

GEORGIA DEPARTMENT OF CORRECTIONS
MH/MR SERVICES
MENTAL STATUS EVALUATION

INSTITUTION: _____
NAME: _____
ID #: _____
DOB: _____
RACE: _____ SEX: _____

<p>1. DRESS <input type="checkbox"/> Appropriate/clean clothes <input type="checkbox"/> Disheveled/soiled clothes <input type="checkbox"/> Inappropriate/non-clothes</p> <p>2. HYGIENE <input type="checkbox"/> Good <input type="checkbox"/> Adequate <input type="checkbox"/> Poor</p> <p>3. APPEARANCE <input type="checkbox"/> Meticulous <input type="checkbox"/> Appropriate <input type="checkbox"/> Unkempt</p> <p>4. FACIAL EXPRESSIONS <input type="checkbox"/> Appropriate to verbal content <input type="checkbox"/> Inappropriate <input type="checkbox"/> Bizarre <input type="checkbox"/> Minimized <input type="checkbox"/> Fixed</p> <p>5. TONE OF VOICE <input type="checkbox"/> Normal <input type="checkbox"/> Loud <input type="checkbox"/> Soft <input type="checkbox"/> Monotone</p> <p>6. RATE OF SPEECH <input type="checkbox"/> Appropriate <input type="checkbox"/> Rapid <input type="checkbox"/> Slowed</p> <p>7. MANNER OF SPEECH <input type="checkbox"/> Normal <input type="checkbox"/> Pressured <input type="checkbox"/> Hesitant <input type="checkbox"/> Stuttering <input type="checkbox"/> Slurred <input type="checkbox"/> Emotional</p> <p>8. SPEECH CONTENT <input type="checkbox"/> No unusual aspects noted <input type="checkbox"/> Morbid <input type="checkbox"/> Perseverative <input type="checkbox"/> Ideas of reference <input type="checkbox"/> Excessive Somatization <input type="checkbox"/> Hyper-religiosity <input type="checkbox"/> Nonsensical <input type="checkbox"/> Electively Mute</p> <p>9. THOUGHT PROCESS <input type="checkbox"/> Logical/Coherent <input type="checkbox"/> Illogical/Incoherent <input type="checkbox"/> Circumstantial <input type="checkbox"/> Tangential <input type="checkbox"/> Concrete <input type="checkbox"/> Blocking</p> <p>10. DELUSIONS APPARENT <input type="checkbox"/> None <input type="checkbox"/> Persecutory <input type="checkbox"/> Self-deprecatory <input type="checkbox"/> Grandiose <input type="checkbox"/> Somatic</p>	<p>11. SELF-INJURY <input type="checkbox"/> No thoughts of self-injury <input type="checkbox"/> Current thoughts of self-injury <input type="checkbox"/> Current plans for self-injury <input type="checkbox"/> Recent attempts or acts of self-injury <input type="checkbox"/> Past attempts or acts of self-injury <input type="checkbox"/> Occasional/passing thoughts of suicide <input type="checkbox"/> Preoccupying thoughts of suicide <input type="checkbox"/> Suicide plan <input type="checkbox"/> Recent suicide attempt <input type="checkbox"/> Past suicide attempt</p> <p>12. OTHER-INJURY IDEATION/BEHAVIOR <input type="checkbox"/> No history of assaultive behavior <input type="checkbox"/> History of infrequent assaultive behavior <input type="checkbox"/> History of frequent assaultive behavior <input type="checkbox"/> Recent assault <input type="checkbox"/> Homicidal ideation <input type="checkbox"/> Homicide plan <input type="checkbox"/> Past homicide attempt <input type="checkbox"/> Recent homicide attempt <input type="checkbox"/> Past homicide <input type="checkbox"/> Recent homicide</p> <p>13. HALLUCINATIONS APPARENT <input type="checkbox"/> None <input type="checkbox"/> Auditory <input type="checkbox"/> Visual <input type="checkbox"/> Tactile <input type="checkbox"/> Other</p> <p>14. MOOD <input type="checkbox"/> Undetermined <input type="checkbox"/> Euthymic (normal) <input type="checkbox"/> Apathetic <input type="checkbox"/> Dysphoric (sad) <input type="checkbox"/> Anxious <input type="checkbox"/> Fearful <input type="checkbox"/> Suspicious <input type="checkbox"/> Irritable <input type="checkbox"/> Angry <input type="checkbox"/> Euphoric (elevated)</p> <p>15. AFFECT <input type="checkbox"/> Appropriate to status <input type="checkbox"/> Broad <input type="checkbox"/> Exaggerated <input type="checkbox"/> Labile <input type="checkbox"/> Inappropriate <input type="checkbox"/> Restricted <input type="checkbox"/> Flattened</p> <p>16. SLEEP PATTERN <input type="checkbox"/> Normal <input type="checkbox"/> Insomnia <input type="checkbox"/> Frequent waking <input type="checkbox"/> Decreased hours <input type="checkbox"/> Restlessness <input type="checkbox"/> Increased hours <input type="checkbox"/> Early morning waking <input type="checkbox"/> Nightmares</p>	<p>17. EATING BEHAVIOR <input type="checkbox"/> No problem <input type="checkbox"/> Loss of appetite <input type="checkbox"/> Increase in appetite <input type="checkbox"/> Fasting <input type="checkbox"/> Hunger strike <input type="checkbox"/> Vomiting <input type="checkbox"/> Rapid weight gain or loss</p> <p>18. ORIENTATION <input type="checkbox"/> Time <input type="checkbox"/> Place <input type="checkbox"/> Person <input type="checkbox"/> Situation <input type="checkbox"/> Times four</p> <p>19. MEMORY <input type="checkbox"/> No notable impairment <input type="checkbox"/> Impaired immediate recall <input type="checkbox"/> Impaired recent memory <input type="checkbox"/> Impaired remote memory</p> <p>20. ESTIMATED INTELLECTUAL LEVEL <input type="checkbox"/> Above average <input type="checkbox"/> Average <input type="checkbox"/> Below average <input type="checkbox"/> Possible retardation</p> <p>21. JUDGMENT <input type="checkbox"/> Above average <input type="checkbox"/> Average <input type="checkbox"/> Below average <input type="checkbox"/> Poor <input type="checkbox"/> Variable</p> <p>22. INSIGHT <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor <input type="checkbox"/> Extremely limited</p> <p>23. IMPULSE CONTROL <input type="checkbox"/> Over-controlled <input type="checkbox"/> Average <input type="checkbox"/> Below average</p> <p>24. INTERACTION WITH EXAMINER <input type="checkbox"/> Cooperative <input type="checkbox"/> Uncooperative <input type="checkbox"/> Domineering <input type="checkbox"/> Ingratating <input type="checkbox"/> Manipulative <input type="checkbox"/> Dependent <input type="checkbox"/> Evasive <input type="checkbox"/> Defensive</p>
--	--	--

Evaluator/Title

Date

Reviewer/Title

Date