



MENTAL STATUS / BEHAVIORAL CHECKLIST

Student's Name: University number: Date: / / 2021

Client's Name: Age:

Occupation: Education:

Section/department:

Medical diagnosis: -

Present psychiatric history: insidious abrupt

Reason for recent hospital admission: -

Effects to usual life functions: relationship with others Change/s None

Chief complaint:

Height: Weight:

EATING DRINKING AND ELIMINATION:

State of appetite:

Manner of eating:

Frequency:

Habits:

Elimination:

Urination:

Defecation:

S.O.I.: (Patient - sheet - observation - others)

Presence of family history of mental illness:

(Who).....

Presence of previous psychiatric hospitalization:

How many times?

Medication used and its impact :.....

Presence of hypersensitivity to drugs or food (mention):

Previous surgical operation:

Neurological disorders:

Medical illness:

MENTAL STATUS / BEHAVIORAL CHECKLIST

A. Appearance

Is the patient appropriately groomed and dressed?
.....

Does the patient dress appropriately for their age?
.....

Does the patient maintain proper hygiene?
.....

Does the patient hold an erect posture?
.....

Does the patient's weight appropriate to his height, and does the patient have good nutritional status?
.....

Does body parts appropriate to each other:

Does the patient have a normal gait?
.....

Does the patient appear alert and have normal facial expressions?
.....

Does the patient make and maintain proper eye contact?
.....

Is the patient's affect congruent with what the patient is saying?
.....

Identifying features (marks/ scars/tattoos)

B. Behaviour: check if present

Controlled		Refused ADL (s)		Aloof	
Aggressive/combative behaviour		Refused medication (s)		Verbally abusive	
Guarded		Evasive		Suspicious	
Preoccupied		Hostile		Restless	
Impulsive		Sexual		fearful	
Disorganized		Hyperactive		Intrusive	
Refused meal (s)		Psychomotor retardation			
Facial Movements (jaw/lip smacking)		Distant		Other:	
Evidence:					
.....					

C. Attitude: is client

Cooperative		Apathetic		Thankful	
Med compliant		Hopeless		Helpless	
Warm		Hopeful		Uncooperative	
Friendly					
Other:					
Evidence:					
.....					

D. Speech

Quantity	Rate	Volume (tone)	Fluency and rhythm
Talkative	Not disturbed	Loud	No Disturbance Noted
Spontaneous	Fast	Soft	Slurred
Expansive	Slow	Monotone	Mute
Poverty	Pressured	Weak	Hesitant
		Strong	Latency

Others:

Is it appropriate for the current situation?

Evidence:

E. Mood and affect

Calm	Sad	Mixed (anxious and depressed)
Appropriate	Angry	Incongruent (sad and smiling)
Pleasant	Labile	Depressed
Constricted	Elated	Anxious
Guarded	Euphoric	Fearful
Congruent with mood	Guilty	Flat
Happy	Inappropriate	Withdrawn

Others:

Is it appropriate for the current situation?

Evidence:

F. Thinking

Thought process: response to general questioning during interview			Thought content: what the patient thinks about		
Concrete Thinking	No disturbance	Depersonalization	Delusion		
Circumstantiality	Irrelevance	Violence to Others	Obsession		
Loose Association	Incoherence	Magical Thinking	Phobias		
Clang Associations	Word Salad	Violence to Self	Fantasies		
Flight of Ideas	Palilalia	Déjà Vu	Dreams		
Tangentiality	Echolalia	Suicidal ideation	Paranoia		
Perseveration	Blocking	Neologism	Other:		
Organization	Derailment	Type of Delusion			

Evidence:

G. Perception: is client experiencing

Visual hallucination	Auditory hallucination	Other hallucination
Illusion	Commenting	Olfactory
Other:	Commanding	Tactile
	Discussing	Gustatory

Evidence:

H. Sensorium

Alertness				Orientation			
Vigilant		Lethargic		Time		Place	
Comatose		Stupor		Person		Self	
Drowsy		A sleep		Other			
Concentration and calculation: give number to multiply							
.....							

I. Memory

Memory	
Recent memory (Allow to recall events of past week/months)	
Remote memory (Recall famous news, event/ first grade teacher)	
Short term memory (Recall 3 objects 5 minutes later)	
Evidence:	
.....	

Fund of knowledge: ask person's interest: describe response.

Abstract thinking similarities: ask how items are similar

Chair and table.....

Pencil and paper.....

Proverbs: what do people mean when they say

Alham dullilah?

Insha'Allah

J. Insight: Acceptance

Awareness of psychiatric illness: Denial

partial

Evidence and comment

K. Judgment: provide common scenario and ask what she would do?.....

Evidence and comment

Laboratory investigations: Use this format

Date	Investigations	Patient's results	Normal result/s	Implication/ nurse's role

Write at least 5 nursing diagnoses according to mental health assessment

- 1.....
- 2.....
- 3.....
- 4.....
- 5.....

Medication sheet

Generic name	
Trade name	
Drug classification	
Indications	
Mechanism of action	
Side effects and adverse reaction	
Nursing responsibilities	

Subjective Data:

Objective Data: