

THE MENTAL STATUS EXAMINATION

I.	Appearance	(observed)
II.	Behavior	(observed)
III.	Attitude	(observed)
IV.	Level of Consciousness	(observed)
V.	Orientation	(inquired)
VI.	Speech and Language	(observed)
VII.	Mood	(inquired)
VIII.	Affect	(observed)
IX.	Thought Process/Form	(observed/inquired)
X.	Thought Content	(observed/inquired)
XI.	Suicidality and Homicidality	(inquired)
XII.	Insight and Judgment	(observed/inquired)
XIII.	Attention Span	(observed/inquired)
XIV.	Memory	(observed/inquired)
XV.	Intellectual Functioning	(observed/inquired)

Components of the Mental Status Examination

- I. Appearance (Observed) - Possible descriptors:
 - Gait, posture, clothes, grooming.
- II. Behavior (Observed) - Possible descriptors:
 - Mannerisms, gestures, psychomotor activity, expression, eye contact, ability to follow commands/requests, compulsions.
- III. Attitude (Observed) - Possible descriptors:
 - Cooperative, hostile, open, secretive, evasive, suspicious, apathetic, easily distracted, focused, defensive.
- IV. Level of Consciousness (Observed) - Possible descriptors:
 - Vigilant, alert, drowsy, lethargic, stuporous, asleep, comatose, confused, fluctuating.
- V. Orientation (Inquired) – Possible questions for patient:
 - “What is your full name?”
 - “Where are we at (floor, building, city, county, and state)?”
 - “What is the full date today (date, month, year, day of the week, and season of the year)?”
 - “How would you describe the situation we are in?”
- VI. Speech and Language (Observed)
 - A. Quantity - Possible descriptors:
 - Talkative, spontaneous, expansive, paucity, poverty.
 - B. Rate - Possible descriptors:
 - Fast, slow, normal, pressured.
 - C. Volume (Tone) - Possible descriptors:
 - Loud, soft, monotone, weak, strong.
 - D. Fluency and Rhythm - Possible descriptors:
 - Slurred, clear, with appropriately placed inflections, hesitant, with good articulation, aphasic.
- VII. Mood (Inquired): A sustained state of inner feeling – Possible questions for patient:
 - “How are your spirits?”
 - “How are you feeling?”
 - “Have you been discouraged/depressed/low/blue lately?”
 - “Have you been energized/elated/high/out of control lately?”
 - “Have you been angry/irritable/edgy lately?”

VIII. Affect (Observed): An observed expression of inner feeling. - Possible descriptors:

- Appropriateness to situation, consistency with mood, congruency with thought content.
- Fluctuations: Labile, even.
- Range: Broad, restricted.
- Intensity: Blunted, flat, normal intensity.
- Quality: Sad, angry, hostile, indifferent, euthymic, dysphoric, detached, elated, euphoric, anxious, animated, irritable.

IX. Thought Processes or Thought Form (Inquired/Observed): logic, relevance, organization, flow and coherence of thought in response to general questioning during the interview. - Possible descriptors:

- Linear, goal-directed, circumstantial, tangential, loose associations, incoherent, evasive, racing, blocking, perseveration, neologisms.

X. Thought Content (Inquired/Observed) – Possible questions for patient:

- “What do you think about when you are sad/angry?”
- “What’s been on your mind lately?”
- “Do you find yourself ruminating about things?”
- “Are there thoughts or images that you have a really difficult time getting out of your head?”
- “Are you worried/scared/frightened about something or other?”
- “Do you have personal beliefs that are not shared by others?” (Delusions are fixed, false, unshared beliefs.)
- “Do you ever feel detached/removed/changed/different from others around you?”
- “Do things seem unnatural/unreal to you?”
- “What do you think about the reports in papers such as *The National Enquirer*?”
- “Do you think someone or some group intend to harm you in some way?”
- [In response to something the patient says] “What do you think they meant by that?”
- “Does it ever seem like people are stealing your thoughts, or perhaps inserting thoughts into your head? Does it ever seem like your own thoughts are broadcast out loud?”
- “Do you ever see (visual), hear (auditory), smell (olfactory), taste (gustatory), and feel (tactile) things that are not really there, such as voices or visions?” (Hallucinations are false perceptions)
- “Do you sometimes misinterpret real things that are around you, such as muffled noises or shadows?” (Illusions are misinterpreted perceptions)

XI. Suicidality and Homicidality

A. Suicidality – Possible questions for patient:

- “Do you ever feel that life isn’t worth living? Or that you would just as soon be dead?”
- “Have you ever thought of doing away with yourself? If so, how?”
- “What would happen after you were dead?”

B. Homicidality – Possible questions for patient:

- “Do you think about hurting others or getting even with people who have wronged you?”
- “Have you had desires to hurt others? If so, how?”

XII. Insight and Judgment (Inquired/Observed) – Possible questions for patient:

- “What brings you here today?”
- “What seems to be the problem?”
- “What do you think is causing your problems?”
- “How do you understand your problems?”
- “How would you describe your role in this situation?”
- “Do you think that these thoughts, moods, perceptions, are abnormal?”
- “How do you plan to get help for this problem?”
- “What will you do when _____ occurs?”
- “How will you manage if _____ happens?”
- “If you found a stamped, addressed envelope on the street, what would you do with it?”
- “If you were in a movie theater and smelled smoke, what would you do?”

XIII. Attention (Inquired/Observed) - Possible descriptors:

- Attend, concentration, distractibility.

A. Digit Span (forward and reverse) - Suggested patient instructions:

- “I will recite a series of numbers to you, and then I will ask you to repeat them to me, first forwards and then backwards.” [Begin with 3 numbers – not consecutive numbers, and advance to 7-8 numbered sequence.]

B. Spelling Backwards - Suggested patient instructions:

- “Spell the word ‘world.’ Now spell the word ‘world’ backwards.”

C. Calculations - Suggested patient instructions:

- (Serial 7’s) “Starting with 100, subtract 7 from 100, and then keep subtracting 7 from that number as far as you can go.”
- (Serial 3’s) “Starting with 20, subtract 3 from 20, and then keep subtracting 3 from that number as far as you can go.” [Monitor for speed, accuracy, effort required, and monitor patient reactions to the request]
- “Add these numbers: $(15 + 12 + 7)$ ”
- “Multiply these numbers: (25×6) ”
- “If something costs 78 cents and you give the cashier one dollar, how much change should you get back?”

XIV. Memory (Inquired)

A. Recent Memory – Possible questions for patient:

- “What is my name?”
- “What medications did you take today?”
- “What time was your appointment with me for today?”

B. Remote Memory – Possible questions for patient:

- “Where were you when President Kennedy was shot?” (For patients over 40)
- “What is your Social Security number?”
- “What were the dates of your graduation from high school, college, graduate school?”
- “When and where did you get married?”

C. Immediate Memory (also see XIII.-A. above) and New Learning - Suggested patient instructions:

- “I am going to ask you to remember three words (color, object, animal – e.g., blue, table, and horse) and I will ask you to repeat them to me in 5 minutes. Please repeat them now after me: blue, table, and horse.” – 5 minutes elapse – “What were those three words I asked you to remember?” [Monitor accuracy of response, awareness of whether responses are correct, tendency to confabulate or substitute other words, ability to correct themselves with category clue and multiple choice].

XV. Intellectual (Inquired/Observed)

A. Information and Vocabulary - Suggested patient instructions:

- “Name the last 5 presidents.” (Clinton, Bush, Reagan, Carter, Ford, Nixon, ...)
- “Name 5 of the largest cities in the country.” (New York City, Los Angeles, Chicago, Houston, Philadelphia)
- “Name the current president, vice president, governor, and mayor.” (Bill Clinton, Al Gore, George Ryan, Richard M. Daley)

B. Vocabulary - Possible descriptors:

- Grade school level, high school level, fluent, consistent with education.

C. Abstraction - Possible questions for patient:

1. Similarities – “How are the following items similar?”

- “an apple and an orange” (round ~concrete, fruit ~abstract)
- “a chair and a table” (made of wood ~concrete, furniture ~abstract)
- “a watch and a ruler” (measurement instruments ~abstract)

2. Proverbs – “How would you describe the meaning of the following sayings?”

- “People living in glass houses should not throw stones.”
- “A bird in the hand is worth two in the bush.”
- “You shouldn’t cry over spilt milk.”
- “Two heads are better than one.”

References

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- Endicott J, Spitzer RL. A diagnostic interview: the schedule for affective disorders and schizophrenia. Arch Gen Psychiatry 35:837-844 (1978).
- Nurnberger JI Jr, Blehar MC, Kaufmann CA, York-Cooler C, Simpson SG, Harkavy-Friedman J, Severe JB, Malaspina D, Reich T. Diagnostic interview for genetic studies. Rationale, unique features, and training. NIMH Genetics Initiative. Arch Gen Psychiatry 51:849-59 (1994).

THE CAGE SCREENING TOOL

- “Have you ever felt that you should **C**ut down on your drinking?”
- “Have people **A**nnoyed you by criticizing your drinking?”
- “Have you ever felt bad or **G**uilty about your drinking?”
- “Have you ever had a drink first thing in the morning to steady your nerves or get rid of a hangover (**E**ye-opener)?”

- Scoring: Two or more positive responses correlate with substance abuse.

Ewing JA. Detecting alcoholism: The CAGE questionnaire. JAMA 252:1905-1907 (1995)