

## Mental Status Exam

Data Field	Mental Status Exam
<b>Person's Name</b>	Record person's first, last name and middle initial. Order of name is at agency discretion.
<b>Record Number</b>	Record agency's established identification number for the child served.
<b>Organization Name</b>	Record the organization for whom you are delivering the service.
<b>Mental Status Examination</b>	Avoid judgmental perceptions. Take into account cultural differences. Think of creating a picture of the person served so that anyone reading the results of the exam would be able to clearly perceive the person just as you do. Assessment items are "in the moment", in other words as the person presents to you at the present time. There are other sections of the assessment form that address historical information.
<b>Appearance</b>	Check appropriate boxes to describe physical appearance, taking into account culture and age of person.
<b>Eye Contact</b>	Check boxes that apply.
<b>Build</b>	Check boxes that apply.
<b>Posture</b>	Check boxes that apply.
<b>Body Movement</b>	Check boxes that apply.
<b>Behavior</b>	Check boxes that apply.
<b>Speech</b>	Check boxes that apply.
<b>Emotional State-Mood</b>	Check boxes that apply. Emotional State-Mood is the sustained internal emotional state of a person. This describes the typical, more consistent emotional state of the person. <b>Examples: Typical Mood is balanced and WNL; Mood is typically subdued; Mood is typically anxious and irritable. Check boxes that apply.</b>
<b>Emotional State-Affect</b>	Check boxes that apply. Emotional State-Affect is the external expression of present emotional content. This describes the emotional state presently observed or described. <b>Examples: Person describes inability to sleep through the night (sleep disturbance), loss of appetite (appetite disturbance), irritability over the past three weeks; Person appears somewhat elated (inappropriate), describes lack of fatigue although has not slept for three nights (sleep disturbance). Check boxes that apply.</b>
<b>___ Constricted</b>	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).
<b>___ Flat</b>	No feeling states are demonstrated.
<b>___ Inappropriate</b>	Demonstrated feelings do not match with subject discussed (e.g. laughing while discussing a trauma experience).
<b>___ Changeable</b>	Demonstrated feelings shift rapidly from one state to another. Called changeable on the form.
<b>___ Full Range</b>	Demonstrates a full range of feelings.
<b>___ Panic attacks or symptoms</b>	Person describes recent anxiety/panic symptoms including: shortness of breath, rapid breathing/hyperventilating, extreme discomfort with crowds or open places, sweatiness or dizziness.
<b>___ Sleep disturbance</b>	Person describes recent difficulties sleeping including generally reduced or increased sleep, difficulties falling asleep (longer than 1 hour), and difficulties remaining asleep, early morning awakening or no perceived need for sleep for longer than a day.
<b>___ Appetite disturbance</b>	Person describes marked changes in appetite including but not limited to incessant hunger or lack of hunger for more than 1-2 days.
<b>Facial Expression</b>	Check boxes that apply.
<b>Perception</b>	
<b>___ WNL</b>	If there are no perceptual disturbances, check here
<b>___ Illusions</b>	A misperception or misinterpretation of a real external stimulus, such as hearing the rustling of leaves as the sound of voices.
<b>___ Depersonalization</b>	An alteration in the perception or experience of the self. The person 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.
<b>___ De-realization</b>	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).
<b>___ Re-experiencing</b>	Re-experiencing is the recurrence or reliving of a past experience.
<b>Hallucinations</b>	Hallucinations are perceptions with a compelling sense of reality but occurs in the

	absence of stimuli. Hallucinations should be distinguished from illusions, in which an actual external stimulus is misperceived or misinterpreted. The person 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.
___Visual	Visual hallucinations are 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 person 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.
___Gustatory	A hallucination involving the perception of taste (usually unpleasant). 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.
___Command**	Command hallucinations are voices telling someone to do something dangerous or harmful (e.g. "kill him").
<b>Thought Content</b>	
<b>Delusions</b>	Beliefs in things that are not true (e.g. "Aliens have planted a sensor in my head").
___None reported	No observable evidence of delusions or delusions are denied.
___Grandiose	Thoughts of exaggerated and somewhat improbable status or success: "Mattel is going to buy my game and I'll make millions."
___Persecutory	"People are trying to kill me."
___Somatic	Physical complaints in the absence of any real cause. Fear that stomach pains are cancer even after a doctor has examined him/her and found no health problem.
___Illogical	"My neighbors are throwing away babies in the trash. I can hear them at night."
___Chaotic	"The world is going to end on New Year's Day."
___Religious	"I am the second coming."
<b>Other Content</b>	
___Preoccupied	Person appears to be lost in thought, engrossed or absorbed to such a degree that communication with others is compromised.
___Obsessional	Persistent and disturbing intrusive thoughts, ideas or feelings.
___Guarded	Statements, ideas, responses are brief and person appears reluctant to provide details or information.
___Phobic	Exaggerated fear inexplicable to the person (e.g. airplane flight, spiders, heights).
___Suspicious	Inclined to suspect, especially inclined to suspect evil; distrustful
___Guilty	Focused on unrealistic self-blame.
___Thought broadcasting	"I can make those people think what I am thinking."
___Thought insertion	"Those people are sending their ideas to me."
___Ideas of reference	"Those people standing together over there are talking about me."
<b>Self Abuse Thoughts</b>	Take care to differentiate between thoughts of self abuse/self harm behaviors and suicidal actions.
___None reported	No acknowledgment or evidence of thoughts of self harm behaviors.
___Cutting**	Thoughts of any type of scratching or cutting that draws blood or damages the skin or a body part
___Burning**	Thoughts of putting hot objects, including open flames in contact with any part of the body so as to damage the skin or a body part.
___Other self mutilation**	Thoughts of pulling out hair, damaging eyes , etc.
<b>Suicidal Thoughts</b>	
___None reported	Person denies thoughts of taking his or her life.
___Passive Suicidal Ideation**	Person admits to passively thinking about taking his or her life but does not intend to

	take action on those thoughts.
___Intent**	Person admits to seriously considering taking his or her life. This goes beyond feelings of hopelessness or frustration.
___Plan**	Person describes a viable, actual plan to take his or her life.
___Means**	Person has in his/her possession the object or objects necessary to complete his/her plan (e.g. stock-pile of pills, gun).
<b>Aggressive Thoughts</b>	
___None reported	Person denies thoughts of harming another person.
___Intent**	Person admits to seriously considering harming another person. This goes beyond feelings of anger or frustration.
___Plan**	Person describes a viable, actual plan to harm another person.
___Means**	Person has in his/her possession the object or objects necessary to complete his/her plan (e.g. knife, gun).
<b>Thought Process</b>	
___WNL	Within Normal Limits) - Thoughts are clear, logical and easily understood.
___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.
___Circumstantial	Pattern of speech in which the person is not able to respond directly to a question but will provide a lot of related information.
___Decreased thought flow	Responses and statements are slow and have a paucity of details.
___Blocked	The person 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.
___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 person 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.
___Increased thought flow	Responses and statements are rapid and rich with detail.
___Concrete	To assess for concrete thinking, ask the person 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."
___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.
<b>Intellectual Functioning</b>	
___WNL	No apparent deficits in intellectual functioning.
___Lessened fund of common knowledge	Ask: "Who is the President of the United States?" "Who was President before him or her?"
___Short attention span	Person demonstrates difficulty staying on topic or attending to a task.
___Impaired concentration	Person is distracted from basic tasks
___Impaired calculation ability	Ask the person to count backwards from 100 by 7's.
Intelligence Estimate	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 a person'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.
___No formal testing	Note if there is no record of formal testing of intellectual functioning (e.g. MMPI)
<b>Orientation</b>	
___WNL	Check here if the person can correctly respond to the following questions about person, time and place.
Disoriented to:	
___Person	Does the person know his/her correct name, age and some facts about his/her life.
___Time	Does the person know what time and day it is (within a few hours and days).
___Place	Does the person know where he or she is?
<b>Memory</b>	
___WNL	Check here if the following three areas are responded to sufficiently.
Impaired:	
___Immediate recall	At the beginning of the assessment interview, tell the person 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 person to tell you what the three items were that you asked him/her to remember from the beginning of the interview.
___Recent memory	Can the person tell you what they had for breakfast or what he/she did first thing this morning?
___Remote memory	Can the person describe events from his/her childhood or in the past?
<b>Insight</b>	Check the most appropriate description of the person's current functioning.
<b>Judgment</b>	
___WNL	Decision making abilities appear intact and sufficient for day-to-day functioning.
Impaired ability to make reasonable decisions	Utilize scenarios to assess: 5. 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? 6. If you found a fully addressed and stamped envelope on the sidewalk, what would you do?
___Some	
___Severe**	
<b>Past attempts to Harm to Self or Others</b>	Check the all boxes that apply and comment on all past attempts.
<b>Comments</b>	Add any necessary comments about findings from the MSE.
**	<b>Checking any item with ** requires an immediate risk and/or lethality assessment.</b>