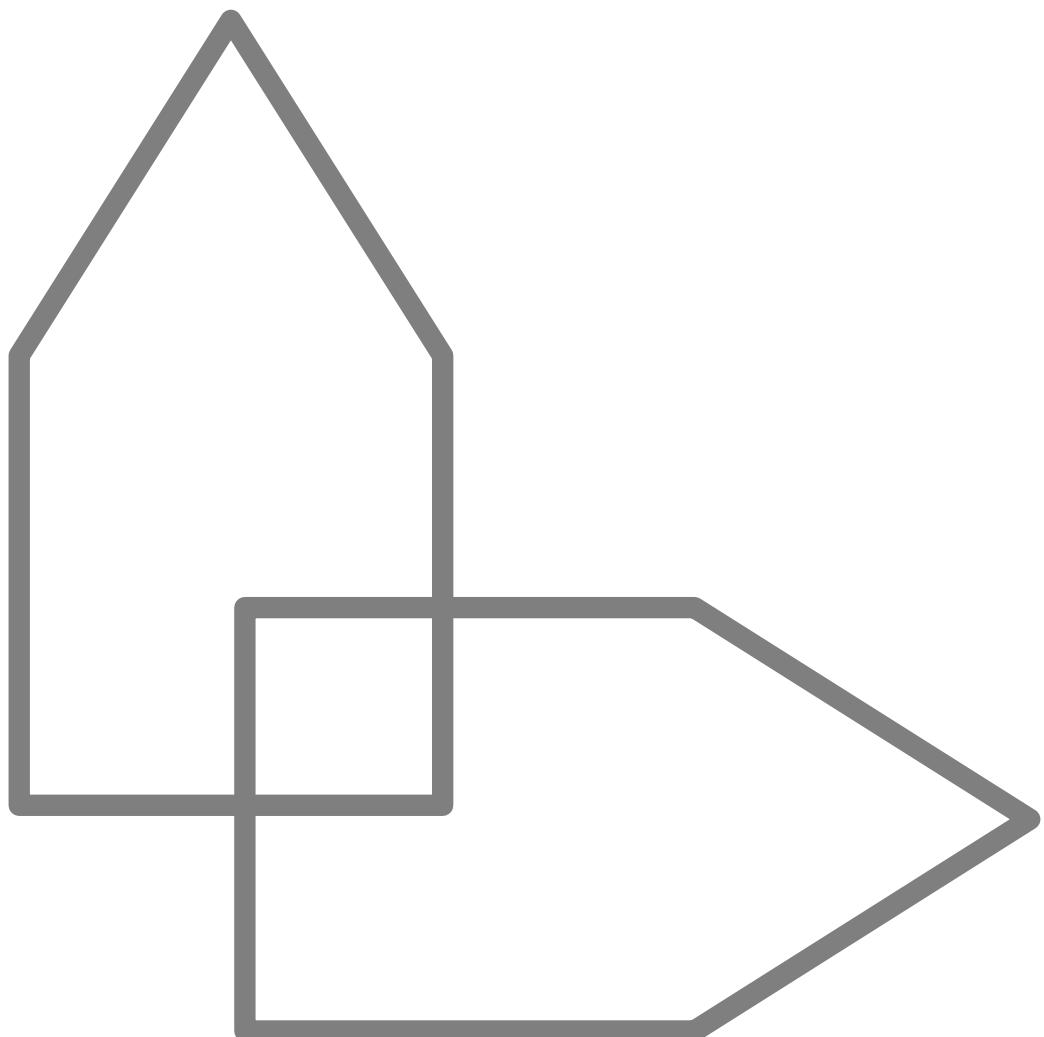


# Folstein Test

## Mini Mental State Examination (MMSE)

|                                                                                                                                        | Score |
|----------------------------------------------------------------------------------------------------------------------------------------|-------|
| <b>Orientation</b>                                                                                                                     |       |
| A - What is the :                                                                                                                      |       |
| Year? <input type="checkbox"/>                                                                                                         |       |
| Season? <input type="checkbox"/>                                                                                                       |       |
| Date? <input type="checkbox"/>                                                                                                         |       |
| Day? <input type="checkbox"/>                                                                                                          |       |
| Month? <input type="checkbox"/>                                                                                                        | / 5   |
| B - Where are we :                                                                                                                     |       |
| State? <input type="checkbox"/>                                                                                                        |       |
| Country? <input type="checkbox"/>                                                                                                      |       |
| Town or City? <input type="checkbox"/>                                                                                                 |       |
| Hospital? <input type="checkbox"/>                                                                                                     |       |
| Floor? <input type="checkbox"/>                                                                                                        | / 5   |
| <b>Registration</b>                                                                                                                    |       |
| Name three common objects (e.g.: apple, table, penny)                                                                                  |       |
| Take one second to say each. Then ask the patient to repeat all three after you have said them. Give one point for each correct answer |       |
| Then repeat them until he or she learns all three                                                                                      |       |
| Count trials and record: ..... [        ]                                                                                              | / 3   |
| <b>Attention and calculation</b>                                                                                                       |       |
| Spell « world » backwards                                                                                                              |       |
| The score is the number of letters in correct order                                                                                    | / 5   |
| <b>Recall</b>                                                                                                                          |       |
| Ask for the three objects repeated above                                                                                               |       |
| Give one point for each correct answer                                                                                                 |       |
| (Note: recall cannot be tested if all three objects were not remembered during registration)                                           | / 3   |
| <b>Language</b>                                                                                                                        |       |
| Name a pencil <input type="checkbox"/>                                                                                                 |       |
| Name a watch <input type="checkbox"/>                                                                                                  |       |
| Repeat the following: "No ifs, ands or buts". <input type="checkbox"/>                                                                 |       |
| Follow a three-stage command:                                                                                                          |       |
| "take a paper in your right hand" <input type="checkbox"/>                                                                             |       |
| "fold it in half" <input type="checkbox"/>                                                                                             |       |
| "put it on the floor" <input type="checkbox"/>                                                                                         |       |
| Close your eyes <input type="checkbox"/>                                                                                               |       |
| Write a sentence <input type="checkbox"/>                                                                                              | / 8   |
| Copy the following design <input type="checkbox"/>                                                                                     | / 1   |
| <b>Total</b>                                                                                                                           | / 30  |

C L O S E   Y O U R   E Y E S



Patient last name: .....

Patient first name: .....

Date of birth: .... / .... / .....

Date: .... / .... / .....