Assessment:

Mini-Mental State Exam

Patient___________________________________

Examiner ____________________________

Date____________

Maximum Score Orientation

1. What is the (year) (season) (date) (day) (month)?
2. Where are we (state) (country) (town) (hospital) (floor)?

Registration

3. Name 3 objects: 1 second to say each. Then ask the patient for all 3 after you have said them. Give 1 point for each correct answer. Then repeat them until he/she learns all 3. Count trials and record.

   Trials _____________

Attention and Calculation

5 ( ) Serial 7’s. 1 point for each correct answer. Stop after 5 answers. Alternatively spell “world” backward.

Recall

3 ( ) Ask for the 3 objects repeated above. Give 1 point for each correct answer.

Language

2 ( ) Name a pencil and watch.
1 ( ) Repeat the following “No ifs, ands, or buts”
3 ( ) Follow a 3-stage command: “Take a paper in your hand, fold it in half, and put it on the floor.”
1 ( ) Read and obey the following: CLOSE YOUR EYES
1 ( ) Write a sentence.
1 ( ) Copy the design shown.

_____Total Score

ASSESS level of consciousness along a continuum:

Alert     Drowsy     Stup     Coma         ___________