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 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
- [ ] Underweight
- [ ] Overweight
- [ ] Obese

Facial Expressions

Does your client appear:

- [ ] Calm
- [ ] Angry
- [ ] Perplexed
- [ ] Sad
- [ ] Anxious

2. General Behavior

Eye Contact

Is your client's eye contact:

- [ ] Appropriate
- [ ] Decreased
- [ ] Heightened
- [ ] Avoidant

Motor Activity

Does your client display:

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

Tardive Dyskinesia

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

- [ ] Grimacing
- [ ] Tongue writhing
- [ ] Lip smacking
- [ ] Lip pursing
- [ ] Chewing

Cooperativeness and Attitude

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

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- [ ] Withdrawn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

Content

Is your client:

- [ ] Loquacious
- [ ] Fluent
- [ ] Impoverished

4. Emotions

Mood

Does your client say they feel:

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

Affect

Does your client seem to be:

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

Range

Is your client's affect range:

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

Congruency

Is your client's affect:

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

5. Thought and Perception

Thought Process

Would you describe your client's thought process as:

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

Thought Content

Do your client's thoughts consist of:

- [ ] Suicidal ideation
- [ ] Homicidal ideation
- [ ] Distortions
- [ ] Obsessions
- [ ] Worries
- [ ] Compulsions
- [ ] Phobias
- [ ] Ruminations
- [ ] Grandiose, somatic, paranoid or other delusions

Perception

Is your client experiencing:

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

6. Cognition

Alertness

Is your client:

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

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

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

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?