



Older Persons Mental Health Services
MINI MENTAL STATE EXAMINATION

URN:

Family name:

Given names:

Date of birth:

Sex: M F

District:

INSTRUCTIONS:

- Before starting the questionnaire, try to get the consumer to sit facing you.
- Ask the question a maximum of three times. If the consumer does not respond, score zero.
- If the consumer answers incorrectly, score zero. Do not hint, prompt or ask the question again.

ORIENTATION (allow 10 seconds for each reply) **Points**
(✓ = Pass)

- | | |
|--|----------------------------|
| 1. What year is it? (accept exact answer only) | <input type="checkbox"/> 1 |
| What season is it? (last week of old season or first week of new season acceptable) | <input type="checkbox"/> 1 |
| What is today's date? (accept previous or next day's date) | <input type="checkbox"/> 1 |
| What day of the week is it? (accept exact answer only) | <input type="checkbox"/> 1 |
| What month of the year is it? (first day of new month or last day of previous month acceptable) | <input type="checkbox"/> 1 |
| 2. What state of Australia are we in? (accept exact answer only) | <input type="checkbox"/> 1 |
| What city are we in? (accept exact answer only) | <input type="checkbox"/> 1 |
| What suburb are we in? (accept exact answer only) | <input type="checkbox"/> 1 |
| What floor of the building are we on or what ward are we on? (accept exact answer only) | <input type="checkbox"/> 1 |
| What is the name of this place? (accept exact answer only) | <input type="checkbox"/> 1 |

Orientation sub-total:

REGISTRATION

3. **I am going to name three objects. After I have said them, I want you to repeat them. Remember what they are because I am going to ask you to name them in a few minutes.**
(say them slowly at about one second intervals)
- | | | | | |
|--------------|--------------|--------------|--------------------------|-----------|
| APPLE | TABLE | PENNY | | |
| | | | <input type="checkbox"/> | 1 - Apple |
| | | | <input type="checkbox"/> | 1 - Table |
| | | | <input type="checkbox"/> | 1 - Penny |
- Please repeat the three items for me.** (Score one point for each correct reply on the first attempt. Allow twenty seconds for reply; if consumer does not repeat all three, repeat until they do, or up to a maximum of five times. Maximum score three.)

Registration sub-total:

ATTENTION AND CALCULATION

(Both questions 4 and 5 may be tested, but allocate the best score from only **one** of the questions)

4. **Can you subtract 7 from 100, and then subtract 7 from the answer you get, and keep subtracting 7 until I tell you to stop?**
- | | | |
|--|--------------------------|--------|
| | <input type="checkbox"/> | 1 - 93 |
| | <input type="checkbox"/> | 1 - 86 |
| | <input type="checkbox"/> | 1 - 79 |
| | <input type="checkbox"/> | 1 - 72 |
| | <input type="checkbox"/> | 1 - 65 |
- OR**
5. **I am going to spell a word forwards and I want you to spell it backwards. The word is WORLD – W – O – R – L – D. Now spell it backwards**
Repeat if necessary. Allow thirty seconds to spell it backwards. If the consumer cannot spell "world" with assistance, score 0. Score one for each letter in correct order. Maximum score five.
- | | | |
|--|--------------------------|-------|
| | <input type="checkbox"/> | 1 - D |
| | <input type="checkbox"/> | 1 - L |
| | <input type="checkbox"/> | 1 - R |
| | <input type="checkbox"/> | 1 - O |
| | <input type="checkbox"/> | 1 - W |

Attention and Calculation sub-total:

RECALL

6. **Now, what were the three objects I asked you to remember?**
Score one point for each correct response, regardless of order. Allow ten seconds. Maximum score three.
- | | | |
|--|--------------------------|-----------|
| | <input type="checkbox"/> | 1 - Apple |
| | <input type="checkbox"/> | 1 - Table |
| | <input type="checkbox"/> | 1 - Penny |

Recall sub-total:

DO NOT WRITE IN THIS BINDING MARGIN

OPMHS - MINI MENTAL STATE EXAMINATION



Older Persons Mental Health Services

MINI MENTAL STATE EXAMINATION

District:.....

(Affix consumer identification label here)

URN:

Family name:

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Date of birth:

Sex: M F

LANGUAGE

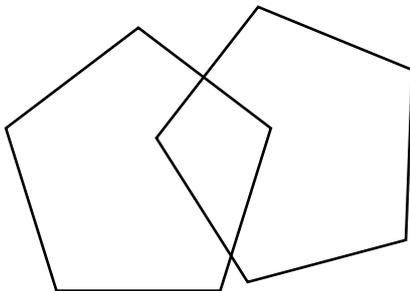
Points
(= Pass)

- 7. Show the consumer a wrist watch. **What is this called?** 1
Allow ten seconds for reply. Accept wrist watch, or watch. Do not accept clock or time. Score one point.
- 8. Show the consumer a pencil. **What is this called?** 1
Allow ten seconds for reply. Accept pencil only, not pen. Score one point.
- 9. **I would like you to repeat a phrase after me:** 1
“No ifs, ands or buts”
Allow ten seconds for response, score one point for correct repetition. Answer must be exact.
- 10. **Read the words on this page and do what it says:** 1

Close your eyes

If consumer reads and does not close eyes, you may repeat it to a maximum of three times. Allow ten seconds, score only one point only if consumer closes eyes.

- 11. *Read the full statement below before handing respondent blank piece of paper. Do not repeat or coach.*
I am going to hand you a piece of paper. When I do, take the piece of paper in your right hand, fold the paper in half with both hands and put the paper down on your lap.
 - Takes the paper in the right hand 1
 - Folds the paper in half 1
 - Puts paper down on lap 1
- 12. *Hand consumer a piece of paper and a pencil.* 1
Write any complete sentence on this piece of paper for me.
The sentence should have a subject and a verb, and make sense. Spelling and grammatical errors are okay.
- 13. **Here’s a drawing. Please copy the drawing on the same paper.** 1
Interviewer: Hand drawing to respondent. Correct if two convex, five-sided figures and intersection makes a four-sided figure.



Language sub-total:

Score best of question 4 or 5 to give a total out of 30. A score of 23 or less indicates cognitive impairment.

Total Score:

Interviewer’s name:

Designation:

Signature:

Date: