

MINI-MENTAL STATE EXAMINATION (MMSE)

**Maximum
Score Score**

Orientation

- 5 () What is the (day of week) (day of month) (month) (year) (season)?
5 () Where are we: (state) (county) (town) (facility) (floor)?

Registration

- 3 () Name three unrelated objects (e.g., apple, table, penny). Allow one second to say each. Then ask resident to repeat all three after you have said them. Give one point for each correct answer. Repeat them until he/she learns all three. Count trials and record.

Trials: _____

Attention and Calculation

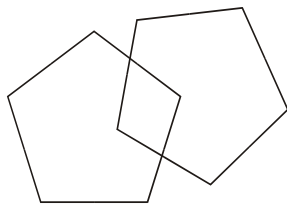
- 5 () Ask resident to count backwards from 100 by sevens. Give one point for each correct answer. Stop after five answers. Alternatively, ask resident to spell "world" backwards.

Recall

- 3 () Ask resident to recall the three objects previously stated. Give one point for each correct.

Language

- 9 () Show resident a wrist watch; ask resident/patient what it is. Repeat for a pencil. (two points)
() Ask resident to repeat the following: "No ifs, ands, or buts." (one point)
Follow a three-stage command:
"Take a paper in your right hand, fold it in half, and put it on the floor."
(three points)
Ask resident to read and obey the following sentence which you have written on a piece of paper:
() "Close your eyes." (one point)
() Ask resident to write a sentence. (one point)
() Ask resident to copy a design. (one point)



Suggested guideline for determining the severity of cognitive impairment:

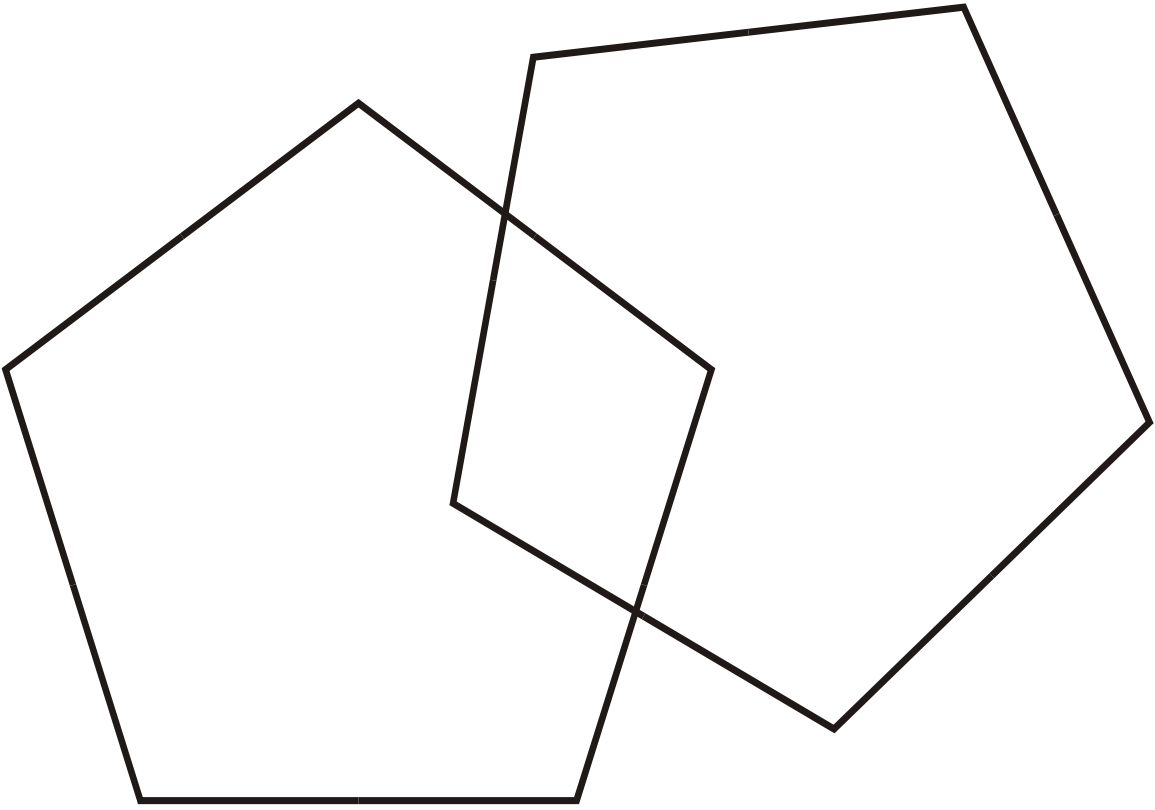
Mild: MMSE ≥ 21
Moderate: MMSE 10-20
Severe: MMSE ≤ 9

_____ **Total Score**

ASSESS level of consciousness along a continuum _____
Alert Drowsy Stupor Coma

Form Completed By: _____ Date: _____

Resident Name: _____



CLOSE YOUR EYES

INSTRUCTIONS FOR ADMINISTRATION OF MINI-MENTAL STATE EXAMINATION

Orientation

- (1) Ask for the date. Then ask specifically for parts omitted, e.g., “Can you also tell me what season it is?” Give one point for each correct.
- (2) Ask in turn, “Can you tell me the name of this facility?” (town, county, etc.). Give one point for each correct.

Registration

Ask resident if you may test his/her memory. Clearly and slowly say the names of three unrelated objects (e.g., apple, table, penny), using about one second to recite each. After you have said all three, ask resident to repeat. This first repetition determines score (zero to three), but keep saying them until resident can repeat all three, up to six trials. If he/she does not eventually learn all three, recall cannot be meaningfully tested.

Attention and Calculation

Ask resident/patient to begin with 100 and count backwards by seven. Stop after five subtractions (93, 86, 79, 72, 65). Score total number of correct answers. If resident cannot or will not perform this task, ask him/her to spell the word “world” backwards. Score is number of letters given in correct order, e.g., dlrow = 5, dlorw = 3.

Recall

Ask resident to recall the three words you previously asked him/her to remember. Score zero to three.

Language

Naming: Show resident a wrist watch and ask him/her what it is. Repeat for pencil. Score zero to two.

Repetition: Ask resident to repeat the sentence after you. Allow only one trial. Score zero or one.

Three-stage command: Give resident a sheet of blank paper and repeat the command. Score one point for each part correctly executed.

Reading: On a blank piece of paper, print the sentence “Close your eyes” in letters large enough for resident/patient to see clearly. Ask him/her to read it and do what it says. Score one point only if resident/patient actually closes eyes.

Writing: Give resident a blank piece of paper and ask him/her to write a sentence. Do not dictate a sentence — it is to be written spontaneously. Sentence must contain a subject and verb and be sensible. Correct grammar and punctuation are not necessary.

Copying: On a clean piece of paper, draw intersecting pentagons, each side about one inch, and ask resident to draw an exact copy of it. All 10 angles must be present and two must intersect to score one point. Ignore tremor and rotation.

Estimate resident’s level of sensorium along a continuum, from alert on the left to coma on the right.

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MINI-MENTAL STATE EXAMINATION

The Mini-Mental State Examination (MMSE) was first published by Folstein, Folstein, & McHugh in 1975, and is accepted and widely used to assess the cognitive/mental functions in the geriatric population. The test is administered commonly in both an inpatient and outpatient setting.

The test concentrates only on the cognitive aspects of mental function. The test indicates impairment but does not make a diagnosis. The test is relatively easy to administer and can be completed in about ten minutes. Consult the citation above for validity and other variables.

Be sensitive to potential reactions. Someone who is cognitively intact may find the questions insulting, while someone extremely confused may find it demoralizing. Take steps to minimize these affects such as:

Assure the person that is a test performed on everyone, not just them.

Conduct the test in a private area, with low distraction levels.

The examination results should be interpreted in light of the resident's age and education.

MEDIAN MINI-MENTAL STATE EXAMINATION SCORE BY AGE AND EDUCATIONAL LEVEL

<i>Age</i>	<i>Education</i>				<i>Total</i>
	<i>0-4y</i>	<i>5-8y</i>	<i>9-12y</i>	<i>>12y</i>	
18-24	23	28	29	30	29
25-29	25	27	29	30	29
30-34	26	26	29	30	29
35-39	23	27	29	30	29
40-44	23	27	29	30	29
45-49	23	27	29	30	29
50-54	22	27	29	30	29
55-59	22	27	29	29	29
60-64	22	27	28	29	28
65-69	22	27	28	29	28
70-74	21	26	28	29	27
75-79	21	26	27	28	26
80-84	20	25	26	28	25
>84	19	24	26	28	25
Average	22	26	29	29	29