

BEAT THE BOARDS! MENTAL STATUS EXAM ITEMS

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GENERAL APPEARANCE

- **Alertness:** normal, decreased, increased
- **Arousal:** normal, decreased, increased
- **Distractibility:** normal, increased
- **Apparent Age:** as stated, younger, older
- **Race / Ethnicity:**
- **Habitus:** normal, overweight /obese, underweight
- **Stature:** normal, short, tall
- **Grooming/hygiene:** good, disheveled / unkempt
- **Dress:** Appropriate, inappropriate
- **Make-Up:** None, appropriate, garish, bizarre
- **Tattoos / Piercings:** present, absent

FACE

- **Hair:** normal appearance, uncombed, alopecia, evidence of trichotillomania
- **Dentition:** good, poor hygiene, missing teeth, evidence of dentures
- **Eyes:** normal, eye glasses, exophthalmus, strabismus, nystagmus, ptosis,
- **Facial Asymmetries:** none, on left, on right, on forehead, on lower face
- **Facial Dyskinesias:** blepharospasm, grimacing, jaw thrusts, lip smacking/puckering, chewing/sucking, tongue protrusion / writhing
- **Facial Tics:** absent, present
- **Dystonia:** absent, present
- **Parkinsonian:** flat affect, drooling, decreased blink
- **Dysmorphisms:** microcephaly, macrocephaly, ears, webbed neck, prominent epicanthal folds, short palpebral fissures, hypertelorism, short nose/ low bridge, indistinct philtrum, large tongue, micrognathia, macrognathia
- **Facial Expression:** appropriate, sad, anxious, angry, contemptuous, disgusted, perplexed

BODY

- **Skin:** normal, puffy, spider angiomas, hemangiomas, café au lait spots, neurofibromata, bruises, cancer-like growths (Kaposi, basal cell, squamous cell)
- **Scars:** none, needle tracks, skin popping, self-cutting, burns, surgical, from fights / accidents
- **Trunk / Extremities:** scoliosis, lordosis, limb abnormalities, arthritis, amputation
- **Other Medical:** smoker's cough, SOB, goiter, clubbing, tobacco-stained fingers, pregnant
- **Aids:** cane, walker, wheel chair, hearing aid, prosthesis

ENGAGEMENT WITH INTERVIEWER

- **Eye contact:** appropriate, heightened (vigilant), avoidant, decreased
- **Cooperation:** appropriate, guarded, evasive, suspicious, challenging
- **Reliability:** good, contradictory, unreliable, unknowledgeable
- **Transference:** intimidating, dismissive, critical, entitled, suspicious, seductive / flirtatious, adoring, helpless / waif-like
- **Interviewer's Countertransference:** intimidated, angry, with-holding, over-identifying, solicitous overwhelmed, grandiose

MOTOR

- **Motor Activity Level:** normal, hyperactive (goal-directed), agitated (non-goal-directed), hypoactive
- **Dyskinesias:** Where: _____, ballismus (large, violent movements), hemiballismus (confined to one side), athetoid (slow writhing-like, sinusoidal movements), choreiform (rapid, jerky movements)
- **Other Movements:** tics (sudden spasmodic movement), stereotypies (ritualistic, repetitive movement or utterance, like rocking, finger-flicking, hand waving), mannerisms (distinctive manner of moving or speaking, like gesticulating while speaking), tremors (resting, intention), dystonias
- **Catatonia:** waxy flexibility / catalepsy (immobility with unresponsiveness), echopraxia (mimicking gestures), echolalia (repeating words), automatic obedience, negativism (doing the opposite of command)
- **Gait:** cerebellar ataxic gait (appears drunk, wide-based), magnetic gait (feet appear magnetically stuck to floor, lifted as against magnetic attachment), Parkinsonian (festinating gait: small accelerating steps, often on tiptoe, with forward center of gravity), paralytic (weakness evident on one side), antalgic (gait used to avoid pain in weight bearing structures), spastic (scissor-like with stiff legs close together)

SPEECH

- **Expression:** spontaneous, fluent, nonfluent, ungrammatical
- **Comprehension:** normal, reduced
- **Speech form:** normal, dysarthric, delayed onset, loud, soft, fast, slow, decreased prosody, monotone
- **Paraphasias:** none, auditory (sounds similar), syntactical (means similar)

FORMAL THOUGHT DISTURBANCES

- **Definition of formal thought disorder:** pattern of interruption or disorganization of thought
- **Disturbance in Thought Form:** poverty of thought (reduced thought), incoherence, word salad (severe incoherence), thought blocking, clanging, punning, neologisms
- **Disturbance in Connection Between Thoughts:** none, overinclusive, perseverative (remaining or returning to limited set of topics), circumstantial (adding irrelevant detail but reaching goal), tangential (moving from related thought to related thought but not reaching goal), loose associations (illogical shifting to unrelated topics), flight of ideas (severe looseness of association), derailing (loss of train of thought following thought blocking)

EMOTIONS

- **Mood** (self-report): _____
- **Affect quality:** happy, sad, desperate, worried, anxious, angry, irritable, euphoric, expansive, detached, dysphoric (sad, angry, or anxious)
- **Affect Range / Intensity:** normal, expansive, decreasing intensity of affect: restricted, blunted, flat
- **Affect Fixity:** normal, volatile / labile
- **Affect Congruency:** congruent or incongruent to topic

THOUGHT CONTENT

- **Content:** worries, ruminations, phobias, obsessions, compulsions
- **Risk:** suicide, homicide, neglecting dependent, victim of abuse / neglect
- **Delusions:** referential, persecution, insertion, broadcasting, control, alienation, nihilism, grandiose, erotomanic, somatic, Fregoli's (disguised persecutor), Capgras (loved one replaced by imposter)

PERCEPTIONS

- **Auditory Hallucinations:** running commentary, arguing, derogatory, commanding: of suicide / self-injury or of homicide or violence
- **Other perceptions:** visual hallucinations, visual illusions, tactile hallucination, derealization (world not real), depersonalization (self not real)

COGNITIVE TEST SCORING

- **Orientation:** place time person situation
- **3-Word Repeat:** 3 2 1 0
- **5-Min Recall:** 3 2 1 0
- **3-Step Command:** 3 2 1 0
- **Serial #:** 5 4 3 2 1 0
- **DLROW:** 5 4 3 2 1 0
- **Intersecting Pentagons:** 2 1 0
- **Proverb interpretation:** abstract, concrete, idiosyncratic
- **Similarities / differences:** abstract, concrete, idiosyncratic

INSIGHT & OTHER

- **Insight (refers to understanding):** good, fair, poor
- **Judgment (refers to decisions and behavior):** good, fair, poor
- **Impulse Control:** normal, impaired
- **Motivation:** good, fair, poor

PSYCHOLOGICAL DEFENSES

- **Mature Defenses**
 - **Humor:** appropriate use of humor to reframe viewpoint and decrease catastrophizing
 - **Sublimation:** impulses directed to socially useful projects
 - **Altruism:** vicarious gratification
 - **Suppression:** conscious deferment
- **Neurotic Defenses**
 - **Isolation:** splitting off of unacceptable affects from the idea that accompanies it, e.g., speaking of traumatic events with a neutral affect.
 - **Displacement:** an affect shifted from one object (person) to another, e.g., kicking the dog when you're mad at the boss.
 - **Reaction formation:** transforming an unacceptable impulse into its opposite, e.g., showering a person you hate with kindness.
 - **Denial:** an unconscious repression of unacceptable impulses, emotions, desires, instincts
- **Immature Defenses**
 - **Regression:** a return to earlier modes of acting or feeling, e.g., becoming very needy and helpless when under stress
 - **Somatization:** transforming unacknowledged needs (e.g., dependence) into physical symptoms as a way to have needs met without acknowledging them.
 - **Acting Out:** avoiding unacceptable affects or impulses by engaging in a flurry of diversionary activity.
 - **Blocking:** a temporary stopping of thoughts or feelings as a protection against them.

COGNITIVE DISTORTIONS

- **All-Or-Nothing Thinking:** Seeing things in categories of all-good or all-bad. Performance that is less than perfect is interpreted as a complete failure.
- **Overgeneralizing:** Generalizing a single negative event into a larger never-ending pattern of defeat.
- **Negative Mental Filter:** Dwelling on negative details to the exclusion of positive aspects, even when the positive aspects are more prominent.
- **Disqualifying The Positive:** Rejecting positive experiences by insisting they "don't count." For instance, handling an interpersonal challenge effectively and maturely but concluding that it was "just luck."
- **Jumping To Conclusions:** Interpreting events negatively even though there is little evidence to support the negative assessment.
- **Mind Reading:** Believing that others hold a negative view of you without confirming this belief or entertaining alternate explanations. For example, thinking your boss is angry with you because he didn't say "Hi." His behavior in fact may have been unrelated to you, perhaps related to preoccupation with financial problems.
- **The Fortuneteller Error:** Predicting the future in a negative way as if it were preordained to turn out badly.
- **Catastrophizing:** Exaggerating the importance of negative events until they are seen as overwhelming. This increases a person's sense of helplessness and hopelessness.
- **Emotional Reasoning:** Believing that your negative emotions reflect the state of the world. For instance, when depressed, believing that the world is "going to hell in a hand basket."
- **Essentializing:** Seeing setbacks as a reflection of your core self. Rather than thinking, "I made a mistake," you think, "I'm a loser." This distortion also occurs when assessing others. For instance, if someone forgets your name, concluding, "He's such a self-centered and shallow guy."
- **Personalizing:** Believing yourself to be the cause of external negative events, even though it is unlikely you are responsible for them. For instance, when your parents argue, concluding that it's your fault. This distortion is particularly common among people raised or living with an abusive parent or spouse or with a substance abuser.