



## Mini-mental State Examination

The Folstein Annotated Mini Mental State Examination (AMMSE) should be administered according to the guidelines in the "Instructions for Administration & Scoring Manual".

- Reminders:
- Do not cue the patient/client.
  - Do not make substitutions for any questions.
  - Score should be based on a total of 30.
  - Only the client answers the questions on the AMMSE. (except for additional checklist at end of test)
  - If unable to complete Yes or No answers, leave blank and add comment to Comment Box.



### THE ANNOTATED MINI MENTAL STATE EXAMINATION (AMMSE)

Name of Subject	Age	Date of assessment
Name of Examiner	File No.	Years of School completed

Approach the patient with respect and encouragement.

Ask: Do you have any trouble with your memory?  Yes  No

Ask: May I ask you some questions about your memory?  Yes  No

#### SCORE ITEM

5 ( ) TIME ORIENTATION  
*Ask: What is the year \_\_\_\_\_ ( 1 ) season \_\_\_\_\_ ( 1 ) month of the year \_\_\_\_\_ ( 1 ) date \_\_\_\_\_ ( 1 ) day of the week \_\_\_\_\_ ( 1 )?*

5 ( ) PLACE OF ORIENTATION  
*Ask: Where are we now? What is the province \_\_\_\_\_ ( 1 ) city \_\_\_\_\_ ( 1 ) part of the city \_\_\_\_\_ ( 1 ) building \_\_\_\_\_ ( 1 ) floor of the building \_\_\_\_\_*

3 ( ) REGISTRATION OF THREE WORDS  
*Say: Listen carefully. I am going to say three words. You say them back after I stop. Ready? Here they are... PONY (wait 1 second), QUARTER (wait 1 second), ORANGE (wait one second). What were those words? \_\_\_\_\_ ( 1 ) \_\_\_\_\_ ( 1 ) \_\_\_\_\_ ( 1 )*  
 Give 1 point for each correct answer, then repeat them until the patient learns all three.

5 ( ) SERIAL 7s AS A TEST OF ATTENTION AND CALCULATION  
*Ask: Subtract 7 from 100 and continue to subtract 7 from each subsequent remainder until I tell you to stop. What is 100 take away 7? \_\_\_\_\_ ( 1 )*  
*Say: Keep Going. \_\_\_\_\_ ( 1 ) \_\_\_\_\_ ( 1 ) \_\_\_\_\_ ( 1 ) \_\_\_\_\_ ( 1 )*

3 ( ) RECALL OF THREE WORDS  
*Ask: What were those three words I asked you to remember?*  
 Give one point for each correct answer \_\_\_\_\_ ( 1 ) \_\_\_\_\_ ( 1 ) \_\_\_\_\_ ( 1 )

2 ( ) NAMING  
*Ask: What is this? (Show pencil) \_\_\_\_\_ ( 1 ) What is this? (Show watch) \_\_\_\_\_ ( 1 )*

1 ( ) REPETITION  
*Say: Now I am going to ask you to repeat what I say. Ready? No ifs, ands, or buts.*  
*Now you say that. \_\_\_\_\_ ( 1 )*

3 ( ) COMPREHENSION

Say: Listen carefully because I am going to ask you to do something:  
Take this paper in your left hand ( 1 ), fold it in half ( 1 ), and put it on the floor. ( 1 )

1 ( ) READING

Say: Please read the following and do what it says, but do not say it aloud. ( 1 )

# Close your eyes

1 ( ) WRITING

Say: Please write a sentence. If patient does not respond, say: Write about the weather. ( 1 )

---

---

1 ( ) DRAWING

Say: Please copy this design.



TOTAL SCORE \_\_\_\_\_

Comments \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### ADDITIONAL CHECKLIST

Assess level of consciousness along a continuum  Alert  Drowsy  Stupor  Coma

	YES	NO		YES	NO
Cooperative:	<input type="checkbox"/>	<input type="checkbox"/>	Deterioration from previous level of functioning:	<input type="checkbox"/>	<input type="checkbox"/>
Depressed:	<input type="checkbox"/>	<input type="checkbox"/>	Family History of Dementia:	<input type="checkbox"/>	<input type="checkbox"/>
Anxious:	<input type="checkbox"/>	<input type="checkbox"/>	Head trauma:	<input type="checkbox"/>	<input type="checkbox"/>
Poor vision:	<input type="checkbox"/>	<input type="checkbox"/>	Stroke:	<input type="checkbox"/>	<input type="checkbox"/>
Poor Hearing:	<input type="checkbox"/>	<input type="checkbox"/>	Alcohol Abuse:	<input type="checkbox"/>	<input type="checkbox"/>
Native Language: _____			Thyroid Disease:	<input type="checkbox"/>	<input type="checkbox"/>

### FUNCTION BY PROXY

Please record date when patient was last able to perform the following tasks.  
Ask caregiver if patient independently handles:

	YES	NO	DATE		YES	NO	DATE
Money/Bills:	<input type="checkbox"/>	<input type="checkbox"/>	_____	Transportation:	<input type="checkbox"/>	<input type="checkbox"/>	_____
Medication:	<input type="checkbox"/>	<input type="checkbox"/>	_____	Telephone:	<input type="checkbox"/>	<input type="checkbox"/>	_____

The copyright in the Mini-mental State Examination is wholly owned by the MiniMental LLC, a Massachusetts limited liability company. For information about how to obtain permission to use or reproduce the Mini-mental State Examination, please contact John Gonsalves Jr., Administrator of the Mini Mental LLC, at 31 St. James Avenue, Suite 1, Boston, Massachusetts 02116 - (617) 587-4215.

Signature	Date
-----------	------