



MINI MENTAL STATE EXAM

ID NUMBER:

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FORM CODE:

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DATE: 06/01/2011
Version 2.0

ADMINISTRATIVE INFORMATION

0a. Completion Date:

| | | | | | | | | | |
|-------|--|---|-----|--|---|------|--|--|--|
| | | / | | | / | | | | |
| Month | | | Day | | | Year | | | |

0b. Staff ID:

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Materials: Black pen, pencil, wrist watch, two sheets of paper, pentagons and close you eyes card.

"In this next part of the exam I will ask you some questions and give you some short tasks that will require memory and concentration. Some may be a little bit more difficult than others."

| | Correct | Incorrect / Don't know | Not Attempted / Refused |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------|----------------------------|-------------------------------|
| 1. What year is this? | <input type="checkbox"/> 1 | <input type="checkbox"/> 0 | <input type="checkbox"/> 0 |
| 2. What season is this? | <input type="checkbox"/> 1 | <input type="checkbox"/> 0 | <input type="checkbox"/> 0 |
| <div>Winter: Dec., Jan., Feb., March Spring: March, April, May, June Summer: June, July, August, Sept. Fall/Autumn: Sept., Oct., Nov., Dec.</div> | | | |
| 3. What month is this? | <input type="checkbox"/> 1 | <input type="checkbox"/> 0 | <input type="checkbox"/> 0 |
| 4. What is the day of the week? | <input type="checkbox"/> 1 | <input type="checkbox"/> 0 | <input type="checkbox"/> 0 |
| <i>If the participant gives the date instead of the day, give credit for date if correct, and say: "Good, and what day of the week is it?"</i> | | | |
| 5. What is the date? | <input type="checkbox"/> 1 | <input type="checkbox"/> 0 | <input type="checkbox"/> 0 |
| 6. What state are we in? | <input type="checkbox"/> 1 | <input type="checkbox"/> 0 | <input type="checkbox"/> 0 |
| 7. What city is this? | <input type="checkbox"/> 1 | <input type="checkbox"/> 0 | <input type="checkbox"/> 0 |
| 8. What county do you live in? | <input type="checkbox"/> 1 | <input type="checkbox"/> 0 | <input type="checkbox"/> 0 |
| 9. What is the name of this place where we are right now? | <input type="checkbox"/> 1 | <input type="checkbox"/> 0 | <input type="checkbox"/> 0 |
| <i>Prompt for more detail, if a generic or vague response is given.</i> | | | |
| 10. Are we on the ground floor or a higher floor of this building? | <input type="checkbox"/> 1 | <input type="checkbox"/> 0 | <input type="checkbox"/> 0 |

“I am going to name three objects. After I have said them, I want you to repeat them all back to me. Ready? Repeat these words after me: apple - penny - table. Please try to remember what they are, because I am going to ask you to name them again in a few minutes.”

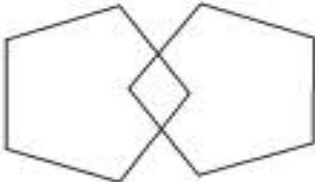
If participant is unable to recall all three words, repeat up to 3 trials until he/she correctly names all three, but score only the first trial.

| | Correct | Incorrect / Don't Know | Not Attempted / Refused |
|-----------|----------------------------|----------------------------|----------------------------|
| 11. Apple | <input type="checkbox"/> 1 | <input type="checkbox"/> 0 | <input type="checkbox"/> 0 |
| 12. Penny | <input type="checkbox"/> 1 | <input type="checkbox"/> 0 | <input type="checkbox"/> 0 |
| 13. Table | <input type="checkbox"/> 1 | <input type="checkbox"/> 0 | <input type="checkbox"/> 0 |

How do you spell the word “World”? (If unable to spell: It's spelled *W-O-R-L-D*). Coach only once and then continue with the second part of the question, even if the performance in spelling forward is not perfect.

| How would you spell it backwards? <i>Record the order of the letters given. Refer to scoring template to assign credit (e.g., DROW = 4 correct). Allow additional trials if requested.</i> | Correct | Incorrect / Don't Know | Not Attempted / Refused |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------|----------------------------|----------------------------|
| <i>Record response: ___ ___ ___ ___ ___</i> | | | |
| 14. D | <input type="checkbox"/> 1 | <input type="checkbox"/> 0 | <input type="checkbox"/> 0 |
| 15. L | <input type="checkbox"/> 1 | <input type="checkbox"/> 0 | <input type="checkbox"/> 0 |
| 16. R | <input type="checkbox"/> 1 | <input type="checkbox"/> 0 | <input type="checkbox"/> 0 |
| 17. O | <input type="checkbox"/> 1 | <input type="checkbox"/> 0 | <input type="checkbox"/> 0 |
| 18. W | <input type="checkbox"/> 1 | <input type="checkbox"/> 0 | <input type="checkbox"/> 0 |

| | Correct | Incorrect / Don't Know | Not Attempted / Refused |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------|----------------------------|----------------------------|
| 19. Point to a pencil. Ask, “What is this called?” | <input type="checkbox"/> 1 | <input type="checkbox"/> 0 | <input type="checkbox"/> 0 |
| 20. Point to a watch. Ask, “What is this called?” | <input type="checkbox"/> 1 | <input type="checkbox"/> 0 | <input type="checkbox"/> 0 |
| 21. Repeat this phrase after me: “No ifs, ands, or buts.” | <input type="checkbox"/> 1 | <input type="checkbox"/> 0 | <input type="checkbox"/> 0 |
| 22. Please write any complete sentence you can think of on this piece of paper. | <input type="checkbox"/> 1 | <input type="checkbox"/> 0 | <input type="checkbox"/> 0 |
| <i>Have the participant write a sentence of his/her choice. Ignore grammar, spelling and punctuation. If needed, prompt by saying: “write a sentence about the weather”.</i> | | | |

| | Correct | Incorrect / Don't Know | Not Attempted / Refused |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------|----------------------------|-------------------------------|
| 23. Here is a drawing. Please copy the drawing on this piece of paper. | <input type="checkbox"/> 1 | <input type="checkbox"/> 0 | <input type="checkbox"/> 0 |
|  | | | |
| <p>Hand the participant a piece of paper and the pentagons card. Orient the card as shown. Allow 1 minute for copying. Score 1 if all sides and angles are preserved and two five-sided figures intersect to form a four-sided figure. Ignore tremor, rotation, minor gaps, and self-correction. Note dominant hand used for drawing task.</p> | | | |

| Now, what were those three objects I asked you to remember? <i>Provide no hints.</i> | Correct | Incorrect / Don't Know | Not Attempted / Refused |
|--------------------------------------------------------------------------------------|----------------------------|----------------------------|-------------------------------|
| 24. Apple | <input type="checkbox"/> 1 | <input type="checkbox"/> 0 | <input type="checkbox"/> 0 |
| 25. Penny | <input type="checkbox"/> 1 | <input type="checkbox"/> 0 | <input type="checkbox"/> 0 |
| 26. Table | <input type="checkbox"/> 1 | <input type="checkbox"/> 0 | <input type="checkbox"/> 0 |

| <p>Listen carefully, because I'm going to ask you to do something. <i>Hold up a piece of paper in plain view of the participant but out of reach. Take this paper in your <non-dominant> hand (pause), fold it in half (pause), and put it on the floor (substitute "hand it back to me," if participant is disabled or bed-bound).</i></p> <p><i>After saying the entire command, hold the paper within reach of the participant (but not in favor of either hand). Do not repeat any individual part of the command. One repetition is permitted at the participant's request, but the entire command must be repeated verbatim. If the participant reaches for the paper immediately after hearing the first portion of the command, move your hand away so that the paper is out of reach and continue to state the next two parts of the command without interruption.</i></p> | | | |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------|----------------------------|-------------------------------|
| | Correct | Incorrect / Don't Know | Not Attempted / Refused |
| 27. Takes paper in correct hand | <input type="checkbox"/> 1 | <input type="checkbox"/> 0 | <input type="checkbox"/> 0 |
| 28. Folds paper in half | <input type="checkbox"/> 1 | <input type="checkbox"/> 0 | <input type="checkbox"/> 0 |
| 29. Places paper on the floor | <input type="checkbox"/> 1 | <input type="checkbox"/> 0 | <input type="checkbox"/> 0 |

| Please read this sentence out loud and then do what it says. <i>Display sentence command "CLOSE YOUR EYES." Score 1 point only if the participant closes his/her eyes. As soon as the participant closes his/her eyes, say open.</i> | | | |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------|----------------------------|----------------------------|
| | Correct | Incorrect / Don't Know | Not Attempted / Refused |
| 30. Closes eyes | <input type="checkbox"/> 1 | <input type="checkbox"/> 0 | <input type="checkbox"/> 0 |

31. MMSE Total Score:

32. How many questions were not attempted due to **EITHER** refusal or disability?
(IF NONE, enter 0)