# Mental Status Exam Checklist

## 1. Appearance

### Hygiene and Grooming
Would you describe your client's hygiene and grooming as:

- [ ] Clean
- [ ] Neat
- [ ] Disheveled
- [ ] Shaven
- [ ] Unshaven
- [ ] Hair Unbrushed
- [ ] Hair Brushed

### 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
### 2. General Behavior

#### Eye Contact

<table>
<thead>
<tr>
<th>Is your client's eye contact:</th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ Appropriate</td>
<td>☐ Decreased</td>
<td>☐ Heightened</td>
</tr>
<tr>
<td>☐ Avoidant</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

#### Motor Activity

<table>
<thead>
<tr>
<th>Does your client display:</th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ Normal activity</td>
<td>☐ Agitation</td>
<td>☐ Slowed</td>
</tr>
<tr>
<td>☐ Tension</td>
<td>☐ Restless</td>
<td>☐ Shuffle</td>
</tr>
<tr>
<td>☐ Decreased activity</td>
<td>☐ TICS</td>
<td>☐ Unsteady</td>
</tr>
<tr>
<td>☐ Limp</td>
<td>☐ Use a cane, crutches or another device</td>
<td></td>
</tr>
</tbody>
</table>

#### Tardive Dyskinesia

<table>
<thead>
<tr>
<th>Does your client display unusual movements in the jaw, face or tongue, such as:</th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ Grimacing</td>
<td>☐ Tongue writhing</td>
<td>☐ Lip smacking</td>
</tr>
<tr>
<td>☐ Lip pursing</td>
<td>☐ Chewing</td>
<td></td>
</tr>
</tbody>
</table>
### Cooperativeness and Attitude

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

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- [ ] Withdrawn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

### Movements

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

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

### 3. Speech and Language

#### General

Does your client speak clearly or have an:

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

#### Rate

Is your client's rate of speech:

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

#### Rhythm

Is your client's speech:

- [ ] Articulate
- [ ] Slurred
- [ ] Monotone
- [ ] Dysarthric
### Volume

Is your client's speech:
- [ ] Soft
- [ ] Loud
- [X] Mute

### Content

Is your client:
- [ ] Loquacious
- [ ] Fluent
- [X] Impoverished

### 4. Emotions

#### Mood

Does your client say they feel:
- [ ] Depressed
- [ ] Sad
- [X] Angry
- [ ] Irritable
- [ ] Good
- [X] Fantastic

#### Affect

Does your client seem to be:
- [ ] Euthymic
- [ ] Depressed
- [X] Irritable
- [ ] Angry
- [ ] Elated
- [X] Euphoric
- [ ] Anxious

#### Range

Is your client's affect range:
- [ ] Broad
- [ ] Restricted
- [X] Flat
- [ ] Labile
- [ ] Anhedonic

#### Congruency

Is your client's affect:
- [ ] Congruent to their mood
- [X] Incongruent to their mood
### 5. 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

### 6. Cognition

#### Alertness

Is your client:

- [ ] Alert
- [ ] Lethargic
- [ ] Comatose
- [ ] Obtunded
Orientation

Does your client know:

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

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
7. 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?