

Mental Status Exam Cheat Sheet

Patient information	
Client name:	Age:
Date of birth:	Ethnicity:
Gender: Male Female Other:	
Instructions	
<ol style="list-style-type: none"> 1. Begin by filling out the patient information section at the top of the form. Ensure all demographic details are accurate and complete. 2. Before starting the assessment, familiarize yourself with the various components of the Mental Status Exam (MSE) listed in the checklist. Each component has several descriptors that can help you determine the client's current mental state in that specific area. 3. Conduct the MSE during your session with the client, taking note of their appearance, behavior, speech, mood and affect, thought process, thought content, perceptions, cognitive functioning, insight and judgment, and risk assessment. Observe and interact with the client, asking open-ended questions when necessary to gather additional information. 4. As you assess each component, tick the appropriate boxes on the checklist that best describes the client's presentation. Remember that these descriptors are not exhaustive; you may need to add your observations if they do not fit any listed options. 	
I. Appearance	
Hygiene and grooming	Dress
<p>Would you describe your client's hygiene and grooming as:</p> <p><input type="checkbox"/> Clean</p> <p><input type="checkbox"/> Neat</p> <p><input type="checkbox"/> Disheveled</p> <p><input type="checkbox"/> Shaven</p> <p><input type="checkbox"/> Unshaven</p> <p><input type="checkbox"/> Hair brushed</p> <p><input type="checkbox"/> Hair unbrushed</p>	<p>Is your client's clothing:</p> <p><input type="checkbox"/> Casual</p> <p><input type="checkbox"/> Business</p> <p><input type="checkbox"/> Inappropriate</p> <p><input type="checkbox"/> Ragged</p> <p><input type="checkbox"/> Immaculate</p> <p><input type="checkbox"/> Fashionable</p> <p><input type="checkbox"/> Dirty</p> <p><input type="checkbox"/> Neat</p> <p><input type="checkbox"/> Bizarre</p> <p><input type="checkbox"/> Stained</p>

Distinguishing features

Does your client have any distinguishing features, such as:

- Tattoos Piercings Scars

Apparent age

Does your client appear:

- Older than their stated age Younger than their stated age

Body mass index

Is your client's habitus:

- Normal
 Obese
 Underweight
 Overweight

Facial expressions

Does your client appear:

- Calm
 Sad
 Angry
 Anxious
 Perplexed

II. General behavior

Eye contact

Is your client's eye contact:

- Appropriate Avoidant Decreased Heightened

Motor activity

Does your client display:

- Normal activity TICS
 Tension Use a cane, crutches or another device
 Decreased activity Slowed
 Limp Shuffle
 Agitation Unsteady
 Restless

Tardive dyskinesia

Does your client display unusual movements in the jaw, face or tongue, such as:

- Grimacing Lip pursing Tongue writhing Chewing Lip smacking

Cooperativeness and attitude	Movements
<p>Does your client exhibit an appropriate level of cooperation, or are they:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Evasive <input type="checkbox"/> Guarded <input type="checkbox"/> Passive <input type="checkbox"/> Sullen <input type="checkbox"/> Withdrawn <input type="checkbox"/> Demanding <input type="checkbox"/> Hostile <input type="checkbox"/> Overly friendly <input type="checkbox"/> Relaxed <input type="checkbox"/> Open <input type="checkbox"/> Shy <input type="checkbox"/> Playful <input type="checkbox"/> Candid 	<p>Does your client display any unusual or repetitive movements, such as:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Tics <input type="checkbox"/> Twitches <input type="checkbox"/> Mannerisms <input type="checkbox"/> Tremor <input type="checkbox"/> Head-nodding <input type="checkbox"/> Finger-tapping <input type="checkbox"/> Waving <input type="checkbox"/> Pacing <input type="checkbox"/> Posturing <input type="checkbox"/> Body-rocking <input type="checkbox"/> Arm-flapping

III. Speech and language

General

Does your client speak clearly or have an:

Accent Stutter Lisp

Rate	Rhythm
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<p>Is your client's rate of speech:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Normal <input type="checkbox"/> Slow <input type="checkbox"/> Delayed onset <input type="checkbox"/> Fast 	<p>Is your client's speech:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Articulate <input type="checkbox"/> Slurred <input type="checkbox"/> Dysarthric <input type="checkbox"/> Monotone
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Volume	Content
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<p>Is your client's speech:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Soft <input type="checkbox"/> Loud <input type="checkbox"/> Mute 	<p>Is your client:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Loquacious <input type="checkbox"/> Fluent <input type="checkbox"/> Impoverished
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IV. Emotions		
Mood	Affect	Range
<p>Does your client say they feel:</p> <input type="checkbox"/> Depressed <input type="checkbox"/> Irritable <input type="checkbox"/> Sad <input type="checkbox"/> Good <input type="checkbox"/> Angry <input type="checkbox"/> Fantastic	<p>Does your client seem to be:</p> <input type="checkbox"/> Euthymic <input type="checkbox"/> Angry <input type="checkbox"/> Anxious <input type="checkbox"/> Depressed <input type="checkbox"/> Elated <input type="checkbox"/> Irritable <input type="checkbox"/> Euphoric	<p>Is your client's affect range:</p> <input type="checkbox"/> Broad <input type="checkbox"/> Labile <input type="checkbox"/> Restricted <input type="checkbox"/> Anhedonic <input type="checkbox"/> Flat
Congruency		
<p>Is your client's affect:</p> <input type="checkbox"/> Congruent to their mood Incongruent to their mood		
V. Thought and perception		
Thought process	Thought content	Perception
<p>Would you describe your client's thought process as:</p> <input type="checkbox"/> Goal-directed <input type="checkbox"/> Illogical <input type="checkbox"/> Blocking <input type="checkbox"/> Tangential <input type="checkbox"/> Word salad <input type="checkbox"/> Impoverished <input type="checkbox"/> Incoherent <input type="checkbox"/> Circumstantial <input type="checkbox"/> Loose <input type="checkbox"/> Rapid <input type="checkbox"/> Distractible <input type="checkbox"/> Perseverative <input type="checkbox"/> Flight of ideas	<p>Do your client's thoughts consist of:</p> <input type="checkbox"/> Suicidal ideation <input type="checkbox"/> Obsessions <input type="checkbox"/> Phobias <input type="checkbox"/> Homicidal ideation <input type="checkbox"/> Worries <input type="checkbox"/> Ruminations <input type="checkbox"/> Distortions <input type="checkbox"/> Compulsions <input type="checkbox"/> Grandiose, somatic, paranoid or other delusions	<p>Is your client experiencing:</p> <input type="checkbox"/> No hallucinations <input type="checkbox"/> Tactile hallucinations <input type="checkbox"/> Derealization <input type="checkbox"/> Auditory hallucinations <input type="checkbox"/> Olfactory hallucinations <input type="checkbox"/> Depersonalization <input type="checkbox"/> Visual hallucinations <input type="checkbox"/> Illusions

VI. Cognition	
Alertness	Orientation
Is your client: <input type="checkbox"/> Alert <input type="checkbox"/> In a stupor <input type="checkbox"/> Lethargic <input type="checkbox"/> Comatose <input type="checkbox"/> Obtunded	Does your client know: <input type="checkbox"/> Their name <input type="checkbox"/> The time <input type="checkbox"/> Their current location <input type="checkbox"/> The date
Memory	
To test your client's memory, you might ask them to do the following: <input type="checkbox"/> Repeat three words immediately and again in five minutes <input type="checkbox"/> Sign their name while answering unrelated questions <input type="checkbox"/> Tell you their birthday, where they were born and their parents' names.	
Does your client display: <input type="checkbox"/> No impairment <input type="checkbox"/> Short-term impairment <input type="checkbox"/> Long-term impairment	
Attention	
Does your client's attention seem: <input type="checkbox"/> Normal <input type="checkbox"/> Distracted	
Insight	
Describe your client's insight or their awareness of their situation or condition: <input type="checkbox"/> How well does your client understand the reasons for their behavior? <input type="checkbox"/> How well does your client appreciate how they contribute to a problem? <input type="checkbox"/> Does your client recognize or acknowledge the severity of an issue? <input type="checkbox"/> What do they perceive is the best way to address a problem?	
Is your client's insight: <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor	

Judgement

Consider if your client anticipates the consequences of their behavior and makes decisions to safeguard their well-being and that of others. Is their judgment:

- Good Fair Poor

Does your client show:

- Normal impulse control Impaired impulse control

Motivation

Would you describe your client's motivation level as:

- Good Fair Poor

Reliability

Consider your client's reliability and accuracy as they share details about their situation. Do you consider your client to be:

- Reliable Unreliable

VII. Environment

If part of your mental status exam includes assessing the client's living environment, you may want to describe their surroundings. Ask yourself the following:

- Have they made odd decisions, such as blocking doors or windows with furniture?
- Are there unusual decorations or wires that lead nowhere?
- Are they using any household objects inappropriately?
- Is their home extremely cluttered or dirty?
- Do they collect junk or garbage?