



MINI MENTAL STATE EXAM

ID
NUMBER:

FORM CODE: MME

DATE: 09/27/2017
Version 3.0

ADMINISTRATIVE INFORMATION

0a. Completion Date: //
Month Day Year

0b. Staff ID:

Materials: Black pen, pencil, wrist watch, one sheet of paper, pentagons and "Close your eyes" card

Scoring note:

Items which are not attempted due to a physical disability (e.g., vision or hearing loss) should be marked as "Not Attempted."

Items which are not administered due to cognitive impairment should be marked as "Incorrect."

"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
0c. What is your full name?	<input type="checkbox"/> 1	<input type="checkbox"/> 0	<input type="checkbox"/> 0
0d. How old are you?	<input type="checkbox"/> 1	<input type="checkbox"/> 0	<input type="checkbox"/> 0
0e. What is the full date of your birth?	<input type="checkbox"/> 1	<input type="checkbox"/> 0	<input type="checkbox"/> 0
0f. Without looking at a clock or watch, what is the approximate time of day?	<input type="checkbox"/> 1	<input type="checkbox"/> 0	<input type="checkbox"/> 0
Score as correct, if within one hour of the actual time.			

	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> <i>Winter: Dec., Jan., Feb., March</i> <i>Spring: March, April, May, June</i> <i>Summer: June, July, August, Sept.</i> <i>Fall/Autumn: Sept., Oct., Nov., Dec.</i> </div>			
3. What month is this?	<input type="checkbox"/> 1	<input type="checkbox"/> 0	<input type="checkbox"/> 0
<i>Score as correct, if within one day of the actual month.</i>			
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 all three words, 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 2 additional trials until he/she correctly names all three objects, 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

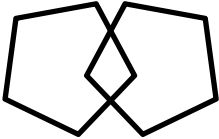
How do you spell the word "World"? (If unable to spell: It's spelled *W-O-R-L-D*). Coach only once and then continue with the second part of the question, even if the performance in spelling forward is not perfect.

How would you spell it backwards?

Record the order of the letters given. Refer to scoring template to assign credit (e.g., DROW = 4 correct). Allow additional trials if requested.

	Correct	Incorrect / Don't Know	Not Attempted / Refused
Record response: ____			
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. What is this called?	<input type="checkbox"/> 1	<input type="checkbox"/> 0	<input type="checkbox"/> 0
20. Point to a watch. 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". Note dominant hand used.</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><i>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.</i></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."</i> <i>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 (CDART will calculate the score):

32. How many questions were not attempted due to **EITHER** refusal or physical disability?
 (Consider only Q1 to Q30. If all Q1-Q30 are answered, enter 0.)