notes amount, volume, rate, Organization.		
<b>Thought Processes and Content</b> 13. Assesses the form of thought and notes abnormalities in logic, organization of words and phrases, association of ideas and comprehensibility.		
14. Evaluates the content of thought, noting presence of ideas of reference, paranoid ideation, delusions (if so, what type of delusions), obsessions, compulsions and phobias. Inquire about suicide/homicide ideation.		
15. Notes presence of illusions, hallucinations (if so, what type of hallucinations), depersonalization, derealization.		
<b>Cognitive Functions</b> 16. Assess patient's orientations to time, place and persons.		
17. Evaluate patient's attention and concentration. Notes digit span forward and backward.		

**MENTAL STATUS EXAMINATION  
Checklist**

	<b>Need to practice</b>	<b>Feel Comfortable</b>
18. Assesses patient's memory. Notes performance on tests of immediate recall, recent memory and remote memory.		
Assesses language and coping skills by noting performance on the following tasks:		
19. Naming		
20. Vocabulary		
21. Writing		
22. Copying figures		
Evaluates patient's higher intellectual functions by noting performance on the following:		
23. Fund of information		
24. Calculations (simple arithmetic)		
25. Similarities		
26. Abstract reasoning		
<b>Judgement and Insight</b> 27. Assesses patient's judgement in general.		
28. Evaluates patient's insight into situation and illness.		