Immediately Available Record of Mental Status Exam

The Mental Status Schedule Inventory

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Despite the obvious importance of an accurate and systematic record of the results of a mental status examination of the psychiatric patient, the usual record in hospitals and outpatient clinics is far from satisfactory. First of all, there is great variability among different examiners in the areas of psychopathology explored and little systematization in the manner in which the results are recorded. Thus, in reading the usual record, it is impossible to know whether the failure to note an area of psychopathology is because (1) the patient was examined in this area but no psychopathology was observed, (2) psychopathology was present but deemed not significant enough to mention, or (3) the area was not explored. For these reasons, the usual record of the mental status examination has proved to be totally inadequate for subsequent research studies. In addition, usually there is a long delay before the record of the examination is actually in the chart, which severely limits its clinical use in the immediate handling of the patient by nurses, social workers, or other ancillary personnel. This delay varies, depending upon the availability of secretarial services, from several days to several months.

This paper describes the Mental Status Schedule Inventory (MSSI), an immediately-available permanent record of a mental status examination. It was designed to overcome the previously mentioned limitations in the usual procedure for producing a clinical record. This record, the MSSI, is produced while an interviewer examines a patient using the Mental Status Schedule (MSS). The latter has been reported elsewhere1-4 and is currently being used in a variety of research projects.

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The MSS contains an interview schedule which the interviewer uses systematically to survey and probe a wide range of current behavior and symptomatology generally covered in an extensive mental status examination. The questions and statements of the schedule are ordered according to a definite sequence designed to provide a natural progression of topics with smooth transitions.* The evaluation generally takes from 20 to 45 minutes, depending upon the patient's verbal productivity and cooperation. After the standard evaluation, the examiner may continue the interview in any manner he wishes to obtain additional data, such as information regarding previous history or level of social functioning.

During the course of the interview, the interviewer records his judgments of the patient's

* The patient is first asked some identifying information and how long it has been since he came to the hospital or clinic. Questions are then directed at the following areas or topics in this order: original complaint, present problems, mood, worries, fears, anxiety, restlessness, depression, crying, self-appraisal, response to criticism, interpersonal relations, irritability, anger, ideation, physical complaints, body image, rituals, sex, fatigue, psychomotor retardation, appetite, olfactory hallucinations, sleep, thinking, memory, imagination, perceptual distortions, bodily sensations, plans and outlook for the future, humor, enjoyment and interest, feelings of punishment, death, suicidal trends, decision-making, referential thinking, dreams, auditory and visual hallucinations, delusional ideation, antisocial attitudes or actions, conception of illness, attitude towards treatment, recognition of need to change, remote and recent memory, orientation and immediate recall. The patient is then asked to wait while the interviewer marks a group of 76 items which describe behaviors that could have occurred at any point in the interview and which are not associated with specific questions. This group of items covers the following areas: grooming, attention, quantity, quality and rate of speech, emotion, and spontaneous physical behavior. The interview concludes when the interviewer asks the patient, "How do you feel answering these questions?" and then marks four more items which relate to the patient's attitude toward the interview.
psychopathology by filling in either a true or false symbol on a score sheet for each of 248 short descriptive statements or items. The interview schedule is printed on the left side of each page; the items are grouped on the right side opposite the corresponding questions and statements. The booklet is in a step-down format: each of its ten pages is progressively narrower. The booklet is used repeatedly, but a separate score sheet is used for each patient by placing it behind the last page of the booklet. Thus, the right-hand margin of each page of the booklet lies adjacent to one of the ten columns of true-false symbols on the score sheet. (A section of one page of the MSS and a portion of the score sheet are shown in the Figure, part A.) Underneath the first score sheet is a duplicate copy and underneath this is the Mental Status Schedule Inventory (MSSI).

The MSSI is an 8 1/2 x 11 inch form which has a wide left-hand margin so that it can be easily read even when in a bulky chart. On the front of the MSSI, the first column contains identification information: the patient’s name, institution, admission date, observer, interview date, diagnosis, religion, race, marital status, number of previous admissions, and occupation and highest completed school grade of the head of the household. The rest of the form consists of ten columns, five on the front and five on the back. These ten columns list in small but readable type the 248 items of the MSS on which the interviewer makes judgments. In front of each item is the same symbol for true or false as is marked on the top score sheet. As the interviewer marks the true or false symbol on the first score sheet, two additional marks are simultaneously made; one on the duplicate score sheet and one on the true or false symbol of the corresponding item on the MSS. (A section of the MSS is shown in Figure part B.)

At the conclusion of the interview, the two score sheets and the MSS are removed from the MSS booklet and the MSS is ready to be inserted in the patient’s chart or record. The examiner has been freed from the necessity of spending additional time organizing and writing or dictating a record of the mental status examination.

**Summary**

The usual clinical record of the results of a mental status examination is of limited value for immediate clinical as well as subsequent re-
search use. This paper describes the Mental Status Schedule Inventory, an immediately available permanent record of a mental status examination. It is a single sheet which, in addition to identifying information, contains the interviewer's judgments of 248 items describing a wide range of current psychopathology. This record is ready to be placed in the chart or clinical record immediately following an examination conducted using a standardized interview schedule, the Mental Status Schedule.

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The Mental Status Schedule Inventory and the Mental Status Schedule were developed by Robert L. Spitzer, Eugene I. Burdock, and Anne S. Hardesty of Biometrics Research. Copies are available upon request.

REFERENCES

4. Spitzer, R. L.: Mental Status Schedule: Potential Use as Criterion Measure of Change in Psychotherapy Research, Amer J Psychother, to be published.