MINI-MENTAL STATE EXAM (MMSE)

BACKGROUND
The MMSE is a screening tool that provides a brief, objective measure of cognitive function. MMSE scores are useful in quantitatively estimating the severity of cognitive impairment and in serially documenting cognitive change. The measure serves as one of the tests recommended by the National Institute of Neurological and Communicative Disorders and Stroke and the Alzheimer’s Disease and Related Disorders Association (NINCDS-ADRDA) to document the clinical diagnosis of probable Alzheimer’s Disease.

The MMSE consists of a variety of questions, has a maximum score of 30 points, and ordinarily can be administered in 5-10 minutes. The questions are grouped into seven categories, each representing a different cognitive domain or function:

1. Orientation to time (5 points)
2. Orientation to place (5 points)
3. Registration of three words (3 points)
4. Attention and calculation (5 points)
5. Recall of three words (3 points)
6. Language (8 points)
7. Visual construction (1 point)

INSTRUCTIONS

1. Have the following equipment at hand: a watch, a pencil, some blank paper, a piece of paper with CLOSE YOUR EYES written in large letters, and a drawing of two 5-sided intersecting pentagons. These latter two sheets should be attached to the end of the administration instrument for your easy access.

2. Before the questionnaire is administered, try to get the patient to sit down facing you. Assess the patient’s ability to hear and understand very simple conversation, e.g., “What is your name?” If the patient uses hearing or visual aids, provide these before starting.

3. Introduce yourself and try to get the patient's confidence. Before you commence, get the patient's permission to ask questions, e.g., “Would it be all right to ask you some questions about your memory?” This helps to avoid catastrophic reactions.

4. The questions are in bold italics; read each exactly as it is written. Ask each question a maximum of three times. If the patient does not respond score 0. If the patient answers, “What did you say?” do not explain or engage in conversation, merely repeat the same directions up to a maximum of 3 times.
SCORING

For item numbers 1 through 3 and 5 through 11, simply indicate if the patient answers correctly by circling 1 under the column labeled Y for Yes. If the patient responds incorrectly, circle 0 under the column labeled N for No.

Score item number 4 as follows:

**Scoring “WORLD” backwards:**

Correct response: DLROW  Score 5

Omission of one letter:  Score 4
e.g. DLRW; DLOW; DROW; DLRO

Omission of two letters:  Score 3
e.g. DLR; LRO; DLW

Reversal of two letters:  Score 3
e.g. DLORW; DRLOW; DLRWO; DLWOR

Omission/reversal of three letters:  Score 2
e.g. DORLW; DL. OW

Reversal of four letters:  Score 1
e.g. DRLWO; LDRWO
Score item number 12 as follows:

**Scoring the figure:**
The patient must draw two 5-sided figures intersected by a 4-sided figure.

TOTAL SCORE: To score the MMSE, simply sum points awarded for each item and record it on the last page.
COMMONLY ASKED QUESTIONS AND ANSWERS

- Should I correct the patient if they answer incorrectly? Absolutely not. You should not hint, prompt or ask the question again. Accept the answer that is given, do not ask the question again, and do not give any indication that they answered incorrectly.
- What should I do if the patient interrupts, such as by asking “What is this for?” If the patient interrupts you, simply state that you are almost finished and that you will explain once you are finished.
- How long should I allow for each question? Each question tells you how much time is allowed for the patient to respond. Track the seconds after you have asked each question. Once the allotted time is up, continue on to the next question.

References


