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A METHOD FOR QUANTIFYING A MENTAL STATUS EXAMINATION.(U)
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A METHOD FOR QUANTIFYING A MENTAL STATUS EXAMINATION

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R. C. SPAULDING, M. RICHLIN, & J. D. PHELAN

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behavioral, and adaptation variables. Significant correlations have been obtained (reported elsewhere), between the mental status measures and various psychiatric, medical and behavioral variables.

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A Method for Quantifying a
Mental Status Examination

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Abstract

During the period February through April 1973 American military prisoners of war were repatriated from the communist forces in Vietnam. Where were 77 Army, 26 Marine Corps, and 138 Navy individuals returned to the United States. As part of the planned longitudinal physical evaluations conducted at repatriation and annually thereafter, psychiatrists completed a mental status form for each RPW during each examination. A method for quantifying the mental status form was developed and the results were correlated with a number of health, behavioral, and adaptational variables. Significant correlations have been obtained (reported elsewhere), between the mental status measures and various psychiatric, medical and behavioral variables.

A Method for Quantifying a Mental Status Examination

Purpose: This Technical Report has been prepared to describe the method which was developed to quantify the mental status examination forms used in the initial and annual follow-up examinations of the Marine Corps, and the Navy repatriated prisoners of war, and the Navy control group.

Sample: The cessation of active combat between the United States military forces and the Communist Vietnamese troops in January 1973, led to the recovery of 566 American military prisoners of war. The repatriated prisoners of war (RPWs) were comprised of: Air Force 325, Army 77, Marine Corps 26, and Navy 138.^{1,2,3,4} The Air Force RPWs are being followed by the USAF School of Aerospace Medicine, Brooks AFB, Texas 78235, and this facility has no detailed medical findings on the Air Force RPWs.

Method: Each Army, Marine Corps, and Navy RPW was given a comprehensive physical examination immediately upon his return to the United States. The examination results were recorded in a format labeled the Initial Medical Evaluation Form, (I.M.E.F.). The detailed I.M.E.F. record facilitated the standardized recording of the examination results which were then coded and transferred to computer tape for subsequent group statistical analysis.

The psychiatric Examination section of the I.M.E.F. was completed by the examining psychiatrist. The psychiatric examination is divided into three main parts.

1. Mental Status Examination (MS)
2. Narrative Summary of all pertinent history about captivity, past, personal, and family history, as well as current functioning.
3. Problem list, treatment plans, prognosis, and diagnoses in accordance with DSM-II Nomenclature, if warranted.

The I.M.E.F. Mental Status section is comprised of thirteen subsections consisting of 399 items: 1) Reliability of information; 2) Barriers to Communication; 3) State of Consciousness; 4) Orientation; 5) Memory; 6) Appearance and Behavior; 7) Characteristics of Speech; 8) Thought Processes; 9) Affect and Feeling; 10) Perceptions; 11) Intellectual Functions; 12) Somatic Functioning; and 13) Social Interactions and Personality Characteristics. Many of the mental status items were answered yes or no. However, some were of a descriptive and/or quantitative variety and the answer scored on a scale of zero to three. The maximum possible scores on the I.M.E.F. mental status examination ranged from (+) 148 to a (-) 457. Positive items were, for example: very good, reliability of information with no barriers present to communication. The individual was lucid, oriented to time, place, person and situation with memory normal for recent and remote events. He was described as appearing younger than his stated age. Motor and cognitive functions were considered to be normal. Some of the negative items on the mental status examination were: Very poor reliability of information, with barriers to communication present because of the RPWs preoccupation; easily distractability and complaints of forgetfulness. He appeared older than his stated age. Motor behavior was marked by psychophysiological signs of anxiety. Thought processes, stream of thought, were characterized by rambling, halting, vagueness and using related but incorrect words. In addition, any

clinical manifestations of neurotic or psychotic disorders would be considered as a negative or undesirable trait on the mental status examination.

Follow-up Mental Status Examination

All of the Marine Corps and Navy repatriated prisoners of war have been invited to participate in the annual follow-up physical examinations. These examinations are conducted at the Naval Aerospace Medical Research Laboratory, Naval Air Station, Pensacola, Florida. The Navy psychiatrists and clinical psychologists that conduct the psychiatric portion of the examination are attached to the Naval Aerospace Medical Institute, Pensacola, Florida.

The Mental Status examination form used during the annual follow-up examinations has six (6) subsections with a total of 326 items, all weighted by the examining psychiatrist on a scale of zero (0) to four (4). The weightings refer to the: (0) absence of a trait; (1) very mild presence of a trait; (2) mild, (3) moderate; and (4) severe presence of a trait. The six (6) subsections are: (1) General appearance, (2) Psychological Functioning, (3) Organic Brain Functioning, (4) Impairment of Judgement, (5) Insight, and (6) Potential for Therapeutic Alliance.

The follow-up mental status format, like the I.M.E.F. Mental Status format, also contains positive and negative items with the maximum overall scores ranging from (+) 84 to (-) 1192.

The two mental status examination forms were independently rated, item by item, by two professionals at the Center for Prisoner of War Studies; for being either a positive or negative trait. The interrater reliability was extremely high ($r = .98$). Ambiguous items were deleted.

Each individual RPW or Navy control group member has a mental status score for each year he has been examined. Individuals with a higher net (positive) score are considered to be enjoying a better state of emotional health than those with lower net scores. Thus, by quantifying the mental status examination in this manner, the net score was used to correlate with a variety of independently derived variables indicative of the individual's health and adjustment since repatriation. For example such independent variables have been used as: 1) demographic data, 2) total number of medical diagnoses, 3) psychiatric diagnoses, 4) Recent Life Changes,^{5,6,7} 5) progression of duty stations since repatriation, and 6) captivity experience.

The psychiatric examinations conducted on the Army RPWs have employed a different mental status format, which has not been quantified, to date. The annual follow-up examinations for the Army RPWs are conducted at Brooke Army Medical Center (B.A.M.C.), Fort Sam Houston, Texas 78234.

Summary: The technique of quantifying the Mental Status Examination has been shown to correlate significantly with psychiatric diagnoses, overall medical diagnoses, behavior, adjustment, motivation, and professional careers.

Table 1 shows the maximum and minimum scores, mean, and standard deviations obtained in the sample of repatriated Navy RPWs.

Appendix: Copies of the I.M.E.F. and Follow-up Mental Status formats.

TABLE 1
MENTAL STATUS EXAMINATIONS
N = 138 Navy

MAXIMUM AND MINIMUM POSITIVE SCORES		MAXIMUM AND MINIMUM SCORES OBTAINED					
		Range	Mean	S.D.	25th per- centile	Median	75th per- centile
POSITIVE SCORES							
IMEF	148	67 to 142	114.88	12.96	—	—	—
1974	84	0 to 75	46.31	15.93	39	48.2	56
1975	84	0 to 76	53.95	12.22	46	55.0	62
NEGATIVE SCORES							
IMEF	-457	-1 to -125	-21.18	-17.96	—	—	—
1974	-1192	0 to -138	-28.04	-24.14	-11	-20.75	-40
1975	-1192	0 to -152	-24.50	-32.72	-9	-18.00	-30
OVERALL SCORE							
IMEF	-457 to 148	-58 to 141	93.69	29.14	82	99.5	113
1974	-1192 to 84	-104 to 73	18.27	32.96	-1	27.75	44
1975	-1192 to 84	-93 to 72	29.45	28.52	19	35.75	47

1974 — First Follow-up Examination
1975 — Second Follow-up Examination

References

1. Berg, S.W. and Richlin, M.
Injuries and Illnesses of Vietnam War POWs. I. Navy POWs. Military Medicine, Vol. 141, No. 7, July 1977.
2. Berg, S.W. and Richlin, M.
Injuries and Illnesses of Vietnam War POWs. II. Army POWs. Military Medicine, Vol. 141, No. 8, August 1977.
3. Berg, S.W. and Richlin, M.
Injuries and Illnesses of Vietnam War POWs. III. Marine Corps POWs. Military Medicine, Vol. 141, No. 9, September 1977.
4. Berg, S.W. and Richlin, M.
Injuries and Illnesses of Vietnam War POWs. IV. Comparison of Captivity Effects in North and South Vietnam. Military Medicine, Vol. 141, No. 10, October 1977.
5. Rahe, R.H.; Lundberg, U.; Bennett, L.; & Theorell, T. The Social Readjustment Rating Scale: A Comparative Study of Swedes and Americans. Journal of Psychosomatic Research, 1971, 14(3), 241-249.
6. Rahe, R.H. Subjects' Recent Life Changes and their near-future Illness Susceptibility. In Lipowski, ZJ. (ed.) Advances in Psychosomatic Medicine. Basel: Karger, 1972, 8, pp. 2-19.
7. Rahe, R.H.; Jensen, P.D.; & Gunderson, E.K.E. Regression Analysis of Subjects' self-reported Life Changes in an Attempt to Improve Illness Prediction. Naval Health Research Center, Unit Publication (71-5).

APPENDIX I

INITIAL MEDICAL EVALUATION FORMS

PSYCHIATRY

Mental Status Examination:

1. Reliability of information: (check one)

-1 very poor

-1 poor

-1 fair

+1 good

+1 very good

2. Barriers to communication or reliability were due to (check all applicable).

-1 (a) Quality of speech

-1 (b) Refuses information

-1 (c) Dialect

-1 (d) Physical illness

-1 (e) Deafness, hearing

-1 (f) Preoccupation

-1 (g) Lack of response

-1 (h) Sensorial or cognitive disorder

-1 (i) Conscious falsification

+1 (j) No barriers present

3. State of Consciousness:

Lucid: +1 Yes

(0) or (-1) *No

If No, check appropriate items below:

-1 Fluctuating level of consciousness

-1 Lethargic (stimulation threshold increased, inactive, delayed responses, drowsiness, indifference)

-1 Obtunded (maintains wakefulness, but little more)

-1 Stuporous (can be aroused only by vigorous stimulation)

Currently under influence of sedatives, hypnotics, tranquilizers, or opiates?

0 No

-1 Yes, specify drug(s) _____

*If one or more of the "appropriate" items below are checked, then "no" is scored as zero; if none of the appropriate items are checked, then the response of "no" is scored as (-1). The same format is followed throughout the form when a "no" response is scored as (0) or (-1).

4. Orientation:

(Circle digit under appropriate column.)

	Abnormal			
	<u>Normal</u>	<u>Mild</u>	<u>Moderate</u>	<u>Marked</u>
a. Time	+1	-1	-2	-3
Place	+1	-1	-2	-3
Person	+1	-1	-2	-3
Situation	+1	-1	-2	-3

b. Check any which apply:

-1 Mistakes unfamiliar persons or objects for familiar ones

-1 Easily distracted

-1 Wandering attention

-1 Confused

5. Memory:

	Abnormal			
	<u>Normal</u>	<u>Mild</u>	<u>Moderate</u>	<u>Marked</u>
a. Disturbance in:				
recent	+1	-1	-2	-3
remote	+1	-1	-2	-3
recent recall*	+1	-1	-2	-3

*as in remembering 3 unrelated words after 3 minutes

b. Digit span: Not scored

Forward _____

Backward _____

c. Check if applicable:

-1 Has memory gaps or specific amnesias

-1 Complains of forgetfulness

6. Appearance and Behavior: (Check appropriate block for each item)

a. Dress and Grooming

Condition prohibits self care

Yes -1

No +1

Appropriate to situation

Yes +1

No -1

Disheveled

Yes -1

No +1

Overly neat

Yes -1

No +1

b. General Appearance:

(1) Cachexic

Yes -1

No +1

Fatigued

Yes -1

No +1

Appears stated age

Yes +1

No 0

If No, check one:

+1 Appears younger

-1 Appears older

(2) **Posture:**

Normal or unremarkable

Yes +1

No (0)0

(-1) If No, check one:

-1 Stiff, rigid

-1 Stooped

Other _____

c. Motor Behavior:

(1) Circle digit under appropriate column:

	Normal		Abnormal	
	None	Mild	Moderate	Marked
Psychomotor:				
retardation	+1	-1	-2	-3
excitement	+1	-1	-2	-3
Tenseness	+1	-1	-2	-3
Restless, fidgeting	+1	-1	-2	-3
Tremulousness	+1	-1	-2	-3
Tics	+1	-1	-2	-3
"Startle reactions" (hyper-sensitivity to stimuli)	+1	-1	-2	-3
Psychophysiological signs of anxiety (perspiration, dilated pupils, etc.)	+1	-1	-2	-3

(2) Animation:

Normal Yes +1

No (0) or (-1) If No, check one:

-1 Overly enthusiastic expressive movements

-1 Paucity of expressive movements

(3) Facial Expression:

Normally expressive

Yes +1

No (0) or (-1)

Check all applicable

-1 Vacant, blank

-1 Dazed

-1 Fixed expression

- 1 Sad, gloomy
- 1 Anxious, worried
- 1 Overanimated
- 1 Tearful
- 1 Inappropriate or incongruent
- 1 Grimacing

(4) Eye Contact:

Normal Yes +1

No (0)or(-1) If no, check all applicable:

- 1 Avoids
- 1 Stares into space
- 1 Glances about
- 1 Shuts eyes often

d. Behavior and Attitudes During Interview:

(1) Rapport: (check one)

- 1 poor throughout
- 1 slowly or gradually attained
- +1 easily attained
- Not scored other

(2) Circle digit under appropriate column:

	Not at all	Sometimes - Occasionally	Often or Extensively
Attentive	-1	+1	+2
Cooperative	-1	+1	+2
Frank, open	-1	+1	+2
Evasive	+1	-1	-2
Friendly	-1	+1	+2
Ingratiating	+1	-1	-2
Passive, compliant	+1	-1	-2
Suspicious, guarded	+1	-1	-2
Irritable	+1	-1	-2
Negativistic	+1	-1	-2
Complaining	+1	-1	-2
Defensive	+1	-1	-2
Controlling	+1	-1	-2
Argumentative	+1	-1	-2
Aggressive	+1	-1	-2
Abusive	+1	-1	-2

Critical	+1	-1	-2
Apprehensive	+1	-1	-2
Frightened	+1	-1	-2
React unpredictable	+1	-1	-2
Dramatic, histrionic	+1	-1	-2
Impulsive	+1	-1	-2
Dependent	+1	-1	-2
Shows sense of humor	-1	+1	+2
Withdrawn	+1	-1	-2
Preoccupied	+1	-1	-2
Easily upset by noise, change or confusion	+1	-1	-2

7. Characteristics of Speech:

a. Quality (check all applicable)

<u>-1</u> Very loud	<u>Not scored</u> Dramatic
<u>-1</u> Screams, shouts	<u>-1</u> Slurred
<u>-1</u> Very soft	<u>-1</u> Stutters
<u>-1</u> Monotonous	<u>-1</u> Mumbles
<u>-1</u> Whining	<u>+1</u> Verbally facile
<u>-1</u> Constricted, tight	<u>Not scored</u> Calculated, precise
<u>-1</u> Diminished affectivity	<u>-1</u> Clipped

b. Productivity

Normal Yes +1

No (0) or (-1) If no, check one below:

0 Moderately reduced
-1 Markedly reduced
0 Moderately increased
+1 Markedly increased

c. Rate

Normal Yes +1

No (0) or (-1) If no, check one below:

-1 Mildly slowed
-2 Very slowed
-1 Mildly pressured
-2 Very pressured

8. Thought Processes

a. Stream of talk

Normal progression, direction, and coherency:

Yes +1

No (0) or (-1) If no, check all applicable

- 1 Halting, uncertain
- 1 Expansive, digressive
- 1 Rambling, wandering
- 1 Vague
- 1 Shallow, lack of depth
- 1 Difficulty in finding correct word
- 1 Uses related but incorrect words
- 1 Excessive profanity
- 1 Excessive laughing or joking
- 1 Uses phrases such as "people's republic", "imperialists", etc.

b. Speech has characteristics of thought disorder:

No +1

Yes -1

c. Does this man show any evidence of paranoia or disorganization of thinking?

Not at all +1

Slight -1

Moderate -2

Severe -3

If yes to b or c, circle digit under appropriate column for each item:

	<u>None</u>	<u>Slight</u>	<u>Moderate</u>	<u>Marked</u>
Incoherence	0	-1	-2	-3
Irrelevance	0	-1	-2	-3
Blocking	0	-1	-2	-3
Circumstantiality	0	-1	-2	-3
Loosening of associations	0	-1	-2	-3
Obscurity	0	-1	-2	-3
Concreteness	0	-1	-2	-3
Difficulty differentiating self from others	0	-1	-2	-3
Perseveration	0	-1	-2	-3
Fragmentation of thinking	0	-1	-2	-3
Neologisms	0	-1	-2	-3
Word salad	0	-1	-2	-3
Flight of ideas	0	-1	-2	-3
Echolalia	0	-1	-2	-3
Clang associations	0	-1	-2	-3
Confabulation	0	-1	-2	-3

Ideas of reference	0	-1	-2	-3
Grandiosity	0	-1	-2	-3
Use of denial	0	-1	-2	-3
Bizarre thoughts	0	-1	-2	-3
Phobia(s)	0	-1	-2	-3
Compulsion(s)	0	-1	-2	-3
Obsession(s)	0	-1	-2	-3
Ambivalence	0	-1	-2	-3
Autism	0	-1	-2	-3
Preoccupied with violence, gore	0	-1	-2	-3
Fixated on POW experiences	0	-1	-2	-3
Fears harm by others	0	-1	-2	-3
Fears doing harm to others	0	-1	-2	-3
Homosexual fears	0	-1	-2	-3
Heterosexual fears	0	-1	-2	-3
Tendency to magical thinking	0	-1	-2	-3
Overvalued ideas	0	-1	-2	-3
Cosmic ideas	0	-1	-2	-3
Excessive religiosity	0	-1	-2	-3
Sexual preoccupations	0	-1	-2	-3
Sexual identity confusion	0	-1	-2	-3
Delusions	0	-1	-2	-3

If circled

Delusions systematized?
Not scored

___ No ___ Poorly ___ Well

Character of delusions:

___ Persecutory ___ Somatic
___ Grandeur ___ Other
___ Sexual

d. Apprehensive or worried about:

	<u>Not at all</u>	<u>Mildly</u>	<u>Moderately</u>	<u>Markedly</u>
Marriage	+1	-1	-2	-3
Children	+1	-1	-2	-3
Other Family	+1	-1	-2	-3
Notoriety	+1	-1	-2	-3
Health	+1	-1	-2	-3
Career	+1	-1	-2	-3
Finances	+1	-1	-2	-3

Somatic concern (check one)

___ +1 appropriate ___ -1 excessive
___ -1 ignores or denies ___ -1 fixated

Comment: Not scored

e. Has recurrent intrusive thoughts or images of traumatic events, or stressful experiences:

No ___ +1

Yes ___ -1 (comment on and describe below)

9. Affect and Feelings

a. Affect	<u>None</u>	<u>Slight</u>	<u>Moderate</u>	<u>Marked</u>
Flat or bland	+1	-1	-2	-3
Sad or depressed	+1	-1	-2	-3
Gay or euphoric	-1	+1	+2	+3
Inappropriate affect	+1	-1	-2	-3
Apathy	+1	-1	-2	-3
Feelings of guilt	+1	-1	-2	-3
Ambivalence	+1	-1	-2	-3
Overcontrol of emotions	+1	-1	-2	-3
Anxiety	+1	-1	-2	-3
Depression	+1	-1	-2	-3
Emotional lability	+1	-1	-2	-3
Recurrent intrusive feelings or emotions	+1	-1	-2	-3
Anger	+1	-1	-2	-3

Anger If circled

Expressed how? (check one)

Not scored

Directly, openly

Covertly or indirectly

Both of the above

Directed against (check all applicable)

Self

Relatives, close friends

Impersonal objects

Distant acquaintances

Public figures

Abstracts (such as society)

b. Rate this man's current level of self-respect: (check one)

-1 Very low

0 Average

-1 Low

+1 High

c. Check all those which apply:

-1 morose

-1 makes light of everything

-1 resentful, bitter

-1 suppresses anger

-1 rationalizes or justifies behavior during captivity

-1 hopelessness

-1 diurnal mood variations

-1 suicidal ruminations

-1 suicidal threats

-1 emotional numbness

-1 previous suicide attempts or gestures

-1 family history of suicide

-1 conceals emotions

-1 discrepancy between verbal and behavioral affect

-1 La Belle Indifference

-1 feelings of failure

-1 feelings of unworthiness

-1 deprecates self

+1 sense of well being

Comment:

10. Perception:

a. Hallucinations

Check one:

Absent +1 (omit remainder of a.)

Suspected 0

Definite -1 (if checked)

Check one: unformed

Not scored formed

Type	None	Mild	Moderate	Marked
Visual	—	—	—	—
Auditory	—	—	—	—
Olfactory	—	—	—	—
Gustatory	—	—	—	—
Tactile	—	—	—	—
Other	—	—	—	—

(specify)

Content: (check all applicable)

Threatening

Accusatory

Flattering

Benign

Religious

Reassuring

Sexual

Conviction: (check one)

Knows unreal

Unsure

Convinced

b. Other alterations:

	None	Occasionally	Often
Illusions	+1	-1	-2
Depersonalization	+1	-1	-2
Feelings of unreality	+1	-1	-2
Deja Vu	+1	-1	-2
Mirage-like experiences	+1	-1	-2
Altered time sense	+1	-1	-2
Altered body image	+1	-1	-2
Synesthesias	+1	-1	-2
Heightened sensory experiences	+1	-1	-2

11. Intellectual Functions:

a. General fund of information for subjects' education

+1 Appropriate

+1 Exceptional

-1 Poor

b. Serial 7's: Not Scored

Time of performance _____
 Number of errors _____
 Completed _____ Yes _____ No
 Recognizes errors _____ Yes _____ No
 Became flustered _____ Yes _____ No
 Excessively concerned _____ Yes _____ No
 with precision _____ Yes _____ No

Other calculations done: (check one)

-1 Poorly
0 Average
+1 Exceptional

c. Abstraction

Recognizes differences between abstract words
 (idleness - laziness) +1 Yes -1 No
 Recognizes logical absurdities +1 Yes -1 No
 Recognizes similarities and differences +1 Yes -1 No

Proverbs (check all applicable)

+1 Interprets appropriately
-1 Personalizes
-1 Concrete
-1 Same meaning in different proverbs
-1 Bizarre
-1 Irrelevant

Abstracting ability generally rated as:

-1 Poor
0 Average
+1 Exceptional

Ability to fantasize and imagination generally rated as:

-1 Poor
0 Average
+1 Exceptional

d. Reasoning and Judgment

	Good	Fair	Poor
Family relations	+1	0	-1
Other social relations	+1	0	-1
Work, career	+1	0	-1
Current condition	+1	0	-1

Future plans: (check one)

-1 No definite plans
-1 Poorly conceived
0 Only fair
+1 Well-conceived

Not Scored
Long Term
Short term
Both

e. Degree of insight rated as:

-1 Low
0 Average
+1 Exceptional

f. Intelligence estimated as:

-1 Low
0 Average
+1 Exceptional

12. Somatic Functioning:

- a. Current appetite (check one)
Normal Yes +1 No -1

(If no) Not scored
Overeating or excessive
Poor
Anorexic

- b. Energy level
Normal Yes +1 No -1

Check one: (If no) Not scored
Very low
Low
Normal, but fatigues easily
Somewhat greater than normal
Much greater than normal

- c. Sexual Functioning:
Normal Yes +1 No -1

Check all applicable: (If no) Not scored
Low libido
Loss of libido
Excessive libido
Impaired potency
Impotent

- d. Sleep and Dreams: (check all applicable)

-1 Difficulty falling asleep
-1 Early morning awakening
-1 Fragmented sleep
-1 Nightmares

- e. Psychophysiological or psychosomatic disturbances:

System	Severity			
	None	Mild	Moderate	Marked
Cardiovascular	+1	-1	-2	-3
Gastrointestinal	+1	-1	-2	-3
Metabolic or Endocrine	+1	-1	-2	-3
Respiratory	+1	-1	-2	-3
Skin	+1	-1	-2	-3
Musculo-Skeletal	+1	-1	-2	-3

13. Social Interactions and Personality Characteristics:

a. Known Disturbed Social Relations:

	<u>None</u>	<u>Mild</u>	<u>Moderate</u>	<u>Marked</u>
Spouse	+1	-1	-2	-3
Parents	+1	-1	-2	-3
Children	+1	-1	-2	-3
Siblings	+1	-1	-2	-3
Authorities	+1	-1	-2	-3
Peers	+1	-1	-2	-3
Subordinates	+1	-1	-2	-3
Other (specify)	0	-1	-2	-3

b. Social Concern:

-1 Excessive
+1 Normal
-1 Sociopathic traits

c. Social Interaction:

-1 Seclusive or introverted
+1 Normal
+1 Outgoing or gregarious

d. Superego Development:

-1 Less than average
+1 Average
-1 Overdeveloped

e. Suggestability:

+1 Less than average
+1 Average
-1 More than average

f. Frustration Tolerance:

-1 Low
0 Average
+1 More than average

g. Impulse Control:

-1 Poor
0 Average
+1 More than average

h. Degree of Rigidity:

-1 More rigid than average
0 Average
+1 More flexible than average

i. Degree of Dependency:

+1 Less than average
0 Average
-1 More than average

j. Use of Humor:

-1 Very little
0 Average
+1 Greater than average

k. Need for achievement:

-1 Minimal
-1 Unrealistically high
+1 Commensurate with abilities
or normal

l. Use of Denial:

+1 Minimal
0 Moderate
-1 High

I. DIAGNOSIS:

II. Problem List and Treatment Plans:

1. Problem List

2. Recommendations and Treatment Plans

III. Narrative Summary:

Please include some commentary on the following:

1. Overall experience of captivity and coping mechanisms and defenses used.
2. Current emotional and psychological status.
3. Concerns and pertinent information about relationships with spouse, children, parents, career, etc.
4. Emotional problems prior to capture.
5. Anticipated difficulties in readjustment.
6. Probability of seeking counseling or psychiatric aid, if needed.

APPENDIX II

NAVAL AEROSPACE MEDICAL INSTITUTE PSYCHIATRIC EVALUATION FORMAT

INSTRUCTIONS

Respond to all scaled items by marking the appropriate number corresponding to your evaluation of the degree to which that particular trait is present in the patient. Note that the traits listed may be either positive or negative ones. The following scale should be used.

- 0 = absence of trait
- 1 = trace or very mild
- 2 = mild
- 3 = moderate
- 4 = marked or severe

MENTAL STATUS EXAMINATION

A. General Appearance

1. Appears older than stated age	0	1	2	3	4	001-
2. Appears younger than stated age	0	1	2	3	4	002+
3. Dress						
overly neat	0	1	2	3	4	003-
disheveled	0	1	2	3	4	004-
bizarre or unusual	0	1	2	3	4	005-
4. Poor grooming	0	1	2	3	4	006-
5. Poor personal hygiene	0	1	2	3	4	007-
6. Motor behavior						
restlessness	0	1	2	3	4	008-
fidgety	0	1	2	3	4	009-
pacing	0	1	2	3	4	010-
handwringing	0	1	2	3	4	011-
posturing	0	1	2	3	4	012-
mannerisms	0	1	2	3	4	013-
repetitive acts	0	1	2	3	4	014-
compulsive acts	0	1	2	3	4	015-
7. Facial expression						
sad	0	1	2	3	4	016-
expressionless	0	1	2	3	4	017-
angry	0	1	2	3	4	018-
anxious	0	1	2	3	4	019-
worried	0	1	2	3	4	020-
elated	0	1	2	3	4	021-
avoids direct contact	0	1	2	3	4	022-
stares into space	0	1	2	3	4	023-
8. Speech						
slow	0	1	2	3	4	024-
fast	0	1	2	3	4	025-
verbose	0	1	2	3	4	026-
laconic	0	1	2	3	4	027-
soft	0	1	2	3	4	028-
loud	0	1	2	3	4	029-
monotone	0	1	2	3	4	030-
9. Attitudes during interview						
indifference	0	1	2	3	4	031-
passive	0	1	2	3	4	032-
dependent	0	1	2	3	4	033-
aggressive	0	1	2	3	4	034-
hostile	0	1	2	3	4	035-
suspicious	0	1	2	3	4	036-
seductive	0	1	2	3	4	037-
friendly	0	1	2	3	4	038+
cooperative	0	1	2	3	4	039+
manipulative	0	1	2	3	4	040-
rebellious	0	1	2	3	4	041-

dramatic	0	1	2	3	4	042-
change during interview	0	1	2	3	4	043(not scored)

B. Psychological Functioning

1. Openness-Defensiveness

(Where patient is open and free in his world - with self, others, things, examiner - and where he is in conflict and defended and unfree)

a. Ego strengths

(Freedom, openness, authenticity)

alert	0	1	2	3	4	044+
energetic	0	1	2	3	4	045+
open	0	1	2	3	4	046+
warmth	0	1	2	3	4	047+
spontaneity	0	1	2	3	4	048+
candor	0	1	2	3	4	049+
responsiveness	0	1	2	3	4	050+
flexibility	0	1	2	3	4	051+
range of interests	0	1	2	3	4	052+
creative and/or problem solving fantasy	0	1	2	3	4	053+
sense of humor	0	1	2	3	4	054+
self-acceptance	0	1	2	3	4	055+
concern for others	0	1	2	3	4	056+
goal-oriented	0	1	2	3	4	057+
positive outlook	0	1	2	3	4	058+
productive	0	1	2	3	4	059+
responsibility	0	1	2	3	4	060+

b. Ego defense

(Constriction, immaturity, inauthenticity)

1) Mechanisms of defense

denial	0	1	2	3	4	061-
restriction of ego functioning	0	1	2	3	4	062-
fantasy	0	1	2	3	4	063-
incorporation	0	1	2	3	4	064-
introjection	0	1	2	3	4	065-
projection	0	1	2	3	4	066-
externalization	0	1	2	3	4	067-
turning-against-the-self	0	1	2	3	4	068-
undoing	0	1	2	3	4	069-
reaction-formation	0	1	2	3	4	070-
isolation of affect	0	1	2	3	4	071-
intellectualization	0	1	2	3	4	072-
fixation	0	1	2	3	4	073-
regression	0	1	2	3	4	074-
repression	0	1	2	3	4	075-
displacement	0	1	2	3	4	076-
rationalization	0	1	2	3	4	077-
minimization	0	1	2	3	4	078-
identification	0	1	2	3	4	079-
avoidance	0	1	2	3	4	080-
compensation	0	1	2	3	4	081-
sublimation	0	1	2	3	4	082-
suppression	0	1	2	3	4	083-
other	0	1	2	3	4	084-

2) Immature personality patterns

withdrawn	0	1	2	3	4	085-
detached	0	1	2	3	4	086-
ineffectual	0	1	2	3	4	087-
narcissistic	0	1	2	3	4	088-
callous	0	1	2	3	4	089-
cold	0	1	2	3	4	090-
manipulative	0	1	2	3	4	091-
deceptive	0	1	2	3	4	092-
impulsive	0	1	2	3	4	093-
irresponsible	0	1	2	3	4	094-
evasive	0	1	2	3	4	095-
guarded	0	1	2	3	4	096-
suspicious	0	1	2	3	4	097-
argumentative	0	1	2	3	4	098-
litigious	0	1	2	3	4	099-
jealous	0	1	2	3	4	100-
grandiose	0	1	2	3	4	101-
elated	0	1	2	3	4	102-
flighty	0	1	2	3	4	103-

hypomanic	0	1	2	3	4	104-
pessimistic	0	1	2	3	4	105-
lethargic	0	1	2	3	4	106-
asthenic	0	1	2	3	4	107-
passive	0	1	2	3	4	108-
submissive	0	1	2	3	4	109-
dependent	0	1	2	3	4	110-
clinging	0	1	2	3	4	111-
aggressive	0	1	2	3	4	112-
angry	0	1	2	3	4	113-
hostile	0	1	2	3	4	114-
explosive	0	1	2	3	4	115-
cocky	0	1	2	3	4	116-
provocative	0	1	2	3	4	117-
stubborn	0	1	2	3	4	118-
rebellious	0	1	2	3	4	119-
overly confirming	0	1	2	3	4	120-
meticulous	0	1	2	3	4	121-
perfectionistic	0	1	2	3	4	122-
miserly	0	1	2	3	4	123-
rigid	0	1	2	3	4	124-
critical	0	1	2	3	4	125-
indecisive	0	1	2	3	4	126-
emotionally labile	0	1	2	3	4	127-
histrionic	0	1	2	3	4	128-
effeminate	0	1	2	3	4	129-
masculine (defensively exaggerated)	0	1	2	3	4	130-
sexually provocative	0	1	2	3	4	131-
immature	0	1	2	3	4	132-
naive	0	1	2	3	4	133-
other	0	1	2	3	4	134-
3) Sexual deviations						
homosexuality	0	1	2	3	4	135-
fetishism	0	1	2	3	4	136-
pedophilia	0	1	2	3	4	137-
transvestitism	0	1	2	3	4	138-
exhibitionism	0	1	2	3	4	139-
voyeurism	0	1	2	3	4	140-
sadism	0	1	2	3	4	141-
masochism	0	1	2	3	4	142-
other	0	1	2	3	4	143-
(Specify)						
4) Abuse of drugs						
alcohol	0	1	2	3	4	144-
medicine	0	1	2	3	4	145-
drugs	0	1	2	3	4	146-
5) Neurotic symptoms						
anxious	0	1	2	3	4	147-
tense	0	1	2	3	4	148-
frightened	0	1	2	3	4	149-
perspiring	0	1	2	3	4	150-
worried	0	1	2	3	4	151-
fidgety	0	1	2	3	4	152-
restless	0	1	2	3	4	153-
insomnia, initial	0	1	2	3	4	154-
disturbing dreams	0	1	2	3	4	155-
repetitive dreams	0	1	2	3	4	156 (not scored)
blindness	0	1	2	3	4	157-
deafness	0	1	2	3	4	158-
anosmia	0	1	2	3	4	159-
hypesthesia	0	1	2	3	4	160-
paresthesia	0	1	2	3	4	161-
anesthesia	0	1	2	3	4	162-
impotence	0	1	2	3	4	163-
frigidity	0	1	2	3	4	164-
paralysis	0	1	2	3	4	165-
ataxia	0	1	2	3	4	166-
dyskinesia	0	1	2	3	4	167-
akinesia	0	1	2	3	4	168-
la belle indifference	0	1	2	3	4	169-
amnesia	0	1	2	3	4	170-
fugue	0	1	2	3	4	171-
somnambulism	0	1	2	3	4	172-
dissociation of body part	0	1	2	3	4	173-
feelings of estrangement	0	1	2	3	4	174-
feelings of unreality	0	1	2	3	4	175-
feelings of depersonalization	0	1	2	3	4	176-

multiple personality	0	1	2	3	4	177-
irrational fears	0	1	2	3	4	178-
obsessions	0	1	2	3	4	179-
compulsions	0	1	2	3	4	180-
ruminations	0	1	2	3	4	181-
depressed	0	1	2	3	4	182-
tearful	0	1	2	3	4	183-
lonely	0	1	2	3	4	184-
irritable	0	1	2	3	4	185-
loss of interest	0	1	2	3	4	186-
loss of energy	0	1	2	3	4	187-
anorexia	0	1	2	3	4	188-
bulimia	0	1	2	3	4	189-
insomnia, early morning	0	1	2	3	4	190-
loss of sexual interest	0	1	2	3	4	191-
self-doubt	0	1	2	3	4	192-
self-critical	0	1	2	3	4	193-
guilt feelings	0	1	2	3	4	194-
feelings of shame	0	1	2	3	4	195-
hopelessness	0	1	2	3	4	196-
suicidal ideation	0	1	2	3	4	197-
fatigue	0	1	2	3	4	198-
weakness	0	1	2	3	4	199-
exhaustion	0	1	2	3	4	200-
somatic preoccupation	0	1	2	3	4	201-
fear of disease	0	1	2	3	4	202-
other	0	1	2	3	4	203-
(Specify)						
6) Psychophysiologic symptoms						
skin	0	1	2	3	4	204-
musculoskeletal	0	1	2	3	4	205-
respiratory	0	1	2	3	4	206-
cardiovascular	0	1	2	3	4	207-
hemic and lymphatic	0	1	2	3	4	208-
gastrointestinal	0	1	2	3	4	209-
genitourinary	0	1	2	3	4	210-
endocrine	0	1	2	3	4	211-
special sense	0	1	2	3	4	212-
other	0	1	2	3	4	213-
(Specify)						
7) Special symptom	0	1	2	3	4	214-
(Specify)						
8) Psychotic symptoms						
circumstantiality	0	1	2	3	4	215-
tangentiality	0	1	2	3	4	216-
concreteness	0	1	2	3	4	217-
blocking	0	1	2	3	4	218-
deja vu	0	1	2	3	4	219-
jamais vu	0	1	2	3	4	220-
deja entendu	0	1	2	3	4	221-
neologisms	0	1	2	3	4	222-
reality testing, impairment of	0	1	2	3	4	223-
ideas of reference	0	1	2	3	4	224-
ideas of influence	0	1	2	3	4	225-
autistic thinking	0	1	2	3	4	226-
confabulation	0	1	2	3	4	227-
loss of ego boundaries	0	1	2	3	4	228-
delusions						
of grandiosity	0	1	2	3	4	229-
of persecution	0	1	2	3	4	230-
somatic	0	1	2	3	4	231-
of world destruction	0	1	2	3	4	232-
other	0	1	2	3	4	233-
(Specify)						
hallucinations						
auditory	0	1	2	3	4	234-
visual	0	1	2	3	4	235-
olfactory	0	1	2	3	4	236-
tactile	0	1	2	3	4	237-
stilted language	0	1	2	3	4	238-
loosening of associations	0	1	2	3	4	239-
confusion	0	1	2	3	4	240-
fragmentation	0	1	2	3	4	241-
verbigeration	0	1	2	3	4	242-
regressive behavior	0	1	2	3	4	243-
echolalia	0	1	2	3	4	244-

echopraxia	0	1	2	3	4	245-
stereotypy	0	1	2	3	4	246-
ambivalence	0	1	2	3	4	247-
negativism	0	1	2	3	4	248-
autism	0	1	2	3	4	249-
mutism	0	1	2	3	4	250-
waxy flexibility	0	1	2	3	4	251-
excitement	0	1	2	3	4	252-
flight of ideas	0	1	2	3	4	253-
clang associations	0	1	2	3	4	254-
suicidal	0	1	2	3	4	255-
homocidal	0	1	2	3	4	256-
other	0	1	2	3	4	257-
(Specify)						
2. Affect						
anxious	0	1	2	3	4	258-
fearful	0	1	2	3	4	259-
angry	0	1	2	3	4	260-
sad	0	1	2	3	4	261-
apathetic	0	1	2	3	4	262-
elated	0	1	2	3	4	263-
labile	0	1	2	3	4	264-
diurnal variation	0	1	2	3	4	265-
cyclothymic	0	1	2	3	4	266-
constricted	0	1	2	3	4	267-
flattened	0	1	2	3	4	268-
inappropriate	0	1	2	3	4	269-
silly	0	1	2	3	4	270-
bizarre	0	1	2	3	4	271-
other	0	1	2	3	4	272-
(Specify)						
c. <u>Organic Brain Functioning</u>						
1. Motor Behavior						
increased amount	0	1	2	3	4	273-
flighty	0	1	2	3	4	274-
decreased amount	0	1	2	3	4	275-
retarded	0	1	2	3	4	276-
neurological impairment	0	1	2	3	4	277-
(Specify)						
2. Sensorium, Impairment of						
a. General						
level of consciousness	0	1	2	3	4	278-
attention	0	1	2	3	4	279-
concentration	0	1	2	3	4	280-
b. Orientation						
time	0	1	2	3	4	281-
place	0	1	2	3	4	282-
person	0	1	2	3	4	283-
situation (Context)	0	1	2	3	4	284-
c. Memory						
immediate recall	0	1	2	3	4	285-
recent	0	1	2	3	4	286-
remote	0	1	2	3	4	287-
fund of general information	0	1	2	3	4	288-
vocabulary	0	1	2	3	4	289-
3. Perception						
illusions	0	1	2	3	4	290-
hallucinations	0	1	2	3	4	291-
hypnagogic hallucinations	0	1	2	3	4	292-
hypnopompic hallucinations	0	1	2	3	4	293-
other alterations	0	1	2	3	4	294-
4. Speech, Impairment of						
a. Quality						
soft	0	1	2	3	4	295-
loud	0	1	2	3	4	296-
other	0	1	2	3	4	297-
(Specify)						
b. Rate						
slow	0	1	2	3	4	298-
fast	0	1	2	3	4	299-

