### Scoring Categories

<table>
<thead>
<tr>
<th>Category</th>
<th>Symbol(s)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Total number of responses on all the ten cards.</td>
<td>R</td>
</tr>
<tr>
<td>2. Whole responses :-</td>
<td></td>
</tr>
<tr>
<td>a) General whole</td>
<td>W</td>
</tr>
<tr>
<td>b) Cut off whole</td>
<td>W</td>
</tr>
<tr>
<td>c) Confabulatory whole</td>
<td>DW</td>
</tr>
<tr>
<td>d) Whole with adjacent white spaces</td>
<td>W, S</td>
</tr>
<tr>
<td>3. (a) Usual large detail responses</td>
<td>D</td>
</tr>
<tr>
<td>(b) Large details with adjacent white space</td>
<td>D, S</td>
</tr>
<tr>
<td>4. (a) Usual small detail responses</td>
<td>d</td>
</tr>
<tr>
<td>(b) Small details with adjacent white space</td>
<td>d, S</td>
</tr>
<tr>
<td>5. White space responses</td>
<td>S</td>
</tr>
<tr>
<td>6. Unusual detail responses :-</td>
<td></td>
</tr>
<tr>
<td>a) Tiny details</td>
<td>d, d</td>
</tr>
<tr>
<td>b) Edge details</td>
<td>d, e</td>
</tr>
<tr>
<td>c) Inside details</td>
<td>d, i</td>
</tr>
<tr>
<td>d) Rare details</td>
<td>d, r</td>
</tr>
<tr>
<td>7. Percentage of W out of Total R</td>
<td>W%</td>
</tr>
<tr>
<td>8. Percentage of D out of Total R</td>
<td>D%</td>
</tr>
<tr>
<td>9. Percentage of d out of Total R</td>
<td>d%</td>
</tr>
</tbody>
</table>
Scoring Categories

10. Percentage of unusual details and space responses out of Total K DdS%  


The type of approach in each case was ascertained by comparing the individual score with the following table presented by Klopfer.

<table>
<thead>
<tr>
<th>W</th>
<th>D</th>
<th>d</th>
<th>Dd and/or S</th>
</tr>
</thead>
<tbody>
<tr>
<td>10% (W)</td>
<td>30% (D)</td>
<td>5% (d)</td>
<td>Dd and/or S</td>
</tr>
<tr>
<td>10-20 W</td>
<td>30-45 D</td>
<td>5-15 d</td>
<td>10-15 Dd + S</td>
</tr>
<tr>
<td>20-30 W</td>
<td>45-65 D</td>
<td>5-15 d</td>
<td>10-15 Dd + S</td>
</tr>
<tr>
<td>30-45 W</td>
<td>55-65 D</td>
<td>15-25 d</td>
<td>15-20 Dd + S</td>
</tr>
<tr>
<td>45-60 W</td>
<td>65-80 D</td>
<td>25-35 d</td>
<td>20-25 Dd + S</td>
</tr>
<tr>
<td>60 W</td>
<td>80 D</td>
<td>35-45 d</td>
<td>25 Dd + S</td>
</tr>
</tbody>
</table>

12. The pure form responses  

13. Percentage of these pure form out of R  

14. Percentage of these pure form, plus differentiated shading responses out of R  

15. The ratio of differentiated shading to pure F  

16. Percentage of good form out of Total pure F  

17. Human movement responses  

18. Animal movement responses  

19. Inanimate movement responses  

20. Form predominating colour responses
### Scoring Categories

<table>
<thead>
<tr>
<th>Number</th>
<th>Description</th>
<th>Symbols</th>
</tr>
</thead>
<tbody>
<tr>
<td>21.</td>
<td>Colour predominating form responses</td>
<td>CF</td>
</tr>
<tr>
<td>22.</td>
<td>Colour responses</td>
<td>C</td>
</tr>
<tr>
<td>23.</td>
<td>Differentiated third dimensional responses</td>
<td>FK</td>
</tr>
<tr>
<td>24.</td>
<td>Diffusion responses</td>
<td>KF &amp; K</td>
</tr>
<tr>
<td>25.</td>
<td>The toned down third dimensional concepts in all the three possible varieties depending on form involvement</td>
<td>k</td>
</tr>
<tr>
<td>26.</td>
<td>Differentiated texture responses</td>
<td>Fe</td>
</tr>
<tr>
<td>27.</td>
<td>Undifferentiated texture responses</td>
<td>OF &amp; C</td>
</tr>
<tr>
<td>28.</td>
<td>The achromatic colour responses in all the three possible varieties, depending on form involvement</td>
<td>C'</td>
</tr>
</tbody>
</table>
| 29.    | The ratio of M to sum of total colour value. This colour value in each case was found out by giving each FC 0.5, each CF 1.0 and each C 1.5 and totaling these values. This was expressed as sum C.

The additional scores were not included in this calculation. | M : Sum C |

30. The ratio of FM and m to the achromatic value, which includes C as well as Fe and OF & C, was calculated by giving each main responses 1 and each additional responses as \( \frac{1}{2} \) value

\[(FM & M):(Fe, OF & C')\]  

31. The percentages of responses on last three cards out of Total R

\[Last \ 3 \ cards \ \frac{R}{R}\]

32. The ratio of achromatic to chromatic was calculated by giving 1 to original and \( \frac{1}{2} \) to additional responses.

The achromatic value here also includes Fe & C and C' Achro. : Chro.
Scoring Categories

33. The ratio of Whole responses irrespective of any variety to M responses.

34. The ratio of Form predominating colour responses to other colour responses.

35. The ratio of differentiated shading to undifferentiated shading responses which includes K, k and o categories.

36. The percentage of animal and animal detail responses out of R.

37. The percentage of human and human detail responses out of R.

38. The ratio of full human and animal figures to those figures perceived in parts.

39. Anatomy responses (This unlike Klopfer includes any anatomical percepts irrespective of human or animal anatomy).

40. Any percept referring to natural scenery or phenomena like cloud, fire, etc.

41. The responses when referred to geographical knowledge, e.g. map.

42. Man made objects, things of day to day use, and also other miscellaneous.

43. Anything relating to plant life, i.e. flower, leaves, trees, etc.

44. Anything referring to aesthetic appreciation or artistry.

Symbols

W : M
FC : CF & C
Diff. : Undiff.

A%

H%

(AH): (Ad+Hd)

At

N

Geo

Obj

PI

Art
Scoring category

45. Abstract concept. Abs
46. Blood. B1
47. The percentage of total shading which includes K, k, c and C' out of R. Shading%

There are few more aspects of scoring which were not used while presenting individual data, of which calculating sequence is one.

The following orders are taken as systematic sequence, i.e.

W D d Dds
and Dds d D W.

When this systematic sequence is maintained in all the 10 cards, the sequence is taken as rigid, when 7 to 9 cards, orderly and when 3 to 6 cards loose, and when less than 3 cards confused.

The author also did not present the ratio of H (full human figure); Hd (part of human figure) and some such ratios.

The present author did not record time so finding out T (total time taken), T/R (average time per response) and other time values were out of question, similarly were finding out frequencies and percentages of popular (P) and original (Orig.) responses.
SCHEDULE FOR MENTAL EXAMINATION

I. GENERAL REACTION AND POSTURE

(a) Attitude voluntary or passive.
(b) Voluntary postures comfortable, natural, constrained or awkward.
(c) What does the patient do if placed in awkward or uncomfortable positions.
(d) Tense toward physicians and nurses; resistive, evasive, irritable, apathetic, compliant.
(e) Spontaneous acts; any occasional show of playfulness, mischievousness or assaultiveness. Defence movements when interfered with or when pricked with pin. Eating and dressing. Attention to bowels and bladder. Do the movements show only initial retardation or are they consistent throughout?
(f) To what extent does the attitude change? Is the behaviour constant or variable from day to day? Do any special occurrences influence the condition?

II. FACIAL EXPRESSION. Alert, attentive, vacant, stolid, sulky, scowling, averse, perplexed, distressed. Any play of facial expression or signs of emotion: tears, smiles, flushing, perspiration. On what occasions?

III. EYES. Open or closed. If closed, resist having lid raised. Movement of eyes: absent or obtained on request; give attention and follow the examiner or moving objects; or show only fixed gazing, furtive glances or evasion.
Rolling of eyeballs upward. Blinking, flickering, or tremor of lid.
Reaction to sudden approach of threat to stick pin in eye. Sensory reaction...
of pupils (dilation from painful stimuli or irritation skin of neck).

IV. REACTION TO WHAT IS SAID OR DONE. Commands: show tongue, move limbs, grasp with hand (clinging, clutching, etc.).
Motions slow or sudden. Reaction to pin-pricks. Automatic obedience: tell patient to protrude the tongue to have pin stuck into it.
Echopraxia: imitation of actions of others.

V. MUSCULAR REACTIONS. Test for rigidity: muscles relaxed or tense when limbs or body is moved.
Catalepsy, waxy flexibility. Negativism shown by movements in opposite direction or springy or cog-wheel resistance.
Test head and neck by movements forward and backward and to side.
Test also the jaw, shoulders, elbow, fingers and the lower extremities.
Does distraction or command influence the reactions?
Closing of mouth, protrusion of lips.
Holding of saliva, drooling.

VI. EMOTIONAL RESPONSIVENESS. Is for family or children?
Or, when sensitive points in history are mentioned or when visitors come?
Note whether or not acceleration of respiration or pulse occurs; also look for flushing, perspiration, tears in eyes, etc. Do jokes elicit any response?
Effect of unexpected stimuli (clap hands, flash of electric light).

Mood - The patient's appearance may be described, so far as it is indicative of his mood. His answers to 'How do you feel in yourself', 'What is your mood', 'How about your spirits', or some similar inquiry
should be recorded. Many varieties of mood may be present - not merely happiness or sadness, but such states as irritability, suspicion, fear, unreality, worry, restlessness, bewilderment, and many more which it is convenient to include under this heading. Observe the constancy of the mood, the influences which change it; the appropriateness of the patient's apparent emotional state to what he says.

VII. Sketch. Any apparent effort to talk, lip-movements, whispers, movements of head. Note exact utterances with accompanying emotional reaction (may indicate hallucinations).

Talk - The form of the patient's utterances rather than their content is here considered. Does he say much or little, talk spontaneously, or only in answer, slow or fast, hesitantly or promptly, to the point or wide of it, coherently, discursively, loosely, with interruptions, sudden silences, changes of topic, comments on happenings and things at hand, appropriately, using strange words or syntax, rhymes, puns? How does the form of his talk vary with its subject?

Sample of talk - Conversation should be recorded with physician's remarks on left side of page, and patient's on right. It should be representative of the form of his talk, his response to questioning and his main preoccupations. Its length will depend on its individual significance. In later sections of the mental state, it will be desirable to record the patient's reported experiences (e.g. hallucinations, delusions, attitude to illness) in his own words, but the sample required at this point need not aim at being comprehensive.

Delusion and misinterpretation - What is the patient's attitude to the various people and things in his environment? Does he misinterpret
what happens, give it special or false meaning, or is he doubtful about it? Does he think anyone pays special attention to him, treats him in a special way, persecutes or influences him bodily, or mentally, in ordinary or scientific or preternatural ways? Laughs at him? Shuns him? Admires him? Tries to kill, harm, annoy him? Does he depreciate himself in any regard, his morals, possessions, health? Has he grandiose beliefs?

These matters may be complicated or concealed and may need much inquiry. If a whole conversation dealing with them is reported here, resume the main points at the end.

**Hallucinations and other disorder of perception** - Auditory, visual, olfactory, gustatory, tactile, visceral. The source, vividness, reality, manner of reception, content, and all other circumstances of the experience are important; its content, especially if auditory or visual, must be reported. When do these experiences occur, at night, when falling asleep, when alone? Any peculiar bodily sensations, feeling of deadness? Unreality?

**Compulsive phenomena** - Obsessional thoughts, impulses, or acts. Are they felt to be from without, or part of the patient’s own mind? Does their insistence distress him? Does he recognize their inappropriateness? Relation to his emotional state? Does he repeat actions, such as washing, unnecessarily, to reassure himself?

**Orientation.** - Record the patient’s answers to questions about his own name and identity, the place where he is, the time of day, and the date. Is there anything unusual to him in the way in which time seems
Memory - This may be tested by comparing the patient's account of his life with that given by others, or examining his account for intrinsic evidence of gaps or inconsistencies. Information which he gives about his previous life, his personality, sexual experiences, etc., should not be inserted here but included as a supplementary part of the history, and its source indicated. There should be special inquiry for recent events such as those of his admission to hospital and happenings in the ward since. Where there is selective impairment of memory for special incidents, periods recent or remote happenings, this should be recorded in detail, and the patient's attitude towards his forgetfulness and the things forgotten specially investigated.

Attention and concentration - Is his attention easily aroused and sustained? Does he concentrate? Is he easily distracted? Pre-occupied? To test his concentration ask him to tell the days or months in reverse order, or to do simple arithmetical problems requiring 'carrying over' (112 - 25), substraction of serial sevens from 100 (give answers and time taken).

Insight and judgement - What is the patient's attitude to his present state? Does he regard it as an illness, as 'mental' or 'nervous', as needing treatment? Is he aware of mistakes made spontaneously or in response to tests? How does he regard them and other details of his condition? How does he regard previous experiences, mental illness, etc.? What is his attitude towards social, financial, domestic, ethical problems? Is his judgement good? What does he propose to do when he has left the hospital?
TAYLOR'S MANIFEST ANXIETY SCALE

INSTRUCTION:

Read each item carefully and give your answer in terms of "True" or "False", i.e., if you agree with the statement, write "True"; if you disagree, write "False".

1. I do not tire quickly.
2. I am troubled by attacks of nausea.
3. I believe I am no more nervous than most others.
4. I have very few headaches.
5. I work under a great deal of tension.
6. I cannot keep my mind on one thing.
7. I worry over money and business.
8. I frequently notice my hand shakes when I try to do something.
9. I blush no more often than others.
10. I have diarrhoea once a month or more.
11. I worry quite a bit over possible misfortune.
12. I practically never blush.
13. I am often afraid that I am going to blush.
14. I have nightmares every few nights.
15. My hands and feet are usually warm enough.
16. I sweat very easily even on cool days.
17. Sometimes when embarrassed I break out in a sweat which annoys me greatly.
18. I hardly ever notice my heart pounding, and I am seldom short of breath.
19. I feel hungry almost all the time.
20. I am very seldom troubled by constipation.
21. I have a great deal of stomach trouble.
22. I have had periods in which I lost sleep over worry.
23. My sleep is fitful and disturbed.
24. I dream frequently about things that are best kept to myself.
25. I am easily embarrassed.
26. I am more sensitive than most other people.
27. I frequently find myself worrying about something.
28. I wish I could be as happy as others seem to be.
29. I am usually calm and not easily upset.
30. I cry easily.
31. I feel anxiety about something or someone almost all the time.
32. I am happy most of the time.
33. It makes me nervous to have to wait.
34. I have periods of such restlessness that I cannot sit long in a chair.
35. Sometimes I become so excited I find it hard to get to sleep.
36. I have sometimes felt that difficulties were piling up so high that I could not overcome them.
37. I must admit that I have at times been worried beyond reason over something that really did not matter.
38. I have very few fears compared to my friends.
39. I have been afraid of things or people that I know could not hurt me.
40. I certainly feel useless at times.
41. I find it hard to keep my mind on a task or job.
42. I am usually self-conscious.
43. I am inclined to take things hard.
44. I am highly strong person.
45. Life is strain for me much of the time.
46. At times I think that I am no good at all.
47. I am certainly lacking in self-confidence.
48. I sometimes feel that I am about to go to pieces.
49. I shrink from facing a crisis or difficulty.
50. I am entirely self-confident.