

**BAYLOR PROFOUND MENTAL STATUS EXAMINATION**

NAME: \_\_\_\_\_

DATE: \_\_\_\_\_

**ORIENTATION:**

|  |   |   |
|--|---|---|
| How are you today? (score 1 for appropriate response)                                      | 1 | 0 |
| Tell me your name.   |   |   |
| First name   | 1 | 0 |
| Last name  | 1 | 0 |
| Where are we? (What kind of place is this? e.g. hospital, clinic,<br>doctor's place, etc.) | 1 | 0 |
| What city are we in?   | 1 | 0 |

**LANGUAGE:****NAMING:**

|        |   |   |
|--------|---|---|
| pencil | 1 | 0 |
| watch  | 1 | 0 |
| button | 1 | 0 |

**COMPREHENSION:**

(line up pencil, key, and watch)

|                                   |   |   |
|-----------------------------------|---|---|
| Give me the pencil.               | 1 | 0 |
| Give me the watch and the pencil. | 1 | 0 |
| Close your eyes.                  | 1 | 0 |
| Raise your left hand              |   |   |
| raises hand                       | 1 | 0 |
| raises left hand                  | 1 | 0 |

**REPETITION:**

|                          |   |   |
|--------------------------|---|---|
| bed                      | 1 | 0 |
| refrigerator             | 1 | 0 |
| the telephone is ringing | 1 | 0 |

**ATTENTION:**

|   |   |   |
|---|---|---|
| Count to 10   | 1 | 0 |
| Look at my nose (score 1 if able to do so for 5 seconds)                                | 1 | 0 |
| Makes eye contact spontaneously (score 1 if yes)  | 1 | 0 |
| Attends to examiner (score 1 if yes; score 0 if moderately or<br>severely distractible) | 1 | 0 |

**MOTOR SKILLS:**

|                        |   |   |
|------------------------|---|---|
| Draw a circle          |   |   |
| holds pencil correctly | 1 | 0 |
| draws circular figure  | 1 | 0 |
| Copy this square       | 1 | 0 |
| Sign your name         |   |   |
| first name             | 1 | 0 |
| last name              | 1 | 0 |

**TOTAL COGNITIVE SCORE:** \_\_\_\_\_ / 25

**BEHAVIORAL OBSERVATIONS**

|                     |   |   |
|---------------------|---|---|
| Unkempt, disheveled | Y | N |
| Psychomotor slowing | Y | N |
| Anxious             | Y | N |
| Agitated            | Y | N |
| Irritable           | Y | N |
| Aggressive          | Y | N |
| Tearful             | Y | N |
| Impulsive           | Y | N |
| Restless            | Y | N |
| Suspicious          | Y | N |

**TOTAL BEHAVIORAL SCORE** = \_\_\_\_\_ / 10 (Sum of Yes Responses)

**COMMUNICATION**

Briefly describe verbal output (e.g. mute, incoherent, tangential, irrelevant, echolalic, paraphasic, perseverative, limited to 1-word utterances, limited to brief phrases, etc.)

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Comparison to Baseline (If Applicable)

| 1                  | 2                    | 3                   | 4         | 5                 | 6                  | 7                |
|--------------------|----------------------|---------------------|-----------|-------------------|--------------------|------------------|
| Marked Improvement | Moderate Improvement | Minimal Improvement | No Change | Minimal Worsening | Moderate Worsening | Marked Worsening |

**SOCIAL INTERACTION**

Briefly describe social interactions (e.g. does not interact at all; attempts to converse but is limited by aphasia; interacts nonverbally but not verbally; responds positively to praise and smiles; active avoidance of examiner)

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Comparison to Baseline (If Applicable)

| 1                  | 2                    | 3                   | 4         | 5                 | 6                  | 7                |
|--------------------|----------------------|---------------------|-----------|-------------------|--------------------|------------------|
| Marked Improvement | Moderate Improvement | Minimal Improvement | No Change | Minimal Worsening | Moderate Worsening | Marked Worsening |