



Center for Adult & Geriatric Psychiatry

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Mini Mental Status Examination

Item	Maximum Score	Actual Score
<u>ORIENTATION</u>		
What is the (Year), (Season), (Date), (Day), (Month)?	5	<input type="text"/>
Where are we (State), (County), (City), (Place), (Floor)?	5	<input type="text"/>
<u>REGISTRATION</u>		
Name three Objects (Apple, Penny, Book). 1 second to say each. Then ask patient all three after you have said them. Give 1 point for each correct answer. Then repeat them until all three learned (for later checking).	3	<input type="text"/>
<u>ATTENTION & CALCULATION</u>		
Serial 7s. Give 1 point for each correct answer. STOP after 5 answers Spell "WORLD" backwards. Score whichever is higher.	5	<input type="text"/>
<u>RECALL</u>		
Ask for the three objects repeated above. Give 1 point for each of 3.	3	<input type="text"/>
<u>LANGUAGE</u>		
Show two unrelated objects and ask for their names	2	<input type="text"/>
Repeat the following, "No ifs, ands or buts."	1	<input type="text"/>
Follow a 3 stage command. "Take this paper in your right hand, fold it in half and put on floor."	3	<input type="text"/>
Have the patient read and obey the following: "CLOSE YOUR EYES."	1	<input type="text"/>
Have the patient write a sentence of his/her choice.	1	<input type="text"/>
Have the patient copy following design.	1	<input type="text"/>



Total

/30
