Mental Status Exam

Client Name Mia	Date 3/8/24

OBSERVATIONS

Appearance	☒ Neat	☐ Disheveled	☐ Inappropriate	☐ Bizarre	☐ Other
Speech	☒ Normal	☐ Tangential	☐ Pressured	☐ Impoverished	☐ Other
Eye Contact	☐ Normal	☒ Intense	☐ Avoidant	☐ Other	
Motor Activity	☒ Normal	☐ Restless	☐ Tics	☐ Slowed	☐ Other
Affect	☐ Full	☐ Constricted	☐ Flat	☒ Labile	☐ Other

Comments: good personal Hygiene, and takes when spoken to.

MOOD

☐ Euthymic ☐ Anxious ☐ Angry ☐ Depressed ☐ Euphoric ☒ Irritable ☐ Other

Comments: easily bothered by other clients

COGNITION

Orientation Impairment	☒ None	☐ Place	☐ Object	☐ Person	☐ Time
Memory Impairment	☒ None	☐ Short-Term	☐ Long-Term	☐ Other	
Attention	☒ Normal	☐ Distracted	☐ Other		

Comments:

PERCEPTION

Hallucinations	☒ None	☐ Auditory	☐ Visual	☐ Other
Other	☒ None	☐ Derealization	☐ Depersonalization	

Comments:

THOUGHTS

Suicidality	☐ None	☐ Ideation	☐ Plan	☐ Intent	☒ Self-Harm
Homicidality	☒ None	☐ Aggressive	☐ Intent	☐ Plan	
Delusions	☒ None	☐ Grandiose	☐ Paranoid	☐ Religious	☐ Other

Comments: admitted for cutting, but NO thoughts of suicide

BEHAVIOR

☒ Cooperative	☐ Guarded	☐ Hyperactive	☒ Agitated	☐ Paranoid
☐ Stereotyped	☐ Aggressive	☐ Bizarre	☐ Withdrawn	☐ Other

Comments: uses fowl language with other clients

INSIGHT	☐ Good	☒ Fair	☐ Poor	Comments:
JUDGMENT	☐ Good	☒ Fair	☐ Poor	Comments:

DRUG USE QUESTIONNAIRE (DAST-20)

Name: mia DOB _____ Date: 03/08/24

The following questions concern information about your possible involvement with drugs not including alcoholic beverages during the past 12 months. Carefully read each statement and decide if your answer is "Yes" or "No". Then, circle the appropriate response beside the question. *Please answer every question. If you have difficulty with a statement, then choose the response that is mostly right.*

In the statements "drug abuse" refers to:

- the use of prescribed or over the counter drugs in excess of the directions and
- any non-medical use of drugs.

The various classes of drugs may include: cannabis (e.g. marijuana, hash), solvents, tranquilizers (e.g. Valium), barbiturates, cocaine, stimulants (e.g. speed), hallucinogens (e.g. LSD) or narcotics (e.g. heroin). Remember that the questions do not include alcoholic beverages.

No	Questions	Response	
1.	Have you used drugs other than those required for medical reasons?	(Yes)	No
2.	Have you abused prescription drugs?	Yes	(No)
3.	Do you abuse more than one drug at a time?	(Yes)	No
4.	Can you get through the week without using drugs?	Yes	(No)
5.	Are you always able to stop using drugs when you want to?	Yes	(No)
6.	Have you had "blackouts" or "flashbacks" as a result of drug use?	Yes	(No)
7.	Do you ever feel bad or guilty about your drug use?	Yes	(No)
8.	Does your spouse (or parents) ever complain about your involvement with drugs?	(Yes)	No
9.	Has drug abuse created problems between you and your spouse or your parents?	(Yes)	No
10.	Have you lost friends because of your use of drugs?	Yes	(No)
11.	Have you neglected your family because of your use of drugs?	Yes	(No)
12.	Have you been in trouble at work because of drug abuse?	Yes	(No)
13.	Have you lost a job because of drug abuse?	Yes	(No)
14.	Have you gotten into fights when under the influence of drugs?	(Yes)	No
15.	Have you engaged in illegal activities in order to obtain drugs?	(Yes)	No
16.	Have you been arrested for possession of illegal drugs?	Yes	(No)
17.	Have you ever experienced withdrawal symptoms (felt sick) when you stopped taking drugs?	(Yes)	No
18.	Have you had medical problems as a result of your drug use (e.g. memory loss, hepatitis, convulsions, bleeding, etc.)?	Yes	(No)
19.	Have you gone to anyone for help for a drug problem?	(Yes)	No
20.	Have you been involved in a treatment program specifically related to drug use?	Yes	(No)

SCORE: 10

DAST Scoring: Each "Yes" response = 1 point, except questions 4 & 5.
For questions 4 & 5 only, a "No" response = 1 point.

A score of 6 points or more = substance abuse problem (abuse/dependence).