

(B) Examination:

(iii) Brief psychiatric assessment

LOOK FOR ANYTHING ABNORMAL, EXTREME, THINGS THAT CATCH YOUR ATTENTION AND CURIOSITY

Domains to note and observe:

Appearance Behaviour Conversation
Affect Perception Cognition Insight

(Put a tick in the box if description is true)

(I) General Apppearance and Behavior

(1) Physical Characteristic

- Age: _____ Discrepancy with age: _____
Body build: underweight / average / overweight
 Scars _____
 Tattoo _____ (may ask or prompt if not visible)
 Physical deformity _____

(2) Clothing and Hygiene

- Clean and well cared / Dirty
 Casual / Formal
 Appropriate to climate or to circumstances
Hair style: _____ well cared / neglected
 Body odour

(3) Alertness

- Extreme alertness - hyper-vigilance/hyper-alertness → *Paranoid/psychotic process*
 Full / normal - awareness of environment
 Drowsiness - clouding of consciousness / poor and fleeting responsiveness
 Fluctuating consciousness

(4) Motor Activity

- Amount of motor activity:
 Excessive motion
 Tremors
 Inappropriate scratching, touching, rubbing
 Involuntary movements
 Motionless/rigidity

(5) Facial Expression

Normal range of expression / Lack of facial expression

Eye contact: natural / avoiding eye contact

(II) Conversation

(1) Speech

How the patient speaks:

Volume: _____

Pitch: _____

Clarity: _____

Tone of voice: friendly / angry / sad

Rate (fast/slow) and Rhythm of Speech (smooth/erratic): _____

Pressured speech – speaks rapidly at considerable length, decreased latency of response

→ *may be found in manic patients, anxious patients*

Increased latency of response – take longer than normal to answer, psychomotor retardation

→ *indicated severe depression*

Patients' Utterance: _____

Neologism/ word salad

→ *as in psychotic disorders*

(2) Flow of speech

Look for Coherence and Relevance

Loosening of association – breakdown of thought association, one idea seems to run into another, two ideas may be unrelated

Flight of ideas – thought not related by logic, completely losing the thread of original question

Tangentiality – touching the topic briefly then suddenly bouncing off to irrelevance

→ *These characteristics usually are found in psychosis, manic patients*

Poverty of speech – marked reduction of the amount of spontaneous speech

Thought Blockage – sudden stop of train of thought

Incoherence – disorganised speech that has no logical organisation

(3) Content of Thought

Delusions – Fixed false beliefs that cannot be explained by the patients’ culture and education. Common types:

- Persecutory
- Delusion of reference
- Grandiose

(4) Attitude towards Examiner

- Cooperative / Oppositional
- Friendly / Hostile
- Open / Evasive/secretive
- Involved / Apathetic

(III) Affect

(1) Mood and affect

Mood - the way the person claims to be feeling, sustained for a period of time

Affect - how the person appear to be feeling, include facial expression, posture, eye contact, short-term states

(2) Abnormal Affect:

- Changes from normal
- Fluctuate more than usual
- Inconsistent with patient’s thought and action or with events that are going on at the time (e.g. giggling while talking about something very sad)

(3) Type of Mood, intensity, and appropriateness of mood

Appropriateness of mood - how well the mood matches the situation and the content of thought

| Mood description: | Intensity: Mild / Moderate / Severe | | | Appropriateness: Congruent / Incongruent | |
|------------------------------------|---|--------------------------|--------------------------|--|--------------------------|
| <input type="checkbox"/> Anger | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> Anxiety | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> Irritable | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> Fear | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> Sad | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> Depressed | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Lability - two or more moods within a brief time span.

Moods involved: _____

(IV) Perception

(1) Hallucination - False sensory perception that occur in the absence of a related sensory stimulus. Can involve five senses:

Auditory / Visual / Touch / Taste / Olfactory

(2) Most common: auditory hallucination, followed by visual hallucination

Auditory hallucination:

Always / Occasionally / Rarely / Never

Visual Hallucination:

Always / Occasionally / Rarely / Never

→ *Characteristic of schizophrenic type of psychoses*

(V) Cognition

Orientation: normal / disoriented

Memory: normal / abnormal

Attention: normal / abnormal

Intelligence: normal / abnormal

(VI) Insight and Judgment

How far the individual is aware of the nature of the problem:

Patient's opinion on the symptoms: _____

Patient believes he or she has the illness or problem of concern;

Patient realizes he or she is in need of treatment

Understanding the outcome of his/her behaviour: _____

Social judgment: _____