Mental Status Exam Cheat Sheet

Patient Information

Client Name:

Age:

Date of birth:

Ethnicity:

Sex:

Instructions

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
Would you describe your client's hygiene and grooming as:
☐ Clean ☐ Neat ☐ Disheveled ☐ Shaven ☐ Unshaven ☐ Hair Brushed ☐ Hair Unbrushed
Dress
Is your client's clothing:
☐ Casual

- [ ] Business
- [ ] Inappropriate
- [ ] Ragged
- [ ] Immaculate
- [ ] Fashionable
- [ ] Dirty
- [ ] Neat
- [ ] Bizarre
- [ ] Stained

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

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

Does your client exhibit an appropriate level of cooperation, or are they

- [ ] Evasive
- [ ] Guarded
- [ ] Passive
- [ ] Sullen
- [ ] Withdrawn
- [ ] Demanding
- [ ] Hostile
- [ ] Overly friendly
- [ ] Relaxed
- [ ] Open
- [ ] Shy
- [ ] Playful
- [ ] Candid

Movements

Does your client display any unusual or repetitive movements, such as:

- [ ] Tics
- [ ] Twitches
- [ ] Mannerisms
- [ ] Tremor
- [ ] Head-nodding
- [ ] Finger-tapping
- [ ] Waving
- [ ] Pacing
- [ ] Posturing
- [ ] Body-rocking
- [ ] Arm- flapping

III. Speech and Language

General

Does your client speak clearly or have an:

- [ ] Accent
- [ ] Stutter
- [ ] Lisp

Rate

Is your client's rate of speech:

- [ ] Normal
- [ ] Delayed onset
- [ ] Slow
- [ ] Fast

Rhythm

Is your client's speech:

- [ ] Articulate
- [ ] Dysarthric
- [ ] Slurred
- [ ] Monotone

Volume

Is your client's speech:

- [ ] Soft
- [ ] Loud
- [ ] Mute

Content

Is your client:

- [ ] Loquacious
- [ ] Fluent

- [ ] Impoverished

IV. Emotions

Mood

Does your client say they feel:

- [ ] Depressed
- [ ] Irritable
- [ ] Sad
- [ ] Good
- [ ] Angry
- [ ] Fantastic

Affect

Does your client seem to be:

- [ ] Euthymic
- [ ] Angry
- [ ] Anxious
- [ ] Depressed
- [ ] Elated
- [ ] Irritable
- [ ] Euphoric

Range

Is your client's affect range:

- [ ] Broad
- [ ] Labile
- [ ] Restricted
- [ ] Anhedonic
- [ ] Flat

Congruency

Is your client's affect:

- [ ] Congruent to their mood
- [ ] Incongruent to their mood

V. Thought and Perception

Thought Process

Would you describe your client's thought process as:

- [ ] Goal-directed
- [ ] Illogical
- [ ] Blocking
- [ ] Tangential
- [ ] Word salad
- [ ] Impoverished
- [ ] Incoherent
- [ ] Circumstantial
- [ ] Loose
- [ ] Rapid
- [ ] Distractible
- [ ] Perseverative
- [ ] Flight of ideas

Thought Content

Do your client's thoughts consist of:

- [ ] Suicidal ideation
- [ ] Obsessions
- [ ] Phobias
- [ ] Homicidal ideation
- [ ] Worries
- [ ] Ruminations
- [ ] Distortions
- [ ] Compulsions

- [ ] Grandiose, somatic, paranoid or other delusions

Perception

Is your client experiencing:

- [ ] No hallucinations
- [ ] Tactile hallucinations
- [ ] Derealization
- [ ] Auditory hallucinations
- [ ] Olfactory hallucinations
- [ ] Depersonalization
- [ ] Visual hallucinations
- [ ] Illusions

VI. Cognition

Alertness

Is your client:

- [ ] Alert
- [ ] In a stupor
- [ ] Lethargic
- [ ] Comatose
- [ ] Obtunded

Orientation

Does your client know:

- [ ] Their name
- [ ] The time
- [ ] Their current location
- [ ] The date

Memory

To test your client's memory, you might ask them to do the following:

- [ ] Repeat three words immediately and again in five minutes

- [ ] Sign their name while answering unrelated questions
- [ ] Tell you their birthday, where they were born and their parents' names.

Does your client display:

- [ ] No impairment
- [ ] Short-term impairment
- [ ] Long-term impairment

Attention

Does your client's attention seem:

- [ ] Normal
- [ ] Distracted

Insight

Describe your client's insight or their awareness of their situation or condition:

- [ ] How well does your client understand the reasons for their behavior?
- [ ] How well does your client appreciate how they contribute to a problem?
- [ ] Does your client recognize or acknowledge the severity of an issue?
- [ ] What do they perceive is the best way to address a problem?

Is your client's insight:

- [ ] Good
- [ ] Fair
- [ ] Poor

Judgment

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

Impulse Control

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?