



Mental Status Exam

Appearance	<ul style="list-style-type: none">• Apparent age• Manner of dress, body modifications• Evidence of medical conditions• Signs of drug use: [Track marks, pinpoint pupils, injected conjunctiva, etc.]
Behavior	<ul style="list-style-type: none">• Level of arousal: [Agitation, retardation, etc.]• Psychomotor activity: [Tics, tremors, akathisia, choreiform movements, compulsions, etc.]• Eye contact/ movements
Attitude	<ul style="list-style-type: none">• The patient's approach towards the physician: [Cooperative, pleasant, hostile, childish, guarded, etc.]
Speech	<ul style="list-style-type: none">• Production of speech, not content• Loudness, pitch, quantity, latency• Rhythm: [Staccato, pressured, clipped]• Articulation: [Dysphonia, stuttering, slurring, lisping, etc.]• Echolalia, neologisms
Mood/Affect	<ul style="list-style-type: none">• Mood: [How the patient feels, according to them: "Their own words", euthymic, dysthymic, angry, anxious, etc.]• Affect: [Your observations of the patient's emotional state: Appropriate/ inappropriate, congruent/ incongruent with mood, flat, blunted, dramatic, labile, full range/ limited range, la belle indifference.]
Thought Process	<ul style="list-style-type: none">• Quantity of thoughts: [Paucity of thought]• Tempo of thoughts: [Racing thoughts, inhibited thought]• Form of thoughts: [Loosening of associations, flight of ideas, tangential thinking, circumstantial thinking, disorganized thinking]
Thought Content	<ul style="list-style-type: none">• Obsessions, preoccupations, overvalued ideas• Delusions: [of reference, of grandeur, persecutory, paranoid, erotomanic]• Suicidal/homicidal ideation
Perception	<ul style="list-style-type: none">• Hallucinations: [auditory, visual, gustatory, olfactory, tactile]• Illusions: [inaccurate perception of existing sensory stimuli]
Cognition	<ul style="list-style-type: none">• Usually measured using a mini-mental status exam• Looks at alertness, orientation, attention, memory, visuospatial functioning, language, executive function

CORE

PSYCHIATRY



Insight

- Recognition they they have a mental illness
- Compliance with treatment
- Ability to label unusual mental events as pathological (hallucinations, etc)
- Should be described in detail, not just as good/ poor

Judgment

- Ask about real-life situations and how they would react
- Describe judgement in terms of how sound, reasonable, and responsible their decisions are