

**ST. VINCENT IPA
MINIMENTAL STATE DEMENTIA SCREENING FORM**

Adapted from Folstein et al. J psychiat. Res., 1975, Vol 12, pp.189-198.

Date: ___ / ___ / ___

Applicant's name: _____

Medical examiner's signature: _____

Item	Score	
Registration	Max Score	Patient's Score
1. Give three words and warn the applicant that you will ask them to be recalled in three minutes' time. Test immediate recall.	3	
Attention / concentration		
2. Ask the applicant to count backwards from 100 in steps of seven (up to five steps) OR To spell the word "WORLD" backwards.	5	
Short-term memory		
3. Memory recall. Ask the applicant to recall the words given in question 1.	3	
Language		
4. Ask the applicant to name two common items, as shown (e.g. pen, watch).	2	
5. Ask the applicant to repeat the following sentence: "No ifs, ands or buts".	1	
6. Ask the applicant to do the following three things with a piece of paper: <ul style="list-style-type: none"> • Pick it up with the left hand • Fold it in half • Put it on the floor Give all three instructions before handing over the paper.	3	
7. Ask the applicant to do what is written on the paper ("Close your eyes").	1	
8. Ask the applicant to write a short sentence (must contain a subject and verb and make sense).	1	
Orientation		
9. Ask the applicant their address OR where you are now (street number, street, town, state, country).	5	
10. Ask what today's date, day and season are (day, month, year, day, season).	5	
Visuospatial skills		
11. Ask the applicant to copy this figure (intersecting pentagons or a 3 dimensional cube)	1	
		
Total	30	
Interpretation: 23-30 = Normal 19-23 = Borderline < 19 = Impaired		

Provider's Name: _____

Further evaluation is warranted in the elderly if score is <24.

MINIMENTAL STATE DEMENTIA SCORING FORM

Registration

1. 1 point for each correct item named. (Maximum Score = 3)

Attention/ Concentration

- a. If patient is counting backwards from 100 in steps of seven.
1 point is given for each step, up to 5 steps. (Maximum Score = 5)
- b. If patient spells "world" backwards
1 point is given for each correct letter. (Maximum Score = 5)

Short-Term memory

3. 1 point is given for each correct word. (Maximum Score = 3)

Language

4. 1 point for each correct item (Maximum Score= 2)
5. 1 point for correctly repeating sentence (Maximum Score= 1)
6. 1 point for each correct command (Maximum Score = 3)
7. 1 point if patient actually closes his/her eyes (Maximum Score =1)
8. 1 point if patient writes sentence correctly (Maximum Score = 1)
9. 1 point for street number, street name, city, state, and country
(Maximum Score =5)
10. 1 point for day, month, year, day of week, season. (Maximum Score=5)
11. 1 point if shapes are copied correctly. (Maximum Score = 1)

Interpretation:

23-30 = Normal

19-23 = Borderline

<19 = Impaired

Overview:

The Mini- Mental examination can be used to assess a person's mental state. It is intended to be given quickly (usually less than 10 minutes) and easily which is useful in patient with only limited spans of attention or cooperation. It can be used over time to assess changes in status with recovery further deterioration or treatment interventions.