The following sheet lists potential items to be addressed for each section of a Mental State Examination.

1.1 APPEARANCE
- Gender and sex
- Age
- Ethnicity
- Complexion
- Height and Build
- Hair (including facial hair)
- Grooming
- Unique physical attributes (including scars, tattoos, piercings, missing limbs)
- Facial features (e.g. flushed face, red eyes, bruises)
- Body fetor (if present).

1.2 BEHAVIOUR
- Eye contact
- Relevant facial expressions
- Attitude towards interviewer
- Repetitive movements (e.g. tics, pacing, fidgeting)
- Gait
- Psychomotor behaviour
- Style of gesturing.

2. SPEECH
- Rate
- Volume
- Tone
- Other unique qualities
  - Stutter
  - Accent and dialect
  - Amount of speech
  - Speech impediments
  - Use of vocabulary
  - Is the person difficult to understand?
  - Presence of frequent, noticeable pauses.

3.1 MOOD
How the person is feeling?
- Reported emotion
- Reported depth
- Reported duration
- Reported degree of fluctuation.

3.2 AFFECT
How the person appears to be feeling, based on their non-verbals.
- Range (full, restricted)
  - What emotions does the person express?
  - Are these emotions appropriate to the topic?
- Intensity (exaggerated, normal, blunted, flat)
- Reactivity (fixed, reactive, labile)
- Congruence (congruent, incongruent)
  - Is the person’s affect consistent with their reported mood?
- Neurovegetative symptoms
  - Sleep
  - Appetite
  - Weight gain/loss
  - Motivation
  - Interest in activities (including anhedonia)
  - Energy levels
  - Libido.

4. PERCEPTION
Identify presence of:
- Hallucinations – perceptual experiences in the absence of any corresponding external stimuli
- Illusions – exaggeration, distortion, or misinterpretation of actual stimuli.

Both can be categorised as follows:
- Auditory – these include, but are not limited to:
  - Command hallucinations
  - Commentatory hallucinations
- Visual
- Tactile
- Olfactory
- Gustatory.

5. THOUGHT FORM AND FLOW
Describe:
- The amount and rate of thoughts
- How connected thoughts are to one another
- Whether thoughts relate to a central idea.
6. THOUGHT CONTENT
- Describe the main topics discussed in the interview
- Identify the presence of any of the following:
  - Delusions (paranoid, grandiose, persecutory, nihilistic, passivity phenomena (including: thought insertion, thought removal, thought broadcasting), ideas of reference)
  - Preoccupations/obsessions.
- Identify risk in any of the following areas
  - Suicide
  - Self-harm
  - Violence/aggression
  - Vulnerability
  - Absence without approval
  - Child safety.

7. JUDGEMENT
Address the following:
- Are the person's choices adaptive/do they promote positive health outcomes?
  - Provide a rationale for your answer
  - Specify domains in which judgement is problematic.
- Does the person utilise a logical, reality-based decision-making process when responding to situations?
  - Provide a rationale for your response (including consideration of what is commonly accepted within the person’s culture)
  - Specify domains in which judgement is problematic.
If appropriate, consider using the following descriptors:
- Good/intact
- Poor/impaired.

8. INSIGHT
Address the following:
- Is the person aware of their symptoms?
- Do they understand how the symptoms are impacting their functioning?
- How does the person explain their experience of symptoms? Is this based in reality?
  - Consider what is commonly accepted within that person's culture.
If appropriate, consider using the following descriptors:
- Good/intact
- Partial
- Poor/impaired.

9. COGNITION
Comment on each of the following:
- Alertness
- Orientation (time, place, person)
- Memory
- Concentration.