

THE MENTAL STATUS EXAMINATION (MSE)

The mental status examination is analogous to the physical examination. The focus is on current signs, symptoms, affect, behavior, and cognition. Some excellent books and book chapters have been written about the mental status exam; however, students and beginning clinicians usually condense these texts to an outline which they follow when writing up the mental status part of the psychiatric evaluation. Below is such an outline.

The outline represents a standardized way of presenting (orally or in writing) the mental status exam. This outline should not be used as a checklist of items to ask of the patients, and should not influence the flow of the psychiatric interview. The best interviewers let the patient do most of the talking (at least at the beginning of the evaluation), and they follow the patient's lead in collecting the mental status exam data base. This differs from the detailed physical exam, in which the order of the exam is often the same for all patients (e.g., start at the head and work downwards).

A good interviewer is not just listening to the content of the patient's speech. He or she is also observing affect and motor behavior, monitoring the amount, flow and quality of speech, and noting whether the connections between words, phrases, and sentences deviates from normal goal directed speech.

Authors vary in how they delineate the sections of the mental status exam. The outline below consists of 10 sections, with multiple components to each. For many of the components, I have included lists of frequently used descriptors. The list is not exhaustive.

A short glossary defining some of the terms that cause the greatest confusion follows the outline. The glossary is arranged in alphabetical order. In parentheses after each term is the section of the mental status examination where the term is used.

MENTAL STATUS EXAMINATION OUTLINE

- APPEARANCE:** Age (chronological age and whether person looks this age)
Sex, Race
Body build (thin, obese, cachectic, muscular, frail, medium)
Position (lying, sitting, standing, kneeling)
Posture (rigid, slumped, cross-legged, slouched, comfortable, threatening)
Eye contact
Dress (what individual is wearing, cleanliness, condition of clothes, neatness, appropriateness of garments)
Grooming (malodorous, highly perfumed, dirty, unshaven, kemptness, smelling of alcohol, hairstyle, makeup)
Manner (cooperativeness, guarded, pleasant, suspicious, glib, angry, seductive, ingratiating, evasive, friendly, inappropriately familiar, hostile)
Attentiveness to examiner (disinterested, bored, internally preoccupied, distractible, attentive)
Distinguishing features (scars, tattoos, bandages, blood stains, missing teeth, tobacco stained fingers)
Prominent physical abnormalities (missing limb, jaundice, profuse sweating, goiter, wheezing, coughing)
Emotional facial expression (crying, screaming, tremulous, looking upward as if hearing voices, perspiring, furrowed brow, sitting calmly)
Alertness (alert, drowsy, stupor, comatose)
- MOTOR:** Retardation (slowed movements)
Agitation (unable to sit still, wringing hands, rocking, picking at skin or clothing, pacing)
Abnormal movements (tremor, lip smacking, tongue thrust, mannerisms, grimaces, tics)
Gait (shuffling, broad based, limping, stumbling, festinating)
Catatonia (stupor, excitement, waxy flexibility)
- SPEECH:** Rate (slowed, long pauses before answering questions, hesitant, rapid, pressured)
Rhythm (monotonous, stuttering)
Volume (loud, soft, whispered)
Amount (monosyllabic, hypertalkative, mute)
Articulation (clear, mumbled, slurred, dysarthric)
Spontaneity

AFFECT: Stability (stable, fixed, labile)
 Range (constricted, full)
 Appropriateness (to content of speech and circumstances)
 Intensity (flat, blunted, exaggerated)
 Affect (depressed, sad, happy, euphoric, irritable, anxious, neutral, fearful, angry, apathetic, pleasant)
 Mood (patient's report)

THOUGHT CONTENT: Suicidal ideation
 Death wishes
 Homicidal ideation
 Depressive cognitions (guilt, worthless, hopeless)
 Obsessions
 Ruminations
 Phobias
 Ideas of reference
 Paranoid ideation
 Magical ideation
 Delusions
 Overvalued ideas
 Other major themes discussed by patient

THOUGHT PROCESS: Associations
 Coherence (coherent, incoherent)
 Logic (logical, illogical)
 Stream (goal directed, circumstantial, tangential, loose, flight of ideas, rambling, word salad)
 Clang associations
 Perseverative
 Neologism
 Blocking
 Attention (distractibility, concentration)

PERCEPTION: Hallucinations (auditory, visual, olfactory, gustatory, tactile)
 Illusions
 Depersonalization
 Derealization
 Deja vu, Jamais vu

INTELLECT: Global evaluation (average, above or below average)

INSIGHT: Awareness of illness

MINI-MENTAL STATE EXAM: (see next page)

PATIENT NAME: _____

PATIENT NUMBER: _____ DATE: _____

Maximum
Score Score

ORIENTATION

- 5 () What is the (year) (season) (date) (day) (month)?
- 5 () Where are we (state) (county) (town) (hospital) (floor)?

REGISTRATION

- 3 () Name 3 objects: 1 second to say each. Then ask the patient all 3 after you have said them.

Give 1 point for each correct answers. Then repeat them until he learns all 3. Count trials and record.

Hat Ball Tree

Trials

ATTENTION AND CALCULATION

- 5 () Serials 7's. 1 point for each correct. Stop after 5 answers. Alternatively spell "world" backwards.

RECALL

- 3 () Ask for 3 objects repeated above. Give 1 point for each correct.

LANGUAGE

- 9 () Name a pencil and watch (2 points)

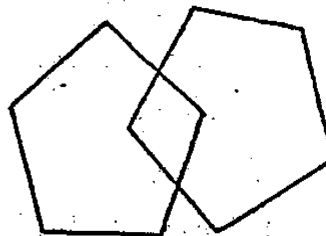
Repeat the following: "No ifs, and/or buts." (1 point)

Follow a 3-stage command: "Take a paper in your right hand, fold it in half, and put it on the floor." (3 points)

Read and obey the following: "Close your eyes." (1 point)

Write a sentence. (1 point)

Copy design (1 point)



TOTAL SCORE _____

ASSESS level of consciousness along a continuum.

Alert Drowsy Stuporous Comatose

SHORT PORTABLE MENTAL STATUS QUESTIONNAIRE

		CORRECT	ERROR
1. WHAT IS THE DATE TODAY? MONTH _____ DAY _____ YEAR _____ (Score correct only when the exact month, day and year are given correctly.)			
2. WHAT DAY OF THE WEEK IS IT? DAY _____			
3. WHAT IS THE NAME OF THIS PLACE? (Score correct if any correct description of the location is given: "My home", accurate name of town, city, or name of residence, hospital, or institution (if subject is institutionalized) are all acceptable.)			
4. WHAT IS YOUR TELEPHONE NUMBER? (If none, see 4A below) (Score correct when the correct number can be verified or when subject can repeat the same number at another point in questions.) # _____			
4A. WHAT IS YOUR STREET ADDRESS? (Ask only if subject does not have telephone.)			
5. HOW OLD ARE YOU? AGE: _____ (Score correct when stated age corresponds to date of birth.)			
6. WHEN WERE YOU BORN? MONTH _____ DAY _____ YEAR _____ (Score correct only when exact month, date and year are all given.)			
7. WHO IS THE PRESIDENT OF THE UNITED STATES NOW? (Only last name of President is required.) _____			
8. WHO WAS THE PRESIDENT BEFORE HIM? (Only last name of previous President required.) _____			
9. WHAT WAS YOUR MOTHER'S MAIDEN NAME? (Does not need to be verified.) (Score correct if a female name plus last name other than subject's last name is given.) _____			
10. SUBTRACT 3 FROM 20 AND KEEP SUBTRACTING 3 FROM EACH NEW NUMBER ALL THE WAY DOWN. _____ (The entire series must be performed correctly in order to be scored correct. Any error in series or unwillingness to attempt series is scored as incorrect.)			
TOTAL NUMBER ERRORS			

INTERPRETATION OF SCORE:

- 0-2 ERRORS INTACT INTELLECTUAL FUNCTIONING
- 3-4 ERRORS MILD INTELLECTUAL IMPAIRMENT
- 5-7 ERRORS MODERATE INTELLECTUAL IMPAIRMENT
- 8-10 ERRORS SEVERE INTELLECTUAL IMPAIRMENT

Allow one more error if subject had had only a grade school education.
Allow one less error if subject had had education beyond high school.