

**B-1c CLINICAL NOTES
MINI-MENTAL STATUS EXAM**

Adapted: J. Psychiat. Res., 1975, vol. 12, no. 3, pp. 189-198.

DATE

HOSP. #

NAME

BIRTH DATE

ADDRESS

● File most recent sheet of this number ON BOTTOM ●

IF NOT IMPRINTED, PLEASE PRINT DATE, HOSP. #, NAME AND LOCATION

() 1. What is the year _____, season _____, date _____, day _____, month _____.

() 2. What are we: state _____, county _____, town _____, hospital _____, floor _____.

() 3. Name 3 objects: orange _____, airplane _____, tobacco _____. (trails _____).

() 4. Serial 7's: _____
(93) (86) (79) (72) (65)

or spell "world" backwards _____
(d) (l) (r) (o) (w)

() 5. Recall 3 objects: orange _____, airplane _____, tobacco _____.

() 6. Name a pencil _____, and watch _____.

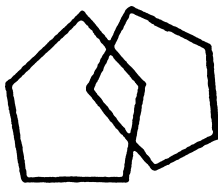
() 7. Read and obey _____  **CLOSE YOUR EYES**

() 8. Copy design _____ (below)

() 9. Write a sentence _____ (below).

() 10. Repeat the following "no ifs, ands, or buts" _____.

() 11. Follow a 3-stage command: a: take a paper in your right hand _____
b: fold it in half _____
c: put it on the floor _____



Level of consciousness _____ (check)
alert drowsy stupor coma

Total (One point for each blank, maximum = 30)

Physician signature _____ Date _____



B
-1c

C
LABORATORY

D
X-RAY EXAM

F
CONSULTATION

F
SPEC. EXAM

G
THERAPY

H
PATHOLOGY

I
PT. QUES.