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Source: Zuckerman, E. (2010). *Clinician's thesaurus: The guide to conducting interview and writing psychological reports* (7th ed.). New York: Guilford Press.

Mental Status Evaluation Questions/Tasks

The questions in this chapter are about **cognitive functions**. Questions about **symptoms and abnormal behaviors** are in Chapter 3.

2.1. Introduction to the Mental Status Questions

Over the years, clinicians have formulated questions for assessing mental status (especially cognitive function) and passed them down to their students. But with empirical examination, most of these have been found to lack reliability, validity, or both, and the whole area of interpreting the patient's responses is unstandardized. Therefore, for higher reliability, a number of standard brief mental status tests and short batteries are available, such as the classic Mini-Mental Status Examination by Folstein et al. (1975) (available at www.3parinc.com), and the Global Deterioration Scale by Reisberg et al. (1982). More recent screening tools include the Saint Louis University Mental Status Exam (available at aging.slu.edu) and the Montreal Cognitive Assessment (available at www.mocitest.org). Both have sensitivity superior to that of Folstein et al.'s MMSE, especially for the detection of mild cognitive impairment/mild dementia (Smith et al., 2007) and for cognitive dysfunction in Parkinson's disease (Gill et al., 2008). The Cambridge Cognitive Examination—Revised also appears to be highly discriminating for mild cognitive impairment (Heinik & Solomesh, 2007). The NEPSY-II (Korkman et al., 2007) assesses children ages 3–16 in six domains.

You could, of course, use the questions from the age-appropriate sections of the Stanford–Binet, or the Wechsler subtests of Information, Arithmetic, Comprehension, Similarities, or Digit Span, for the advantage of precise scoring and interpretation of the responses. Even with these tests, however, norming and validity may still be less than desired for the important consequences that flow from MSEs.

The questions offered below may be suitable alternatives for clients who have recently been formally tested on the instruments cited above, or they may be used for other reasons. These questions are appropriately used only as screening devices; unusual responses must be investigated further with standardized tests, and patterns of unusual responses must be investigated with neuropsychological, neurological, or other appropriate scientific methods.

No assertion or implication of any kind of validity is made or should be inferred about the use of the questions presented here. As far as I know, no research has been conducted on them, and no published norms are available to guide clinicians in interpreting the responses obtained to the

questions asked. The internal “norms” of experienced and well-trained professionals are the only basis for evaluating such responses. Although you will find guidance in almost any psychiatry text, the best books for learning to do MSEs are Trzepacz and Baker (1993) and Morrison (2008). The latter has a simple but excellent eight-page outline that integrates the process of data gathering and the formal structure of the interview. Rogers (2001) offers reviews of MSEs and structured interviews.

Also, bear in mind that your observations and conclusions about the client’s thought processes (“symptoms”) are entirely inferred from your observations (“signs”), as you have no direct access to these processes. Verbal and behavioral expressions can be affected by conditions such as sensory limitations, learning disorders, illiteracy, pain or other distractions, language limitations, or even dental problems.¹

The numbered sections below cover areas of mental functioning in rough order of increasing complexity and demand on the client’s cognitive abilities. For each subsection that asks about a specific cognitive function, such as memory, similarities, or social judgment, a cross-reference is included to the appropriate section of Chapter 11, “Cognition and Mental Status.” There you will find the terms for describing the cognitive function.

2.2. Background Information Related to Mental Status

See also Chapter 6, “Background Information and History.”

✓ **Note:** If the client is incapable of providing this information, a family member or other informant should be sought and identified in your report.

“How far did you go in school/How many grades did you finish in school/Did you finish high school?”

“In school, were you ever left behind a year/not promoted to the next grade/did you have to take a grade over again?”

“Were you ever in any kind of special classes/special education/classes for students with learning disabilities/mental retardation/social and emotional disturbances or disabilities?”

2.3. Rancho Los Amigos Cognitive Scale

This scale can be used to assess the level of function in carrying out purposeful behavior. Adapted from Hagen, Malkmus, and Durham (1979). Used by permission. See also the Rancho Los Amigos Scale on Levels of Coma (copyright 1997; see www.waiting.com/rancholosamigos.html; a more detailed version can be found at www.northeastcenter.com/rancho_los_amigos_revised.htm).

Level I	No response to pain, touch, sound, or sight.
Level II	Generalized reflex response to pain.
Level III	Localized response. Blinks to strong light, turns toward/away from sound. Responds to physical discomfort. Inconsistent response to commands.
Level IV	Confused–agitated. Alert, very active, aggressive, or bizarre behaviors. Performs motor activities, but behavior is nonpurposeful. Extremely short attention span.

¹Thanks to Joe Elwart, PsyD, of Royal Oak, MI.

Level V	Confused–nonagitated. Gross attention to environment. Highly distractible; requires continual redirection. Difficulty learning new tasks. Agitated by too much stimulation. May engage in social conversation, but with inappropriate verbalizations.
Level VI	Confused–appropriate. Inconsistent orientation to time and place. Retention span/recent memory impaired. Begins to recall past. Consistently follows simple directions. Goal-directed behavior with assistance.
Level VII	Automatic–appropriate. Performs daily routine in highly familiar environment in a nonconfused but mechanical, robot-like manner. Skills noticeably deteriorate in unfamiliar environment. Lacks realistic planning for own future.
Level VIII	Purposeful–appropriate.

2.4. Glasgow Coma Scale

This scale can be used for more precise numerical rating of core mental functioning, particularly after brain trauma. It is for an older child (age 4 and up) or adult and is adapted from Teasdale and Jenvet (1974). It is used by permission. The GCS can also be found online (www.northeastcenter.com/glasgow_coma_scale.htm), as can a version for infants and younger children (www.northeastcenter.com/modified-glasgow-coma-scale-for-infants-and-children.htm).

Eyes:	Open:	Spontaneously	4
		To verbal command	3
		To pain	2
		No response	1
Best motor response:	To verbal command:	Obeys	6
	To painful stimulus:	Localizes pain	5
		Flexion–withdrawal	4
		Flexion–abnormal	3
		Extension	2
		No response	1
Best verbal response:	Oriented and converses		5
	Disoriented and converses		4
	Inappropriate words		3
	Incomprehensible sounds		2
	No response		1
		Total (3–15):	_____

- ✓ Generally, ratings of 12 or above indicate mild injuries, and ratings of 8 or less indicate severe injuries.

2.5. Orientation

See Section 11.15, "Orientation," for descriptors.

To assess and document disorientation and confusion after Traumatic Brain Injury more formally, the Galveston Orientation and Amnnesia Test (available at www.utmb.edu/psychology/adultre-

hab/goat.htm) has been widely used. However, for those whose difficulties have other causes, the 10-item Orientation Log may be more appropriate (see *tbims.org/combi/olog*).

To Person

- "Who are you?"
- "What is your name?" [Pay attention to nicknames, childhood versions of name, hesitations, aliases.]
- "Are you married?"
- "What kind of work do/did you do?"

For a Child:

- "What school do you go to?"
- "What grade are you in now?"
- "What is the name of your teacher?"

To Place

- "Where are we/you?" (Setting, address/building, city, state/province.)
- "Where do you live?" (Setting, address/building, city, state/province.)
- "How far is this place from where you live?"

To Time

Observe whether the client wears a watch and, if so, whether the time indicated is correct and the client can read the time correctly. If the client wears no watch and indicates not knowing the time, ask for a guess or an approximation.

- "What time is it? Is that A.M. or P.M.? Is it day or night?"
- "How old are you?" "When is your birthday?"
- "What day is today? Which day of the week is today? What month is it now? What is today's date?"
- "What season is it? What year is it?"
- "When did you first come here? How long have you been here? Have you ever been here before?"
(If yes:) "How long were you here then?"

To Situation

- "Who am I?"
- "What am I doing here?"
- "What is the purpose of our talking?"
- "Why are you here?"

To Familiar Objects

- Hold up your hand and ask, "Is this my right or left hand?" "Please name the fingers of my hand."
- Hold up/point to a pencil, a watch, and eyeglasses, and ask the client to name each object, its uses, and its parts.

To Other People

- "What is your mother's/father's/spouse's name?"
- "What is your child's name/are your children's names?"

"What is my name?"

"What is my title/job?"

"When was the last time we met?"

"What are the names of some staff members?" [Ask about their titles, functions, etc., as well.]

"What are the names of some other persons here/patients?"

2.6. Attention (\leftrightarrow by degree)

See Section 11.3, "Attention," for descriptors. For attention span questions, see Sections 2.7, "Concentration," and 2.10, "Memory."

The questions and tasks below, arranged in order of increasing difficulty, cover active information processing about a single or particular stimulus with filtering out of irrelevant stimuli.

"Please say the alphabet as fast as possible." (Note the time taken; normal speed is 3–10 seconds.)

"Spell 'earth'/'house.'" "And now please spell it backward."

"Repeat your Social Security number backward, please." [You may need to clarify this by adding "One number at a time, from the end." Note time needed and accuracy.]

"Tap a pencil on the table each and every time I say the letter C." (Present a series of random letters at the rate of about one each second, with the letter C randomly distributed but occurring about every three to eight letters.) [Normal performance is making one or two errors (not noticing a C) in 45 seconds/45 letters.]

Digit span, forward and reverse: In other words, ask client to listen to, repeat, then repeat in reverse an arbitrary series of single digits you say first. (*See Section 2.10, "Memory."*)

Name three objects and have the client repeat them. Record the trials until the client is able to repeat all of them accurately. [This can also be used for delayed recall.] (*See Section 2.10.*)

"Count and then tell me the number of taps I have made." (Tap the underside of the table, or in some other manner make several trials of 3–15 sounds out of the client's sight.)

2.7. Concentration (\leftrightarrow by degree)

See Section 11.4, "Concentration/Task Persistence," for descriptors.

The questions and tasks here cover the maintenance of/holding of attention, or the performance of linked mental acts that require the excluding of irrelevant stimuli.

"Please spell your last name." "Now please spell it backward."

"Name the days of the week backward, starting with Sunday."

"Please name the months of the year." "Now please say them backward."

"Say the alphabet backward as fast as you can."

Ask the client to write a fairly long and complex sentence from your dictation.

Ask the client to tell you when a minute has passed while you talk/don't talk to him/her, and record the time taken.

Ask the client to point to/underline each A in a written list presented on a full page of letters: for example, B, F, H, K, A, X, E, P, A, etc.

Have the client do mental arithmetic problems. (*See Section 2.16, "Calculation Abilities," for examples—including the famous "serial sevens."*)

2.8. Comprehension of Language

Receptive

Receptive language abilities can be assessed by the responses to simple questions such as "Is my aunt's brother a man or a woman?" or "The lion killed the tiger. Which one is dead?" Next in complexity are the client's responses to a series of commands such as these:

"Close your eyes. Open them. Raise an arm. Raise your left arm."

"Show me how you brush your teeth/comb your hair."

"Put your right hand on your left knee three times, and then touch your left ear with your right hand."

"If today is Tuesday, raise one arm; otherwise, raise both."

(A three-stage command:) "Pick up that paper, fold it in half, and put it on the floor."

"Please read and obey this sentence." (Presented on a card: "Close your eyes for 5 seconds.")

Fluency

"Please tell me as many words as you can think of that begin with the letter F. Don't give me names/proper nouns or repeat yourself, and keep going until I stop you." (Stop the client after 30 seconds, and perhaps repeat with the letters A, P, or S. Score is the total number of words meeting the criteria on each trial.)

Expressive

Ask the client to read and explain some sentences from a magazine or newspaper.

Show her/him a photograph (e.g., in a magazine) and ask for the name(s) of the item(s) depicted.

Ask her/him to describe a picture that portrays several actions.

2.9. Eye-Hand Coordination/Perceptual-Motor Integration/ Dyspraxia/Constructional Ability

Ask the client to:

Pick up a dime with each hand from the tabletop.

Spin a paper clip on the tabletop, using each hand.

Touch each thumb to each finger as you name them (not in order).

Ask the client to:

Copy a design of two overlapping pentagons from an illustration on a card.

Draw a house/a tree/a person/a person of the opposite sex/yourself. [These are known as the House-Tree-Person and Human Figure Drawing tests.]

Ask the client to draw, from your dictation:

a diamond the outlines of a cross

a smoking pipe the edges of a transparent cube

Ask the client to draw a clock face and then indicate the present time as he/she estimates it to be, or "twenty after six." [This is known as the Clock Test. See Juby, 1999; Heinik & Shaikewitz, 2009.]

2.10. Memory

See Section 11.12, "Memory," for descriptors.

If possible, it is probably best to use the Wechsler Memory Scale-IV (Wechsler, 2009) or a similar validated test for accurate and precise evaluation.

Introductory Questions

- "Has your memory been good?"
- "Have you had any difficulty concentrating or remembering what you read/watch on television/recipes/telephone numbers/appointment times?"
- "Have you recently gotten lost/forgotten an important event/forgotten something you were cooking/left some appliance on too long?"
- "Have you had any difficulty recalling people's names or where you know them from?"
- "Have other people said to you that your memory is not as good as it was?"

Immediate Memory/Memory Span

Immediate memory covers a period of about 10–30 seconds in the experimental laboratory, or what was just said, done, or learned during the evaluation in the clinic.

"Digit span," both forward and reverse, is a common but complex task requiring perhaps more concentration than immediate memory.² Begin by telling the client:

"I am going to say some numbers one at a time. When I finish, please repeat them back to me. Ready?"

Start with two digits ("1, 7," not "17, 36," etc.). When the client repeats these correctly on a first or second attempt (with different digits), increase the length of the list by one digit until the client fails both trials/number sequences offered. Write the numbers down as you say them.

- ✓ Speak at a consistent rate of one digit per second; do not emphasize ending numbers with changes in your voice; and avoid consecutive numbers and easily recognizable dates or familiar sequences, or use your own Social Security number or telephone number.

Then say:

"Now I am going to say some more numbers, but this time I want you to repeat them backward. For example, if I said '6, 2,' what would you say?"

- ✓ The score is the maximum number of correctly recalled digits in correct order on either trial. "Five forward with one mistake" is four forward.
- ✓ Education (but not age) affects digit span, so be careful with interpretations. Normal digit span in adults is five to eight digits forward and four to six backward. A difference of three or more between forward and backward may reflect concentration deficits. Norms are available in the manuals for the Wechsler tests (Wechsler, 2003, 2008, 2009).

Short-Term Retention

Short-term retention covers a period from a few minutes up to 1–2 hours.

Name (*for auditory retention*) or point to (*for visual retention*) three related items (e.g., Broadway–New York City–taxi; book–pen–tablet; scissors–stapler–pad, apple–peach–pear). Tell the client that you will ask him/her about them later, and then ask for recall after 5 minutes

²I am grateful to James L. Pointer, PhD, of Montgomery, AL, for this clarification.

of interspersed activities. The score is the number recalled out of three without and then with prompting.

Offer four items from four categories (e.g., house, table, pencil, dictionary) and record the number of trials taken to learn the list. Ask for recall in 5 and 10 minutes. If the items are not recalled, prompt with category descriptions (e.g., a building, a piece of furniture, a writing tool, a kind of book). If they are still not recalled, ask the client to select the words from a list of four similar items (e.g., for pencil offer pen, crayon, pencil, paintbrush).

Give the client three colors or shapes to remember, and ask her/him to recall them in 5 minutes.

Tell the client your name and ask him/her to remember it because you will ask for it later. Ask in 5–10 minutes. If it is not correctly recalled, reinform and teach; then ask again every 5 or 10 minutes more, and note the number of trials to mastery or your abandoning the test.

Ask the client to read a narrative paragraph from a magazine or newspaper, and to produce the gist of the story upon completion without being able to refer to the source.

Ask about events at the beginning of the interview. (For example, were any other people present? What was asked first and next? Which history items were sought?)

Recent Memory

Recent memory covers a period from a few hours up to 1–4 days, and also today's events.

Ask about yesterday's meals/television programs/activities/companions (but only if these can be verified).

Ask about the route taken/distance to this office, your name (if not overused in the interview), events in the recent news.

Ask, "What clothes did you wear yesterday?"

Recent Past Memory

Recent past memory refers to the last few weeks and months. Ask the following questions only if the answers can be verified:

"What did you do last weekend?"

"Where and when did you take your last vacation?"

"What presents did you get on your last birthday/Christmas?"

"What were you doing on the most recent national holiday (July 4th, Labor Day, Christmas)?"

"Name any other doctors you have seen/any hospitalizations/tests received, when the present illness began/you first felt troubled/ill."

Remote Memory

Remote memory extends from approximately 6 months ago up to all of the client's lifetime, including the premorbid period (before symptom onset). Ask about the following:

Childhood events (in their correct sequence), places lived, schools attended, names of friends.

"Where were you born?"

"What is your birth date?"

"Your first memory?"

"What was the name of your elementary/grade/high school?"

"Please tell me the names of some of your friends in school."

Life history: parents' full names, siblings' names and birth order, family deaths, first job, date(s) of marriage, names/birth dates/ages of children.

More difficult alternatives: siblings' birthdays, dates of hospitalizations, names of doctors, school teachers' names, "How you dressed up for Halloween."

Activities on holidays about a year ago or on other dates that stand out.

Local historical events.

Historical events: Attack on Pearl Harbor (Dec. 7, 1941); Sputnik (1957); first men on the moon (July 20, 1969); name of the U.S. president who resigned (Nixon, Aug. 9, 1974); U.S. presidents during wars (WW II—F. D. Roosevelt; Korean War—Truman, Eisenhower; Vietnam—Johnson, Nixon; Iraq and Afghanistan—G. W. Bush, Obama); *Challenger* disaster (Jan. 28, 1986); collapse of Berlin Wall (Nov. 9, 1989); Oklahoma City bombing (Apr. 19, 1995); World Trade Center/Pentagon attacks (Sept. 11, 2001); etc.

2.11. Fund of Information

See Section 11.8, "Information," for descriptors.

Basic Orientation Information

"What is your birth date? Social Security number?"

"What is your phone number? Area code?"

"What is your address? Zip code?"

"What is your height? Weight? Shoe size? Dress/suit size?"

"Tell me the time." "What time will it be in an hour and a quarter?"

"How long will it be until Christmas?"

"How many days are there in a month/year?"

"Name the days of the week/months of the year."

"Where are we?" [Ask for state, county, city, hospital/building, floor, office.]

"Name the local sports teams."

"What is the capital of this state?"

"Which states border this one?"

"Name the five largest U.S. cities."

"How far is it from here to _____ (one of the large cities named above)?"

"How far is it from New York City to San Francisco?"

"In which country is Rome/Paris/London/Moscow?"

"Name three countries in the Middle East/Europe/South America."

"What is the current population of this city/state/the United States (about 308 million in 2010), the world (about 6.8 billion in 2010)?"

Information about People

"Who is the current president? And before him? And before him? Name the presidents backward, starting with the current one." (U.S. presidents since 1901 in reverse order: Obama, G. W. Bush, Clinton, G. H. W. Bush, Reagan, Carter, Ford, Nixon, Johnson, Kennedy, Eisenhower, Truman, F. D. Roosevelt, Hoover, Coolidge, Harding, Wilson, Taft, T. Roosevelt.)
[Note: The failure to recall most of these is not pathognomonic.]

"Where does the president live?" (In the White House; Washington, D.C.)

"Who was the first president of the United States?"

"Who is the governor of this state/mayor of this city?"

"Who is ... ?" [Name several present or past entertainers and/or sports figures that the client would seem likely to know.]

"What was/is Booker T. Washington/Thomas Edison/Jonas Salk/Albert Einstein/Steve Jobs/Bill Gates famous for?"

"Who invented the airplane?" (The Wright brothers, Wilbur and Orville.)

"What does a pharmacist do?"

"Who is/was John F. Kennedy/Martin Luther King, Jr./Fidel Castro?"

For a Child:

"Who is Mickey Mouse/Mr. Rogers/Big Bird/Ronald McDonald/Barney/Harry Potter/Sponge-Bob?"

"What are your teachers' names?"

The names in several of these questions can of course be varied depending on a client's age, gender, place of residence, and ethnicity, as well as on the current popularity or importance of various figures.

Information about Things

"Name five foods."

"Name five animals."

Ask about local geography: rivers, mountains, streets, downtown, parks, highways, stores, malls, schools.

"How many sides does a pentagon have?" (Five.)

"Name three animals beginning with C."

"Name three cities beginning with D."

"How many ounces in a pound?" (16.)

"What are houses made of?"

"Which is the longest river in the United States?" (The Mississippi.)

"In what direction does the sun set?" (The west.)

"Please identify these." [Show some coins and bills of common U.S. currency.]

"Who/whose face is on a penny/nickel/dime/dollar bill/five-dollar bill?" (Lincoln/Jefferson/F. D. Roosevelt/Washington/Lincoln.)

"At what temperature does water freeze?" (32 degrees Fahrenheit or 0 degrees Celsius.)

"From what do we get gasoline?" (Oil, crude oil.)

Information about Events

"What do we celebrate on the 4th of July/Christmas/Thanksgiving Day/Labor Day/Memorial Day/Easter/Passover/Ramadan/Kwanzaa?"

"Who won the last Super Bowl/World Series?"

"Please name some events/big stories that are currently in the news/that you have read about in the papers or seen on the TV news."

"What has happened recently in (specify a place)?"

"What did (person's name) do recently? What happened to (person's name) recently?"

"In about what years did the United States fight in World War II/Korea/Vietnam/the Persian Gulf/Afghanistan/Iraq?" (1941-1945, 1950-1953, 1965-1975, 1990-1991, 2001-?, and 2003-?, respectively.) "Why did we fight that war?"

(For those over 75 years of age:) "What was the date of the attack on Pearl Harbor?" (Dec. 7, 1941.)

(For those over 55 years of age:) "What was the date President John F. Kennedy was assassinated?" (Nov. 22, 1963.)

What was the date of the attacks on the World Trade Center and the Pentagon? (Sept. 11, 2001.)

2.12. Opposites

"Please tell me the opposite of each of these words."

Hard fast large out high child

2.13. Differences

Use the format "What is the difference between a _____ and a _____?" or "In what ways are a _____ and a _____ different or not the same?"

lie-mistake

duck-pigeon

boy-girl

midget-child

orange-baseball

hand-foot

kite-airplane

water-land

tongue-nose

Ask: "Which of these is the different one and why?"

Desk, **apple**, chair, lamp. (Apple is not furniture, not artificial, is edible.)

Pottery, **statue**, painting, **poem**. (Poem is not tangible; statue does not begin with P, etc.)

2.14. Similarities/Analogies

Use the format "In what ways are a _____ and a _____ the same or similar?"

Pairs of words, grouped by difficulty, are listed below.

Easy (because there is a commonly available word for an abstract commonality, but these still have concrete and functional levels)

yellow-green

joy-anger

dollar-dime

violin-piano

apple-orange

cat-lion

scissors-saw

ship-airplane

Moderately Difficult (because a word for an abstract commonality is not so easily available)

truck/car-bus

sun-moon

bus-airplane

barn-house

duck-chicken

socks-shoes

elbow-knee

watch-clock

Difficult (because the commonality is quite abstract and difficult to find)

theater-church

mountain-lake

wings-legs

telephone-radio

work-play

steam-fog

prison-zoo

ruler-thermometer

- ✓ Question any vague responses until you obtain a clear estimate of the level of comprehension and abstraction involved. For example, "bus-airplane" can be interpreted on a spectrum of increasing abstraction: "Both have wheels/People ride in both/Both are means of transportation/Both are technological artifacts."
- ✓ In ambiguous cases, ask the client: "Please tell me more about that." If necessary, add: "What type/class of things do they belong to?"

2.15. Absurdities

You can, of course, use Verbal Absurdities from the Stanford-Binet Intelligence Scales, Fifth Edition (Roid, 2003), or you might select from your experience examples tailored for the particular person being examined.

Ask the client: "What is wrong with/is foolish/doesn't make sense about this?"

"The doctor rushed into the emergency room, got out the bandages, and after eating a sandwich, bandaged the bleeding man."

"Bill's ears were so big he had to pull his sweaters on over his feet."

"An airplane pilot ran out of gas halfway across the ocean, so to be safe, he turned around, flew back, and landed where he took off."

"A man was in two auto accidents. The first accident killed him, but the second time he got well very quickly."

Only if you believe it useful, ask about absurdities/contradictions/paradoxes in everyday life:

"Please give me an example of 'Catch-22.'"

"Prevention is more effective than treatment, yet is underfunded."

2.16. Calculation Abilities

See Section 11.2, "Arithmetic," for descriptors.

The questions below require attention, concentration, memory, and education. On all math problems, make note of the actual answers given; the effort required/given; time needed; accuracy/changed performance when given a prompt, on the next correct answer in a sequence, or when given paper and pencil to perform the calculations; etc. Also note self-corrections, use of fingers to count upon, requests for paper and pencil, complaints, excuses, etc.

Basic Examples of Arithmetic Questions (\leftrightarrow by degree)

"How much is $2 + 2$? And $4 + 4$? and $8 + 8$?" [Continue in this sequence and note the limits of skill. More difficult versions are $3 + 3$'s and $7 + 7$'s.]

One-step: " $3 + 4 = ?$ " " $6 + 4 = ?$ "

Two-step: " $7 + 5 - 3 = ?$ " " $8 + 4 + 9 = ?$ " " $4 + 6 + 3 = ?$ "

"Which is larger: $\frac{1}{3}$ or $\frac{1}{2}$?"

Verbally Presented Arithmetic Problems (\leftrightarrow by degree)

"How many quarters are there in \$1.75?" (7)

"If pens are priced at 2 for 18 cents, how much would half a dozen cost?" (\$0.54)

"How much is left when you subtract \$5.50 from \$14.00?" (\$8.50)

"How many nickels are there in a dollar?" (20)

"How many nickels are there in \$1.95?" (39)

Serial Subtractions/"Serial Sevens"

See Section 11.4, "Concentration/Task Persistence," for descriptors.

"Starting with 100, subtract 7, and then subtract 7 from that, and continue subtracting 7."

- ✓ Normal performance is 1 minute or less in subtracting to 2 with two or fewer errors, not including spontaneous self-corrections. In reporting responses to this, it is clearer to the reader if you underline the errors, as in this set of responses: 93, 84, 77, 70, 62. Attend not only to accuracy but to speed and persistence.

Simpler Alternatives to "Serial Sevens"

Simpler alternatives to "serial sevens" include counting from 1 to 20 by twos, or counting to 39 by threes and subtracting "serial fives" from 100. More difficult are "serial fours" from 50, and "serial threes" from 31. For those for whom "serial sevens" is too easy, "serial thirteens" from 100 may be suitable.

2.17. Abstract Reasoning/Proverbs

See Section 11.17, "Reasoning/Abstract Thinking/Concept Formation," for descriptors.

Our interpretation of our clients' interpretation of proverbs should be circumspect and informed (see Gibbs & Beitel, 1995). The selection of which proverbs to offer depends on your initial assessment of the client's deficits and diagnosis. Some are more difficult to interpret satisfactorily, while others reveal coping strategies, the intensity of the cognitive dysfunction, or personalization.

Ask, "What do people mean when they say _____?" followed by a proverb such as the following:

"All that glitters is not gold"/"You can't judge a book by its cover." (Appearances can be deceiving.)

"Make hay while the sun shines"/"Strike while the iron is hot." (Using an opportunity, taking initiative.)

"Don't cry over spilled milk." (Mature resignation and priorities.)

"The grass is always greener on the other side of the fence." (Optimism, pessimism, envy, regret, dissatisfaction.)

"Every cloud has a silver lining." (Optimism, hopefulness, trust, patience.)

"Rome wasn't built in a day"/"Great oaks from little acorns grow." (Patience, frustration tolerance, deferral/delay of gratification.)

"People who live in glass houses shouldn't throw stones." (Arrogance vs. tolerance, humility, guilt, impulse control.) (Or more casually: What goes around comes around.)

"Birds of a feather flock together"/"Like father, like son"/"The apple doesn't fall far from the tree." (The effects of history, genetics, or learning.)

"Don't count your chickens before they are hatched"/"A bird in the hand is worth two in the bush." (Caution, realistic hopes/plans.)

"The squeaking wheel gets the grease." (Excessive modesty vs. attention-seeking behavior, self-assertion.)

"When the cat's away, the mice will play." (Control and rebellion.)

"A rolling stone gathers no moss." (Either positive or negative interpretations of stones/moss/rolling.)

- ✓ An alternative is to ask, "Do you have a favorite Bible story?" If so, "Tell me the story." Then ask, "Why is it your favorite?"

2.18. Paired Proverbs

These proverbs can be used to further evaluate the client's abstraction abilities. Present one on the left and then the paired one on the right. Ask the client, "What do people mean when they say ..." before each proverb.

- ✓ Note when and how the client recognizes the conflicts presented by the pairs. Does she/he fail to notice the conflicts; seem to notice but then ignore the conflict; make some joke; comment on human nature, proverbs in general, the examiner, or the examiner's questions; try to resolve the conflict at a higher level of abstraction; offer other conflicting proverbs?

"Don't change horses in midstream."	and	"If at first you don't succeed, try, try again."
"A bird in the hand is worth two in the bush."	and	"Nothing ventured, nothing gained."
"Look before you leap."	and	"He who hesitates is lost."
"Out of sight, out of mind."	and	"Absence makes the heart grow fonder."
"A stitch in time saves nine."	and	"Don't cross a bridge until you come to it."

"Haste makes waste."

and "Strike while the iron is hot"/ "Make hay while the sun shines."

"Do unto others as you would have them do unto you."

and "To each his own"/ "Different strokes for different folks."

2.19. Practical Reasoning

General Questions

- "Why do we refrigerate many foods?"
- "Why do we have newspapers?"
- "Why should people make a will?"
- "Who picked out the clothes you are wearing?"

Hazard Recognition (↔ by degree)

- "What should you do before crossing the street?"
- "Why shouldn't people smoke in bed?"
- "What should you do when paper in a wastebasket catches fire?"
- "What should you do if food catches on fire when you are cooking at the stove?"
- "What should you do when you cut your finger?"
- "What should you do if you smell gas in your house/come home to find that a broken pipe has flooded the kitchen?"

2.20. Social Judgment

See also Section 2.19, above; see Sections 11.13, 11.16, and 11.20 for descriptors.

The questions below require increasing social understanding (↔ by degree).

- "What should you do if you lose/find a library book?"
- "What should you do if you see a purse or a wallet on the sidewalk/in the street?"
- "Why should people go to school?"
- "What should you do if you are stopped by the police?"
- "What would you do if you found that you had locked your keys in your car?"
- "Why do we have to put stamps on letters we mail?"
- "Why do people have to have license plates on their cars?"
- "Please tell me of a situation/incident in which you made a bad/foolish/mistaken choice."
- "Have you ever been taken advantage of/been a victim?"
- "Have you ever made any bad loans?"
- "What should you do if someone is very critical of a job you have done?"
- "What would you do if someone threatened/tried to hurt you?"
- "Please tell me the name of a close friend of yours/someone you would confide in/talk with if you had a personal problem/talk over a serious problem with."
- "How would you spend \$10,000 if it were given to you/if you won the lottery?"
- "Who is or was the most important person in the world/history? Why?"
- "What is the role of a free press in a democracy?"
- "Why do we vote by secret ballot?"

"Why do people feel so strongly about the subject of abortion?"
 "What do you think are the major differences between the Republican and Democratic parties?"

For a Child:

"If you could be any animal, which would you choose and why?"
 "If you could have anything you wished for, what three things would you wish for?"
 "If you could live anywhere in the world, where would you want to live?"
 "What would you do if another student pushed/hit/teased you?"
 "Do you think you have enough friends?"
 "What would you do if someone you didn't know offered you a ride home from school/offered you a video game/wanted to show you a puppy or kitten?"³
 "If you could change anything about yourself, what would you change?"

2.21. Decision Making

See Section 11.6, "Decision Making," for descriptors.

"Are you satisfied with the decisions you make?"
 "Do you have a hard time coming to some decisions? Which are hardest? Why?"
 "Do you decide too quickly or take too long to make a decision?"
 "Have other people ever said you were indecisive/wishy-washy? Do you agree?"

2.22. Self-Image

For descriptors, see Section 9.3, "Self-Image/Self-Esteem."

"Which three words best describe you?"
 "What are your strengths as a person?"
 "How would you describe yourself?"
 "What was the most important thing that ever happened in your life?"
 "What would be written on your tombstone/in your obituary if you were to die today?"
 "Has life been fair to you?"
 "Please tell me about the turning points in your life."

2.23. Insight into Disorder

For descriptors of responses, see Section 11.9, "Insight."

"What kind of place is this? What goes on here?"
 "Why are you here? What causes you to be here?"
 "Why are you talking to me?"
 "Do you think there is something wrong with you?" (*If so:*) "What? Do you think you are ill?"
 "What do you think has caused your troubles/pain/confusion/being disabled/being hospitalized?"
 "How well is your mind working?"
 "What are your major problems?"

³Some of these questions are from Judy Bomze of Wynnewood, PA.

- "What is your diagnosis?" "What does that mean?"
 "Did you ever have a nervous breakdown/bad nerves/something wrong with your mind?"
 "Do you think you need treatment?"
 "Why did/do you need to take medicines?"
 "What role or part do you think/believe you have played in this problem/your problems?"⁴
 "What do you need to do to stay well."
 "What are your suggestions for your treatment?"
 "What changes would help you most?"
 "How would you describe your childhood/family/earlier life?"

2.24. Strengths and Coping

This list is adapted from Tedeschi and Kilmer (2005).

Self-Efficacy

- "How sure are you that things will work out for you when you have to try something new and challenging/someone counts on you to do something important/you're faced with a problem in an important relationship?"

Social Support

- "How much can you count on your friends and family when you need them?"
 "Do you have someone who really 'gets' you and understands how you feel?"
 "Other than your family/folks, do you feel as though there are adults and people who care about you and will help you?"

Coping Strategies

- "What do you tend to do when you're faced with a problem or stressful situation? How do you handle it?"
 "What do you do when you are stressed?/When you are upset, what do you usually do?"
 "What gets you through? What do you do then?"

2.25. Mental Status Evaluation Checklist

- ✓ In any evaluation of mental status, always consider variables that may be affecting the client's performance, such as current medications and illnesses, limitations of communication, and others. (See Section 1.2, "Introducing Yourself and Noting Possible Communication Difficulties.")

The checklist presented on the next two pages (Form 1) is adapted from my book *The Paper Office* (Zuckerman, 2008). The form is concise and helpful for recording the results of an MSE. You may photocopy and adapt it for your work with clients without obtaining written permission, but you may not use it for teaching, writing, or any commercial venture without such permission.

⁴This way to assess the client's degree of taking responsibility or blaming comes from Michael Newberry, MD, of Palm Bay, FL.

Mental Status Evaluation Checklist (p. 2 of 2)

MENTAL STATUS
QUESTIONS

3. Relating

<i>Eye contact</i>	Normal	Fleeting	Avoided	None	Staring		
<i>Facial expression</i>	Responsive	Constricted	Tense	Anxious	Sad	Depressed	Angry
<i>Attitude toward examiner</i>	Cooperative	Dependent	Dramatic	Passive	Uninterested	Silly	
	Resistant	Critical	Hostile	Sarcastic	Irritable	Threatening	
	Suspicious	Guarded	Defensive	Manipulative	Argumentative		

4. Affect and mood

<i>Affect</i>	Appropriate	Labile	Restricted	Blunted	Flat	Other: _____
<i>Mood</i>	Euthymic	Irritable	Pessimistic	Depressed	Hypomanic	Euphoric Other: _____

5. Thought and language

<i>Speech flow</i>	Normal	Mute	Loud	Blocked	Paucity	Pressured	Flight of ideas
<i>Thought content</i>	Congruent mood and circumstances			Incongruent	Personalizations		
	Persecutions	Indecisions	Suspensions	Delusions	Ideas of reference		
	Ideas of influence		Illusions				
<i>Preoccupations</i>	Phobias	Somatic	Suicide	Homicidal	Guilt	Religion	Other: _____
<i>Hallucinations</i>	Auditory	Visual	Other: _____		Content: _____		
<i>Organization</i>	Normal	Logical	Goal-directed	Circumstantial	Loose	Perseverations	

6. Executive functions

<i>Fund of knowledge</i>	Average	Above average	Impoverished by: _____				
<i>Intelligence</i>	Average	Below average	Above average	Needs investigation			
<i>Abstraction</i>	Normal	Concrete	Functional	Popular	Abstract	Overly abstract	
<i>Judgment</i>	Normal	Common-sensical	Fair	Poor	Dangerous		
<i>Reality testing</i>	Realistic	Adequate	Distorted	Variable	Unaware		
<i>Insight</i>	Uses connections		Gaps	Flashes of	Unaware	Nil	Denial
<i>Decision making</i>	Normal	Only simple	Impulsive	Vacillates	Confused	Paralyzed	

7. Stress

<i>Stressors</i>	Money	Housing	Family conflict	Work	Grief/losses	Illness	Transitions
<i>Coping ability</i>	Normal	Resilient	Exhausted	Overwhelmed	Deficient supports		
	Deficient skills		Growing				
<i>Skill deficits</i>	None	Education	Communication	Interpersonal	Decision making		
	Self-control	Responsibility	Self-care	Activities of daily living			
<i>Supports</i>	Usual	Family	Friends	Church	Service system	Other: _____	
	Needed: _____						

8. Social functioning

<i>Social maturity</i>	Responsible	Irresponsible	Self-centered	Impulsive	Isolates	
<i>Social judgment</i>	Normal	"Street-smart"	Naive	Heedless	Victimized	Impropriety

D. Other aspects of mental status

This is a strictly confidential patient medical record. Rediscovery or transfer is expressly prohibited by law.

This report reflects the patient's condition at the time of consultation or evaluation. It does not necessarily reflect the patient's diagnosis or condition at any subsequent time.