

VISUOSPATIAL MINI-MENTAL STATE EXAM

UMCHC#: _____	Date: _____
Patient: _____	Age: _____
Examiner: _____	Sex: _____
Diagnosis?: _____	

1. What is the: Year? _____ Season? _____ Date? _____ Month? _____ _____
 2. Where are we: State? _____ County? _____ City? _____ Hospital? _____ Floor? _____ _____
 3. Name 3 objects (taking 1 second to say each), then ask the patient to repeat them back to you (give 1 point for each correct response). Repeat the 3 objects until the patient learns all three (no points awarded after the first attempt). _____
 4. Serial 7s. Subtract 7 from 100 and then keep subtracting 7 from the answer you get (stop them after 5 answers). Alternatively, spell "WORLD" backwards. _____
 5. Ask for the names of the 3 objects learned in question #3. _____
 6. Point to a pen and then a watch (have the patient name them as you point). _____
 7. Have the patient repeat, "No ifs, ands, or buts". _____
 8. Have the patient follow a three-stage command: "Take the paper in your right (or left) hand, fold it in half, and put the paper on the floor". _____
- (Worksheet for questions 9-11, 14, & 15 on reverse side.)*
9. Score for following "close your eyes" command. _____
 10. Score for written sentence (must have subject, verb, and make sense – grammar and punctuation are not evaluated). _____
 11. Score for copying the interlocking pentagons correctly (two angles must interlock making a 4-sided figure). _____
- (Folstein, Folstein, McHugh; 1975-modified) **MMSE Score** _____

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12. Other Designs (Points [0] no attempt, [1] attempted, [2] correct)

	Hexagon	_____
	Circle	_____
	Overlapping Rectangles	_____
	Rhombus	_____
	Cube	_____
	Design Score	_____
 13. Clock Drawing

	Circle contour acceptable	_____
	Numbers attempted	_____
	Only numbers 1-12 present	_____
	Numbers in correct order	_____
	Numbers in correct position	_____
	Two hands present (more or less than two; incorrect)	_____
	Hands in correct proportion	_____
	Hands in nearly correct position	_____
	Hands in exactly correct position	_____
	Center is present (drawn or inferred)	_____

(Folstein, Folstein, McHugh; 1975-modified) **MMSE Score** _____

Visuospatial Total Score _____

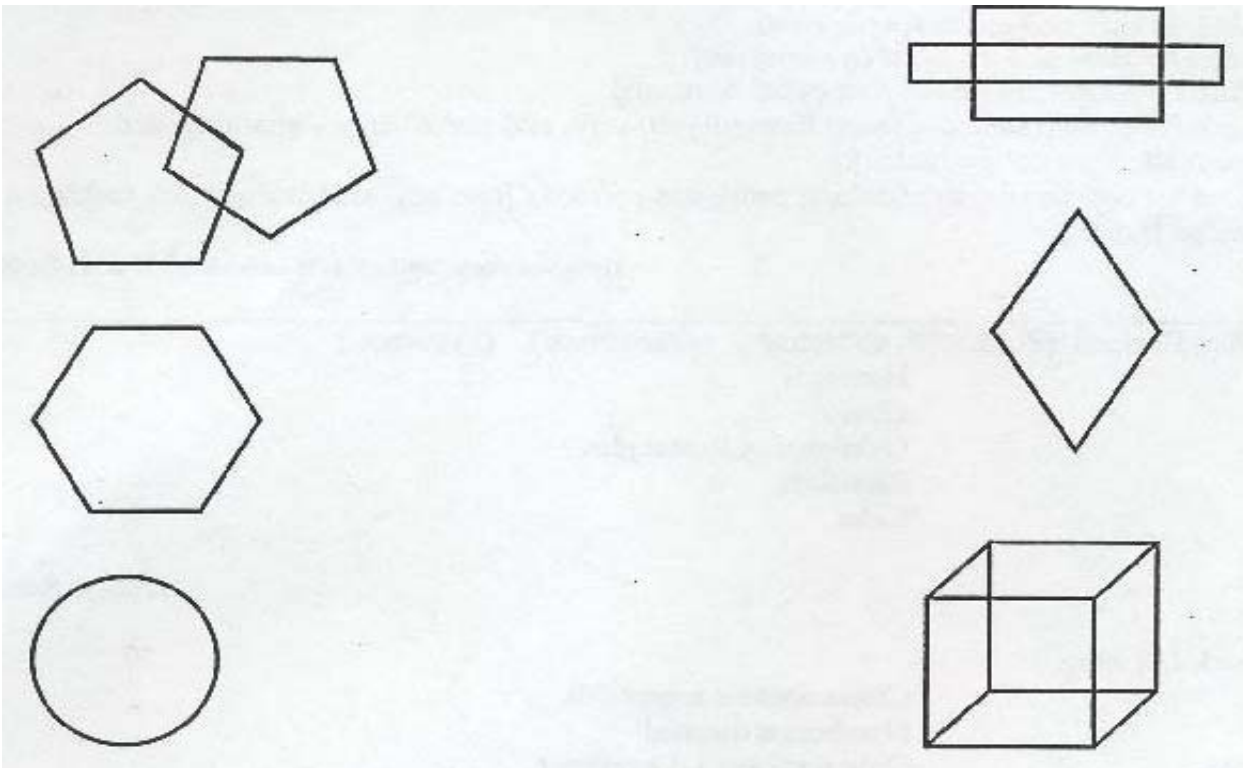
VS-MMSE Total Score _____

1. Read and obey the following:

“CLOSE YOUR EYES”

2. Write a sentence: Any sentence you choose.

3. Copy these figures.



4. Draw the face of a large clock with all the numbers on it. Draw the hands set at ten after eleven.

MRN: _____
NAME: _____
DOB: _____

IV. Mental Status Examination

Appearance: ☐ Normal ☐ Poor Hygiene ☐ Disheveled ☐ Other _____

Behavior: ☐ Comatose ☐ Stuporous/Lethargic ☐ Alert ☐ Hyperalert ☐ Agitated

Speech:

Rate: ☐ Normal ☐ Slowed ☐ Pushed

Rhythm: ☐ Normal ☐ Dysarthric ☐ Aprosodic

Process: ☐ Circumstantial ☐ Tangential ☐ Loose ☐ "Word salad" ☐ Confabulation

☐ Aphasic _____

(Describe, e.g. expressive, receptive, global aphasia)

Mood:

Depression: Sig: "E" Caps

☐ Sleep _____

☐ Interest _____

☐ Guilt _____

☐ Energy _____

☐ Concentration _____

☐ Appetite _____

☐ Psychomotor _____

☐ Suicide _____

(Description, e.g. early morning awakening)

Mania: Dig Fast

☐ Distractible _____

☐ Impulse _____

☐ Grandiose _____

☐ Flight of Ideas _____

☐ Activity Increased _____

☐ Sleep Decreased _____

☐ Talkative _____

(Description, e.g. believes "heals illness at a distance")

Anxiety

General: ☐ Excessive nervousness ☐ Excessive Worrying ☐ Restless/keyed up ☐ Irritable

☐ Easily fatigued ☐ Muscle tension ☐ Poor concentration ☐ Poor sleep

☐ Other _____

Social (phobia): _____

Obsessive/Compulsive: _____

PTSD: _____

Panic: End PANIC

Endocrine

☐ Sweating

☐ Shaking/Tremors

☐ Chills/Hot Flashes

Pulmonary

☐ Short of Breath/Smothering

☐ Choking

Abdominal

☐ Abdominal Pain

Neurological

☐ Dizzy/Unsteady/Lightheaded

☐ Derealization/Depersonalization

☐ Paresthesias/Numbness

Ideas

☐ Fear of Losing Control, Going Crazy

☐ Fear of Dying

Cardiac

☐ Chest Pain/Discomfort

☐ Increased Heart Rate

☐ Palpitations

Duration of panic spells: _____ **Frequency (per week):** _____

Agoraphobia: _____

Personality type: ☐ Cluster A ☐ Cluster B ☐ Cluster C

Psychosis

Hallucinations: ☐ Auditory ☐ Visual ☐ Tactile ☐ Olfactory

Description: _____

Delusion: ☐ Simple paranoid ☐ Complex ☐ Grandiose

Description: _____