## **Mini-Mental Status Exam**

	Patient:	Date:	Examiner:	
Orient	ation (1 point each)			
	What is the year? seaso	on?month?date	e? day?	Score:/5
	What state are we in?	county?city?ho	spital?floor?	Score:/5
Immediate Recall				Score:/3
	Name 3 objects – take 1 se repeat all 3 after you have	-	-	
Attention/Calculation				Score:/5
	Serial 7's – serially subtra for each number.	ct 7 from 100 (93,86	, 79, 72, 65). Score 1 point	
	-OR-			
	Spell W-O-R-L-D backwar	ds (D-L-R-O-W). Scor	re 1 point for each letter.	
Recall				Score:/3
	Ask for the three objects a	bove. Score 1 point f	or each object recalled.	
Langu	age			
	Ask patient to name A	pen A watch. Scor	e 1 point for each	Score:/2
	Ask patient to repeat: "No	ifs, ands, or buts." So	core 1 point	Score:/1
	Ask patient to follow 3-steright hand, fold it in half, p	•		Score:/3
	Ask patient to read the fol	lowing and do it. Sco	re 1 point	Score:/1
CLOSE YOUR EYES				
	Ask patient to write a sen	tence. Score 1 point		Score:/1
	Ask patient to copy a design	gn.		Score:/1
				Total:/30