

MINI MENTAL STATE EXAMINATION

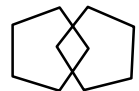
Client Name _____ Assessor _____ Date _____

Maximum Score

Score: Achieved:

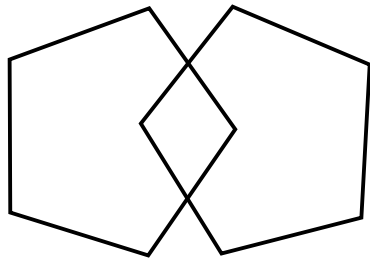
Record client's answers in the spaces provided

5	()	Q1	<p style="text-align: center;"><u>ORIENTATION:</u></p> <p>What is the - Year _____ Season _____ Month _____ Day _____ Date _____</p>
5	()	Q2	<p>Where are we - Country _____ State _____ Town/City _____</p> <p style="text-align: center;">Hospital/Street _____ Ward/House no. _____</p>
3	()	Q3	<p style="text-align: center;"><u>REGISTRATION:</u></p> <p>Name these 3 objects - apple, penny, table. 1 second to say each. Then ask the person to repeat all three after you have said them. Score 1 point for each one correct on the first attempt. Repeat them (maximum 5 times) until he/she learns them. Count trials and record. Trials: ____</p>
5	()	Q4	<p style="text-align: center;"><u>ATTENTION AND CALCULATION:</u></p> <p>Serial 7's: Count backwards from 100 by subtracting 7 (93 86 79 72 65) Score 1 point for each correct. (A correct response is one that is 7 less than the previous response even if the previous response is incorrect) Stop at 5 responses. - OR - Ask the person to spell the word "WORLD" forward and then backwards. Score 1 point for each letter in correct order. e.g. DLROW = 5, DLORW = 3</p>
3	()	Q5	<p style="text-align: center;"><u>RECALL:</u></p> <p>Ask for the names of the three objects given to remember in Q3. Score 1 point for each correct answer irrespective of the order they are recalled in.</p> <p style="text-align: center;">apple penny table</p>
2	()	Q6	<p style="text-align: center;"><u>LANGUAGE:</u></p> <p>Show the person a "PENCIL" and a "WATCH". Have the person name them as you point. Score 1 point for each correct answer.</p>
1	()	Q7	<p>Have the person repeat the phrase - "NO IFS, ANDS, OR BUTS". Score 1 point for a correct repetition.</p>
3	()	Q8	<p>Have the person follow a 3 stage command. Take the paper in your right/left hand. Fold it in half once with both hands. Put it on the floor. Score 1 point for each part correctly executed.</p>
1	()	Q9	<p>Read and obey the message. CLOSE YOUR EYES Score 1 point if the person closes their eyes. They do not have to read aloud.</p>
1	()	Q10	<p>Ask the person to write a sentence of his/her own choice. The sentence should contain a subject and an object and make sense. Ignore spelling errors.</p>
1	()	Q11	<p>Ask the person to copy the design. Score 1 point if all sides and angles are preserved and the intersecting sides form a quadrangle.</p>
30	()	TOTAL SCORE	



References: 1. Derived from: Folstein MF. et al "Mini-Mental State" : a practical method for grading the cognitive state of patients for the clinician. *J Psychiatr Res* 1975; 12:189. 2. Derived from: Cockrell JR et al Mini Mental State Examination (MMSE). *Psychopharm Bull.* 1988;24:689-692

CLOSE YOUR EYES



GENERAL GUIDELINES FOR USING THE MINI MENTAL STATE EXAMINATION

PREPARATION

The items necessary to complete the MMSE are a watch, pencil, eraser and blank piece of paper. A piece of paper with CLOSE YOUR EYES written in large letters and a drawing of two 5 sided figures intersecting to make a 4 sided figure are also required.

As with any procedure that requires a person's participation and cooperation it is necessary to ensure that the person is able to perform to the best of their abilities.

Before commencing the MMSE enquire as to the use of hearing or visual aides for everyday functioning and ensure that these are available and in good working order. Establish that the person can hear and see you adequately before commencing.

Ensure that the location where the MMSE is to be used has good lighting and ventilation to maximise the person's physical comfort.

Establish rapport with the person and explain the nature of the questions to come. The MMSE can form part of a larger, comprehensive interview and can be introduced after having asked the person what their concentration and memory are like. The person could be asked if they would mind being asked some questions regarding their memory. Offering the explanation that it is a standard questionnaire that is commonly used as part of a thorough assessment may be useful, to reassure the person that it does not automatically imply that there is concern regarding their memory.

The use of the term 'memory test' may prove to raise someone's levels of anxiety and hence influence the score obtained.

If there is another person present (relative etc.) it may be necessary to request, in advance, that they allow the person being tested to answer the questions by themselves without prompting.

Ensure that any prompts to answers are removed from the area where the test is to be conducted. E.g. calendars etc that would assist with answers related to orientation.

PROCESS

Commence with question 1 and progress through the questions from the beginning to the end. It is important to follow the order as given. A standardized MMSE questionnaire should be used.

General guidelines include:

- Record the name of the person performing the test, the client's name and the date the test is performed on the MMSE form being used.
- Record the person's response for each question so that on future testing, direct comparisons can be made and the identical test items repeated.
- Record any factors that may have influenced the testing process. Eg. The person has hearing difficulties or a tremor.
- Ask each question a maximum of three times. If the person does not respond then allocate a score of 0.
- If the person answers incorrectly then allocate a score of 0.
- Accept the answer given. Do not hint, prompt or ask the question again. E.g. if a person responds that the year is 1995, accept that answer and do not ask the question again.
- Do not hint at answers or provide any physical clues such as head shaking, frowning etc.
- Refrain from indicating surprise or disappointment in response to any answers given.
- If the person asks "What did you say?" do not explain or engage in conversation merely repeat the same directions (e.g. What country are we in?) to a maximum of 3 times.
- Questions should be asked in a concise and unambiguous manner. E.g. "what year is it" rather than "could you tell me what year it is?"
- Do not engage in unrelated conversation during the course of the questioning.
- Provide a pencil for the question on naming objects rather than a pen or biro. This reduces the ambiguity with naming this item.
- It is not possible to allocate a ½ point for a near miss answer or to interpret that the person being tested knew the right answer but made a mistake and hence interpret an item as being answered correctly.
- Record not only the score the person obtains, but also how they perform the task. E.g. does the person spend an extended amount of time planning the task/response before attempting it and then being unable to complete it.
- If the person is irritable, agitated, physically unwell, drowsy or in pain it is best to arrange another time to perform the MMSE as any score obtained under these circumstances will not be a true representation of the person's cognitive functioning.
- A score of less than 24/30 or a marked decline from a previous score should prompt consideration of the need for medical review.
- The score obtained from the MMSE does not relate directly to the person's functional abilities. For example, a person with frontal lobe impairment may score within normal range but display marked functional deficits due to problems with planning and/or motivation.