**THE MENTAL STATUS EXAM**

Resident Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Room#: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Interviewer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Observations:**

1. **Level of consciousness**: awake & alert hypervigilant drowsy stuporous

 Fluctuating Stable

2. **Appearance and Behavior**:

 A. Dress – Appropriate for setting? climate? activity?

 B. Grooming – Neat? Clean? Clean Shaven? Make-up? Nails clean/trimmed?

 C. Motor behavior – Motionless? Slowed? Fidgeting? Hyperactive? Tics?

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3. **Speech & Language**: Spontaneous Hesitant Word finding difficulty

 Rate of speech: Normal Slow Fast/pressured

 Rhythm: Monotone Conversational Excited

 Volume: Normal Whisper Loud

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4. **Body Language**: Makes/maintains eye contact Avoids eye contact

Blank stare Clenching Grimacing Smiling Aggressive/rude gestures

Slumped Head in hands Relaxed Rigid posture Tightly crossed arms

Trouble sitting still Picking at clothing

**Interview:**

5. **Mood** (*How is your mood? Or How are your spirits? or Are you feeling happy? Sad? or “Are you enjoying life?*

Response: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Vital sense *(Do you feel like your usual self? How is your energy?*

Response:*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

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Self-attitude (*How do you feel about yourself as a person? Do you feel good about yourself? Do you ever feel like you are worthless, or deserve punishment?*

Response:*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

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Feelings of guilt *(Sometimes when people feel low, or badly about themselves, they feel guilty about things. Do you ever feel like that?)*

Response: *\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

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Hopelessness *(How does the future look to you?)*

Response: *\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

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Suicidal thoughts/plans *(Is life worth living? Do you ever wish that you weren’t alive anymore? Do you ever think of ending your life? If yes, have you thought about a plan as to how you might do that? What would you do?)*

Response: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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6. **Mental Health**

**A. Delusions:**

*How are people treating you here? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

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*Do you worry that anyone is trying to harm you? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

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*Do you worry about people taking your things, or are people taking your things? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

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*Do you worry about anyone poisoning your food or medicine? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

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*Do you have any other worries or concerns? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

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B. **Hallucinations**

*Does your mind ever play tricks on you? Do you see hear things that other people don’t see or hear? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

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*Do you hear voices? If so, what do they say to you? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

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**C. Obsessional thoughts, compulsive behaviors**

*Do you have thoughts that you can’t get out of your head? Do you feel compelled to do things, like checking door knobs, or arranging things in a certain way?*

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**7. Cognition**

Cognitive Test Administered**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** Score: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Items missed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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