VISUOSPATIAL MINI-MENTAL STATE EXAM UMCHC#: **Date:** _____ Patient: Age: **Examiner:** Sex: **Diagnosis?:** What is the: Year? _____ Season? ____ Date? ____ Month? 1. Where are we: State? ____ County? ___ City? ___ Hospital? ___ Floor? __ 2. Name 3 objects (taking 1 second to say each), then ask the patient to repeat them back to you 3. (give 1 point for each correct response). Repeat the 3 objects until the patient learns all three (no points awarded afte 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. Point to a pen and then a watch (have the patient name them as you point). 6. Have the patient repeat, "No ifs, ands, or buts". 7. 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.) Score for following "close your eyes" command. Score for written sentence (must have subgiect, verb, and make sense – grammar and punctuation 10. are not evaluated). 11. Score for copying the interlocking pentagons correctly (two angles must interlock making a 4sided figure). (Folstein, Folstein, McHugh; 1975-modified) MMSE Score 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

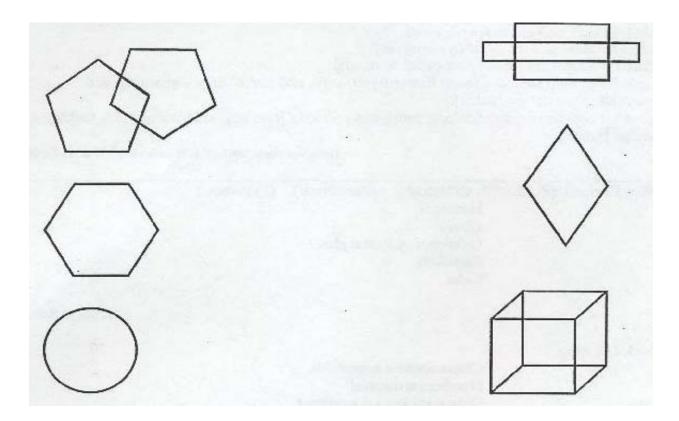
VS-MMSE Total Score

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.

	DOB:
Mental Status Examination	
Appearance: □ Normal □ Poor Hygiene □ Dishe	eveled \square Other
Behavior: □ Comatose □ Stuporous/Lethargic □ A	Alert □ Hyperalert □ Agitated
Speech:	
Rate: \square Normal \square Slowed \square Pushed	
Rhythm: □ Normal □ Dysarthric □ Aprosodic	
Process: □ Circumstantial □ Tangential □ Loose	
☐ Aphasic	
☐ Aphasic(Describe, e.g. expressive, r	receptive, global aphasia)
Mood:	
Depression: Sig: "E" Caps	Mania: Dig Fast
□ Sleep	□ Distractible
☐ Interest	□ Impulse
Guilt	☐ Grandiose
□ Energy	TELEBRACIA
Concentration	☐ Flight of Ideas
☐ Appetite	☐ Activity Increased
□ Psychomotor	☐ Sleep Decreased
☐ Suicide(Description, e.g. early morning awakening)	☐ Talkative
Anxiety	(Description, e.g. believes hears filless at a distan
General: ☐ Excessive nervousness ☐ Excessive We	orrying
	on □ Poor concentration □ Poor sleep
Social (phobia):	
Obsessive/Compulsive.	
risu:	
Panic: End PANIC	
Endocrine	Neurological
□ Sweating	☐ Dizzy/Unsteady/Lightheaded
☐ Shaking/Tremors	☐ Derealization/Depersonalization
☐ Chills/Hot Flashes	☐ Paresthesias/Numbness
Pulmonary	Ideas
☐ Short of Breath/Smothering	☐ Fear of Losing Control, Going Crazy
□ Choking	☐ Fear of Dying
Abdominal	Cardiac
☐ Abdominal Pain	☐ Chest Pain/Discomfort
	☐ Increased Heart Rate
	□ Palpitations
Duration of panic spells: I Agoraphobia: I	Frequency (per week):
Personality type: Cluster A Cluster B C	luster C
Psychosis	-
Hallucinations: □ Auditory □ Visual □ Tactil	le □ Olfactory
Description:	y
Delusion: ☐ Simple paranoid ☐ Complex ☐ C	Grandiose
Description:	

MRN: _____