

Mental State Assessment

General Observations

Appearance: L.O.C.: ☐ Alert/attentive ☐ Drowsy ☐ Unresponsive ☐ Fluctuating

Note: Evidence of recent drug/alcohol use or head injury?

Hygiene/ grooming: ☐ Neat/clean ☐ Evidence of self-neglect (e.g. dirty/disheveled/malodorous) Appropriate attire Yes ☐ No ☐

Nutritional/physical: ☐ Looks healthy ☐ Recent wt. loss/gain ☐ Under-weight ☐ Over-weight ☐ Injuries/in pain

Eye contact: ☐ Appropriate ☐ Unblinking stare ☐ Occasional glances ☐ No eye contact

Stigmata: ☐ Scars/tattoos/piercings

Behavior: Physiologic Signs: ☐ Flushed ☐ Pale ☐ Diaphoretic ☐ Respirations ☐ Heartrate ☐ Other

Motor activity: ☐ Calm ☐ Restless ☐ Speeded up ☐ Slowed ☐ Odd/purposeless movements ☐ Repetitive movements

Tics ☐ Self abusive ☐ Frank agitation ☐ Spastic/uncoordinated ☐ Catatonic-like posturing ☐ Ritualistic

Gait: ☐ Slow ☐ Brisk ☐ Uncoordinated ☐ Shuffling ☐ Propulsive

Posture: ☐ Relaxed/comfortable ☐ Rigid/erect ☐ Hunched/slouched ☐ Exaggerated

Attitude toward interviewer: ☐ Cooperative ☐ Sarcastic ☐ Withdrawn ☐ Suspicious ☐ Evasive ☐ Oppositional ☐ Domineering

☐ Overfamiliar ☐ Hostile ☐ Frightened ☐ Indifferent ☐ Cocky ☐ Submissive ☐ Intimidating

Social behavior: ☐ Appropriate ☐ Isolated ☐ Disinhibited ☐ Seductive ☐ Shy/awkward ☐ Aggressive

Impulse control: ☐ Acts with appropriate restraint ☐ Responds inappropriately to limits

Emotional State

Affect: ☐ Appropriate to situation ☐ Reactive ☐ Elated ☐ Happy ☐ Anxious ☐ Angry ☐ Suspicious ☐ Dazed

☐ Incongruent ☐ Sad ☐ Irritable ☐ Restricted ☐ Expansive ☐ Flat ☐ Labile ☐ Fearful

Mood: Client's response to "How do you feel most days?"

☐ Diurnal variation (mood worse ☐ AM ☐ PM)

Level of anxiety: Self rated as: ☐ None ☐ Mild ☐ Moderate ☐ Severe ☐ Near panic

Ask: Does your anxiety increase when you can't always do things in a certain way? ☐ Yes ☐ No

Vegetative/Somatic functions: Energy: ☐ No change ☐ ↑ ☐ ↓ Appetite: ☐ No change ☐ ↑ ☐ ↓ Libido: ☐ No change ☐ ↑ ☐ ↓

Sleep: ☐ No change ☐ ↑ ☐ ↓ ☐ Initial insomnia ☐ EMW ☐ Anhedonia

Suicidal ideation: "Do you feel that life is not worth living? Are you thinking about suicide?" Yes ☐ No ☐

If yes - Current plan: Yes ☐ No ☐ Prior attempts: Yes ☐ No ☐ Available means: Yes ☐ No ☐

Homicidal ideation/intent: Thoughts of harming other(s) Yes ☐ No ☐ Who/how? History of violence Yes ☐ No ☐

Current intent Yes ☐ No ☐ Viable plan Yes ☐ No ☐

Cognitive Functions

Orientation: Time: ☐ Yes ☐ No Place: ☐ Yes ☐ No Person: ☐ Yes ☐ No Significant other: ☐ Yes ☐ No

Attention/Concentration: ☐ Good ☐ Impaired ☐ Easily distracted ☐ Short span of attention

Memory: Immediate recall. ☐ Good ☐ Impaired

Recent ☐ Good ☐ Impaired

Remote ☐ Good ☐ Impaired

Estimate of Intelligence: ☐ Average ☐ Below average ☐ Above average

Insight: ☐ Aware of illness/need for treatment ☐ Impaired

Judgment: ☐ Able to problem solve and make appropriate decisions about personal well-being.

☐ Makes hasty, impulsive decisions without regard to potential negative consequences.

Perceptual Disturbances

Hallucinations: ☐ Auditory ☐ Visual ☐ Gustatory ☐ Tactile ☐ Olfactory

Note: If hearing voices, are they command in nature? What are they saying to do? To whom?

Ask: Do you feel that you must do what the voices are telling you to do?

Illusions, Feelings of unreality: Describe:

Thought Processes

Speech: Rate/ Quantity: ☐ Normal - easy to follow/understand ☐ Slow ☐ Rapid ☐ Pressured

☐ Gives sufficient information ☐ Talks excessively/constantly ☐ Gives 1 or 2 word answers ☐ Mute

Quality/Flow: ☐ Whispers ☐ Shouts ☐ Slurred ☐ Stutters ☐ Rhyming ☐ Lively

☐ Spontaneous ☐ Long pause before answering ☐ Halting

☐ Clear/coherent ☐ Incoherent ☐ Overly vague ☐ Overly detailed ☐ Repetitive ☐ Rambling

Ideas: Organization/Form: ☐ Thoughts organized and logical ☐ Disorganized/lacks logical connections ☐ Jumps from topic to topic

☐ Uses 'made up words' that make no sense ☐ Tells obvious lies ☐ Very concrete answers

☐ Can't keep talking; seems to lose words ☐ Circumstantial - never gets to the point ☐ Tangential

Thought Content

Delusions: ☐ No ☐ Yes Describe:

☐ Nihilistic ☐ Depressive ☐ Grandiose ☐ Persecutory ☐ Bizarre

Delusions of control: ☐ Believes thoughts or actions are controlled by other(s)

☐ Believes is able to control thoughts/actions of others

☐ Believes thoughts are being put into/taken out of mind

☐ Believes thoughts can be heard out loud by others

Ideas of Reference: ☐ No ☐ Believes radio/TV, conversations between others are about self

Preoccupations: ☐ No ☐ Returns to the same idea(s) constantly ☐ Ruminates about past events or feelings

Obsessive thoughts: ☐ No ☐ Intrusive, unwanted, distressing or horrific, recurrent thoughts

Phobias: ☐ No ☐ Irrational fear of an object/situation leading to avoidance

