Mental Status Examination Screening for Mental Disorders

**Orientation**

(Add Points for each correct Response)

<table>
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<tr>
<th>Score</th>
<th>Points</th>
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1. What is the:
   - Year?
   - Season?
   - Date?
   - Month?

2. Where are we:
   - State?
   - County?
   - Town or City?
   - Hospital?
   - Floor?

**Registration**

3. Name three objects, taking one second to say each. Then ask the patient all three after you have said them. Give one point for each correct answer. Repeat the answers until the patient learns all three.

**Attention and Calculation**


**Recall**

5. Ask for the names of the three objects learned in question 3. Give one point for each correct answer.

**Language**

6. Point to a pencil and a watch. Have the patient name them as you point.
7. Have the patient repeat, “No ifs, ands, or buts.”
8. Have the patient follow a three-stage command:
   - Take a paper in your right hand.
   - Fold the paper in half.
   - Put the paper on the floor.
9. Have the patient read and obey the following: “Close your eyes.” (Write in large letters).
10. Have the patient write a sentence of his or her choice. (The sentence should contain a subject and an object), and should make sense. Ignore spelling errors when scoring.
11. Have the patient copy the design below on a separate sheet. (Give one point if all sides and angles are preserved and if the intersecting sides and angles are preserved and if the intersecting sides form a quadrangle).

**Examination Date:**

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Total out of 30