Mini-Mental State Examination (MMSE)

Examiner's Name: _____ Patient's Name: _____

Date: _____ dd / mm / yyyy

ORIENTATION (MAXIMUM SCORE: 10)

What is the year? / 1: _____ What is the season? / 1: _____

What is the date? / 1: _____ What is the day? / 1: _____

What is the month? / 1: _____ What is the country? / 1: _____

What is the state? / 1: _____ What is the city? / 1: _____

What is the building? / 1: _____ What is the floor? / 1: _____

REGISTRATION (MAXIMUM SCORE: 3)

Name three objects (e.g., Apple, Table, Penny), and ask the patient to repeat them. / 3:

ATTENTION AND CALCULATION (MAXIMUM SCORE: 5)

Ask the patient to count backwards from 100 by sevens. (Stop after 5 answers) / 5:

OR Spell "WORLD" backwards. / 5: _____

RECALL (MAXIMUM SCORE: 3)

Ask the patient to recall the three objects from the 'Registration' task. / 3:

LANGUAGE (MAXIMUM SCORE: 9)

Show a pencil and a watch and ask the patient to name them. / 2:

Repeat the phrase: "No ifs, ands, or buts." / 1:

Follow a 3-stage command: "Take this paper in your right hand, fold it in half, and put it on the table." / 3:

Read and obey the following: "Close your eyes." / 1:

Write a sentence. / 1: _____

Copy a design of intersecting pentagons. / 1:

Total Score: / 30: _____

Interpretation 24-30: No cognitive impairment 18-23: Mild cognitive impairment 0-17: Severe cognitive impairment Note: This test is a screening tool and not a substitute for a clinical diagnosis. For a comprehensive evaluation and diagnosis, please consult a healthcare provider. Remember to always follow any official guidelines or protocols while administering and scoring the MMSE.