

# MINI - MENTAL STATUS SCREENING EXAM

PATIENT IDENTIFICATION

DESCRIPTION	MAXIMUM SCORE	RESIDENT'S SCORE
<b>ORIENTATION:</b> TIME: What is the ( year ), ( month ), ( date ), ( day ), ( season ) ? PLACE: Name ( city ), ( 2 neighboring states ), ( place ), ( floor ) ?	5  5	_____ _____
<b>IMMEDIATE RECALL:</b> Name 3 objects ( table, penny, apple ). Ask the resident to repeat the 3 words. Give one point for each correct answer. Repeat the words until all 3 words are learned ... up to 3 trials. Tell the resident to remember the words and that you will ask him / her to repeat the words in 5 minutes. Count trials and record number: Number of Trials: _____	3	_____
<b>ATTENTION:</b> Begin with 100 and count backwards by 7 ( "93, 86, 79, 72, 65"; stop after 5 answers ) -or- spell <i>world</i> backwards ("dlrow").	5	_____
<b>DELAYED RECALL: ( Wait a full 5 minutes )</b> Ask for the 3 objects registered above. Give 1 point for each correct answer.	3	_____
<b>LANGUAGE:</b> NAMING: Ask the name of 2 objects ( pen, watch, etc. ) REPITITION: Repeat "no if's, and's or but's" VERBAL COMMAND: "Take a paper in your right hand; fold it in half and put it on the floor" READING COMPREHENSION: "Close your eyes" ( over ) DRAWING: Copy a design ( over ) WRITING: Write a sentence ( over )	2 1 3 1 1 1	_____ _____ _____ _____ _____ _____
<b>VISUAL IMPAIRMENT:</b> _____ <b>HEARING IMPAIRMENT:</b> _____ <b>EDUCATION LEVEL:</b> _____	<b>30</b> MAXIMUM TOTAL SCORE	_____ TOTAL SCORE

## SCORE ASSESSMENT

30 - 27 = Normal

26 - 20 = Probable Mild Dementia

19 - 10 = Probable Moderate Dementia

9 - 0 = Probable Advanced Dementia

**NOTE:** Not to be used as the ONLY tool to diagnose dementia.

RATER ( Print ):	RATER ( Signature ):	DATE:
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# CLOSE YOUR EYES

