



# Mini-Mental State Examination

**Participant Name**

**Participant Date of Birth**

**Supports Coordinator**

**Completion Date**

---

## SCORING NOTE:

- Items which are not attempted due to a physical disability (e.g. vision or hearing loss), speech problems, language difficulties, or educational considerations (e.g. low education, unable to read or write) should be marked as **"Not Attempted"**
- Items which are not administered due to cognitive impairment should be marked as **"Incorrect"**

---

I am going to ask you some questions and give you some short tasks that will require memory and concentration. Some may be a little more difficult than others. Please try to answer the best you can.

*Allow 10 seconds for each reply*

|   | Correct                    | Incorrect                  | Not Attempted/<br>Refused  |
|---|----------------------------|----------------------------|----------------------------|
| 1. What year is this?<br><i>Accept exact answer only</i>  | <input type="checkbox"/> 1 | <input type="checkbox"/> 0 | <input type="checkbox"/> 0 |
| 2. What season is this?<br><i>Winter: Dec, Jan, Feb, Mar<br/>Spring: Mar, Apr, May, June<br/>Summer: June, July, Aug, Sept<br/>Fall/Autumn: Sept, Oct, Nov, Dec</i>             | <input type="checkbox"/> 1 | <input type="checkbox"/> 0 | <input type="checkbox"/> 0 |
| 3. What month is this?<br><i>Score as correct, if within one day of the actual month.</i>   | <input type="checkbox"/> 1 | <input type="checkbox"/> 0 | <input type="checkbox"/> 0 |
| 4. What is the day of the week?<br><i>If the participant gives the date instead of the day, give credit for date if correct and say "Good, and what day of the week is it?"</i> | <input type="checkbox"/> 1 | <input type="checkbox"/> 0 | <input type="checkbox"/> 0 |
| 5. What is today's date?  | <input type="checkbox"/> 1 | <input type="checkbox"/> 0 | <input type="checkbox"/> 0 |

---

|  | Correct                    | Incorrect                  | Not Attempted/<br>Refused  |
|--|----------------------------|----------------------------|----------------------------|
| 6. What country are we in?   | 1                          | <input type="checkbox"/> 0 | <input type="checkbox"/> 0 |
| 7. What state are we in?   | 1                          | <input type="checkbox"/> 0 | <input type="checkbox"/> 0 |
| 8. What city/town is this?   | 1                          | <input type="checkbox"/> 0 | <input type="checkbox"/> 0 |
| 9. What is the street address of this house<br><at home>?<br>What is the name of this building <at<br>facility>?<br><i>Prompt for more detail if a generic or vague<br/>response is given.</i> | 1                          | <input type="checkbox"/> 0 | <input type="checkbox"/> 0 |
| 10. What room are we in right now <at<br>home>?<br>What floor of the building are we on <at<br>facility>?  | <input type="checkbox"/> 1 | <input type="checkbox"/> 0 | <input type="checkbox"/> 0 |

---

I am going to name three objects. After I have said all three words, I want you to repeat them all back to me. Ready? Repeat these words after me: **Apple, Penny, Table**

Please try to remember what they are because I am going to ask you to name them again in a few minutes.

*If the participant is unable to recall all three words, repeat up to 2 additional trials until they correctly name all three objects, but score only the first trial.*

|           | Correct                    | Incorrect                  | Not Attempted/<br>Refused  |
|-----------|----------------------------|----------------------------|----------------------------|
| 11. Apple | <input type="checkbox"/> 1 | <input type="checkbox"/> 0 | <input type="checkbox"/> 0 |
| 12. Penny | <input type="checkbox"/> 1 | <input type="checkbox"/> 0 | <input type="checkbox"/> 0 |
| 13. Table | <input type="checkbox"/> 1 | <input type="checkbox"/> 0 | <input type="checkbox"/> 0 |

---

---

How do you spell the word: WORLD? (If unable to spell – its spelled **W-O-R-L-D**)

*Coach only once and then continue with the second part of the question, even if the performance in spelling forward is not perfect.*

How would you spell it backwards?

*Record the order of the letters given. Refer to scoring guide. Allow additional trials if requested.*

Record Response: \_\_\_\_\_

|      | Correct                    | Incorrect                  | Not Attempted/<br>Refused  |
|------|----------------------------|----------------------------|----------------------------|
| 14.D | <input type="checkbox"/> 1 | <input type="checkbox"/> 0 | <input type="checkbox"/> 0 |
| 15.L | <input type="checkbox"/> 1 | <input type="checkbox"/> 0 | <input type="checkbox"/> 0 |
| 16.R | <input type="checkbox"/> 1 | <input type="checkbox"/> 0 | <input type="checkbox"/> 0 |
| 17.O | <input type="checkbox"/> 1 | <input type="checkbox"/> 0 | <input type="checkbox"/> 0 |
| 18.W | <input type="checkbox"/> 1 | <input type="checkbox"/> 0 | <input type="checkbox"/> 0 |

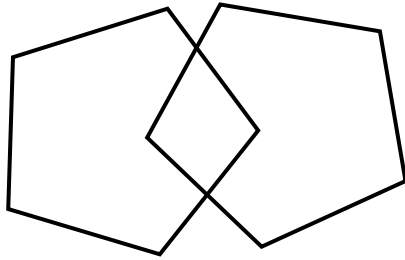
---

|   | Correct                    | Incorrect                  | Not Attempted/<br>Refused  |
|---|----------------------------|----------------------------|----------------------------|
| 19. <i>Point to a pencil.</i> What is this called?                              | <input type="checkbox"/> 1 | <input type="checkbox"/> 0 | <input type="checkbox"/> 0 |
| 20. <i>Point to a watch.</i> What is this called?                               | <input type="checkbox"/> 1 | <input type="checkbox"/> 0 | <input type="checkbox"/> 0 |
| 21. Repeat this phrase after me: <b>“No ifs, ands, or buts”</b>                 | <input type="checkbox"/> 1 | <input type="checkbox"/> 0 | <input type="checkbox"/> 0 |
| 22. Please write any complete sentence you can think of on this piece of paper. | <input type="checkbox"/> 1 | <input type="checkbox"/> 0 | <input type="checkbox"/> 0 |

*Have the participant write a sentence of their choice. Ignore grammar, spelling, and punctuation. If needed, prompt by saying “Write a sentence about the weather.” Note dominant hand used.*

---

23. Here is a drawing. Please copy the drawing on this piece of paper.



Correct

Incorrect

Not Attempted/  
Refused

1

0

0

*Hand the participant a piece of paper and the pentagon card. Orient the card as shown. ALLOW 1 MINUTE for copying. Score correct if all sides and angles are preserved and two five-sided figures intersect to form a four-sided figure. Ignore tremor, rotation, minor gaps, and self-correction. Note dominant hand used.*

---

Now what were the three objects I asked you to remember?

*Score for each correct answer regardless of order. Allow 10 seconds.*

Correct

Incorrect

Not Attempted/  
Refused

24. Apple

1

0

0

25. Penny

1

0

0

26. Table

1

0

0

---

Listen carefully because I am going to ask you to do something. *Hold up a piece of paper in plain view of the participant but out of reach.*

Take this paper in your <non-dominant> hand, fold it in half, and put it on the floor. *If the participant is disabled or bed bound, substitute with "Hand it back to me".*

*Only one repetition is permitted at the participant's request, but the entire command must be repeated verbatim.*

|                                | Correct                    | Incorrect                  | Not Attempted/<br>Refused  |
|--------------------------------|----------------------------|----------------------------|----------------------------|
| 27.Takes paper in correct hand | <input type="checkbox"/> 1 | <input type="checkbox"/> 0 | <input type="checkbox"/> 0 |
| 28.Folds paper in half         | <input type="checkbox"/> 1 | <input type="checkbox"/> 0 | <input type="checkbox"/> 0 |
| 29.Places paper on the floor   | <input type="checkbox"/> 1 | <input type="checkbox"/> 0 | <input type="checkbox"/> 0 |

---

Please read this sentence out loud and then do what it says.

*Display sentence command "CLOSE YOUR EYES". Score 1 point only if the participant closes their eyes. As soon as the participant closes their eyes, say "Open".*

|                | Correct                    | Incorrect                  | Not Attempted/<br>Refused  |
|----------------|----------------------------|----------------------------|----------------------------|
| 30.Closes eyes | <input type="checkbox"/> 1 | <input type="checkbox"/> 0 | <input type="checkbox"/> 0 |

---

Total Test Score

\_\_\_\_\_

How many questions were not attempted  
due to either refusal or physical disability?

\_\_\_\_\_

Adjusted Score

\_\_\_\_\_

# CLOSE YOUR EYES

