

Formal Mental Status Examination

AMSIT (Appearance, Mood, Sensorium, Intelligence, Thought) is adapted from a formulation by David Fuller, MD, as presented in R.L. Leon, MD. Psychiatric Interviewing: A Primer. Ed 2, New York; Elsevier/Science Publishing Co. 1989.

Appearance, Behaviour, and Speech

_ **Physical Appearance:** apparent age, sex, and other identifying features. Appearance of being physically ill or in distress; and a careful description of the patient's dress and behaviour.

_ **Manner of Relating to Examiner:** placating, negativistic, seductive; motivation to work with examiner.

_ **Psychomotor Activity:** increased or decreased, including jumpiness, jiggling, tapping, looking at watch, etc. Is the person hyperactive or lethargic?

_ **Behavioural Evidence of Emotion:** tremulousness, perspiration, tears, clinched

fist, turned-down mouth wrinkled brow, etc.

_ **Repetitious Activities:** mannerisms, gestures, stereotypy, "waxy flexibility," compulsive performance of repetitious acts.

_ **Disturbance of Attention:** distractibility, self-absorption.

_ **Speech:** *description*—volume, rate (pressured or slowed), clarity, spontaneity and *disturbances*—mutism, word salad, perseveration, echolalia, affectation, neologisms, clang speech.

Mood and Affect

Note: "Mood is to Affect as Climate is to Weather."

_ **Mood:** use adjectives: *mild* (it's there), *moderate* (it needs treatment), or *severe* (it needs treatment today!). Consider depression, elation, or other sustained emotions such as anger, fear, or anxiety.

_ **Affect:** its range, intensity, lability, and appropriateness to immediate thought. To describe a normal, stable emotional status, say something like "The examinee's mood is euthymic. Affect is unremarkable in range, intensity, and stability, and is appropriate to material being discussed."

Sensorium

_ **Orientation:** for time, place and situation.

_ **Memory:** *immediate* (digits recall), *recent* (three items for 10 minutes, current events) and *remote* (history).

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_ **Calculating Ability:** serial 7's, 11 times 13 out loud (valid only if patient is adequately educated).

_ **Concentration:** spell *WORLD* backwards, then arrange its letters alphabetically.
Repeat with *EARTH*.

Intellectual Function

Estimate current level of function as *above average*, *average*, or *below average* based on general fund of information, vocabulary, and complexity of concepts.

Do

not confuse *intelligence* with *education*. Can the examinee handle abstract ideas, reason by analogy, “make the connection” in conversation? Is the examinee about

as smart as the examiner?

Thought

_ **Coherence:** clear thoughts may be expressed incoherently.

_ **Logic:** even clear, grammatical speech may express illogical thoughts.

_ **Goal Directedness** (has a point and makes it): tangential or circumstantial thought.

_ **Disturbance of Attention:** distractibility (interrupts own sentences), selfabsorption.

_ **Associations:** loose associations, blocking of obvious ideas or connections, flight of ideas.

_ **Perceptions:** hallucinations (false perceptions), illusions, depersonalisation, distortion of body image.

_ **Delusions:** false interpretations of real situations.

_ **Other Content:** noteworthy memories, thoughts and feelings; suicidal or homicidal intent.

_ **Judgement:** formal (specific set-piece situations such as “mailing a letter you find on the street”), social (how examinee behaves with examiner, how he or she “reads” other people—predictable, reasonable, comfortable).

_ **Abstracting Ability:** ask pilot to define similarities/differences between *treebush*,

child-midget, *king-president*, *character-personality*. This is more reliable than interpreting proverbs (stitch in time, bird in the hand).

_ **Insight:** understanding of any personal dysfunction affecting self or others, and its need for treatment. Insight is *lacking* if there is an unacknowledged problem, *superficial* if it is only acknowledged (“It is a problem.”), *moderate* if it is personalized (“I have a problem”), and *profound* if “It’s my problem, and it’s up to me to fix it.”