



STANDARDIZED MINI-MENTAL STATE EXAMINATION (SMMSE)

NAME OF PATIENT

DATE

Directions for administration of the SSMSE:

1. Before the questionnaire is administered, try to get the person to sit down facing you. Assess the person's ability to hear and understand very simple conversation, e.g. *What is your name?* If the person uses hearing or visual aids, provide these before starting.
2. Introduce yourself and try to get the person's confidence. Before you begin, get the person's permission to ask questions, e.g. *Would it be alright to ask you the same questions about your memory?* This helps to avoid catastrophic reactions.
3. Ask each question a maximum of three times. If the subject does not respond, score 0.
4. If the person answers incorrectly, score 0. Accept that answer and do not ask the question again, hint, or provide any physical clues such as head shaking, etc.
5. The following equipment is required to administer the instrument: A watch, a pencil, Page 3 of this SMMSE with CLOSE YOUR EYES written in large letters and two five-sided figures intersecting to make a four-sided figure, and Page 4, a blank piece of paper.
6. If the person answers: What did you say?, do not explain or engage in conversation. Merely repeat the same directions a maximum of three times.
7. If the person interrupts (e.g. What is this for?), reply: *I will explain in a few minutes, when we are finished. Now if we could proceed please... we are almost finished.*

I am going to ask you some questions and give you some problems to solve. Please try to answer as best as you can.

1. Time: 10 seconds for each reply:

- | | | |
|--|---|----|
| a) <i>What year is this?</i> (accept exact answer only). | 1 | /1 |
| b) <i>What season is this?</i> (accept either: last week of the old season or first week of a new season). | 1 | /1 |
| c) <i>What month is this?</i> (accept either: the first day of a new month or the last day of the previous month). | 1 | /1 |
| d) <i>What is today's date?</i> (accept previous or next date). | 1 | /1 |
| e) <i>What day of the week is this?</i> (accept exact answer only). | 1 | /1 |

2. Time: 10 seconds for each reply:

- | | | |
|---|---|----|
| a) <i>What country are we in?</i> (accept exact answer only). | 1 | /1 |
| b) <i>What province are we in?</i> (accept exact answer only). | 0 | /1 |
| c) <i>What city/town are we in?</i> (accept exact answer only). | 1 | /1 |
| d) (In home) <i>What is the street address of this house?</i> (accept street name and house number or equivalent in rural areas). | | |
| (In facility) <i>What is the name of this building?</i> (accept exact name of institution only). | 1 | /1 |
| e) (In home) <i>What room are we in?</i> (accept exact answer only). | | |
| (In facility) <i>What floor of the building are we on?</i> (accept exact answer only). | 1 | /1 |

3. Time: 20 seconds

Say: *I am going to name three objects. When I am finished, I want you to repeat them. Remember what they are because I am going to ask you to name them again in a few minutes.* (Say the following words slowly at approximately one-second intervals): *Ball / Car / Man.*

For repeated use: Bell, jar, fan; Bill, tar, can; Bull, bar, pan.

Please repeat the three items for me. (score one point for each correct reply on the first attempt.)

If the person did not repeat all three, repeat until they are learned or up to a maximum of five times (but only score first attempt).

3	/3
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Continued Over ...

4. Time: 30 seconds

Spell the word WORLD. (you may help the person to spell the word correctly) **Say:** *Now spell it backwards please.* If the subject cannot spell world even with assistance, score 0. Refer to Page 3 for scoring instructions.

5 /5

5. Time: 10 seconds

Say: *Now what were the three objects I asked you to remember?*
(score one point for each correct answer regardless of order)

2 /3

6. Time: 10 seconds

Show wristwatch. Ask: *What is this called?*

(score one point for correct response: accept "wristwatch" or "watch"; do not accept "clock" or "time", etc.).

1 /1

7. Time: 10 seconds

Show pencil. Ask: *What is this called?*

(score one point for correct response; accept "pencil" only; score 0 for pen)

1 /1

8. Time: 10 seconds

Say: *I would like you to repeat a phrase after me: No ifs, ands or buts*

Score one point for a correct repetition. Must be exact, e.g. no ifs or buts, score 0).

1 /1

9. Time: 10 seconds

Say: *Read the words on this page and then do what it says.* Then, hand the person the sheet with CLOSE YOUR EYES on it. If the subject just reads and does not close eyes, you may repeat: *Read the words on this page and then do what it says,* (a maximum of three times. Score one point only if the subject closes eyes. The subject does not have to read aloud.

1 /1

10. Time: 30 seconds

Hand the person a pencil and paper (Page 3). **Say:** *Write any complete sentence on that piece of paper.*

Score one point. The sentence must make sense. Ignore spelling errors.

1 /1

11. Time: 1 minute maximum

Place design, eraser and pencil in front of the person. **Say:** *Copy this design please.* Allow multiple tries. Wait until the person is finished and hands it back. Score one point for a correctly copied diagram. The person must have drawn a four-sided figure between two five-sided figures.

1 /1

12. Time: 30 seconds

Ask the person if he is right or left handed. Take a piece of paper, hold it up in front of the person and **say:** *Take this paper in your right/left hand* (whichever is non-dominant), *fold the paper in half once with both hands and put the paper down on the floor.* Score one point for each instruction executed correctly.

Takes paper in correct hand

1 /1

Folds it in half

1 /1

Puts it on the floor

1 /1

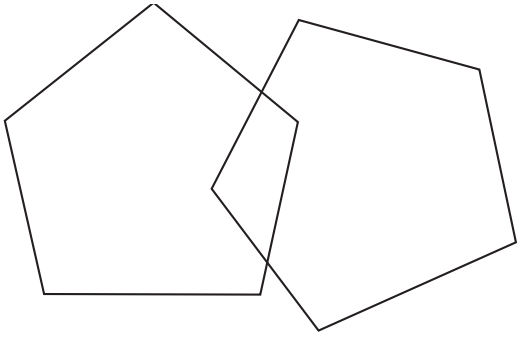
Total Test Score:

28 /30

Adjusted Score

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Please note: This tool is provided for use in British Columbia with permission by Dr. D. William Molloy. This questionnaire should not be further modified or reproduced without the written consent of Dr. D. William Molloy. Molloy DW, Alemayehu E, Roberts R. Reliability of a standardized Mini-Mental State Examination compared with the traditional Mini-Mental State Examination. American Journal of Psychiatry, 1991; 148(1): 102-105.



FOLD LINE

Scoring WORLD backwards (instructions for item #4)

Write the person's response below the correct response.
 Draw lines matching the same letters in the correct response and the response given.
 These lines MUST NOT cross each other.
 The person's score is the maximum number of lines that can be drawn without crossing any.

Examples:

D	L	R	O	W
D	L	R	O	W

= Score 5

D	L	R	O	W
		/	/	/
D	R	W	O	D

= Score 3

D	L	R	O	W
/	/	/	/	/
L	O	W	R	O

= Score 3

D	L	R	O	W
/				
L				

= Score 1

D	L	R	O	W
	/	/	/	/
L	R	R	W	O

= Score 3

D	L	R	O	W

= _____

FOLD ALONG THIS LINE AND SHOW INSTRUCTIONS TO PERSON

Close your eyes

Item 10: **Sentence Writing**

Standardized Mini-Mental State Examination (SMMSE) Scoring

Table 1: Stages of Cognitive Impairment as Defined by SMMSE Scores

SCORE	DESCRIPTION	STAGE	DURATION (years)
30-26	could be normal	could be normal	varies
25-20	mild	early	0-23
19-10	moderate	middle	4-7
9-0	severe	late	7-14

Table 2: Areas of Functional Impairment

SCORE	ACTIVITIES OF DAILY LIVING	COMMUNICATION	MEMORY
30-26	could be normal	could be normal	could be normal
25-20	driving, finances, shopping	finding words, repeating, going off topic	three-item recall, orientation to time then place
19-10	dressing, grooming, toileting	sentence fragments, vague terms (e.g., this, that)	spelling WORLD backward, language, and three-step command
9-0	eating, walking	speech disturbances such as stuttering and slurring	obvious deficits in all areas

Adapted from: Vertesi A, Lever JA, Molloy DW, et al. Standardized mini-mental state examination: Use and interpretation. Canadian Family Physician 2001; 47:2018-2023.

The score for WORLD reversal is 17 per cent of SMMSE score (5 of 30 points). Incorrect scoring of WORLD reversal may result in incorrect assumptions of clinical change. One can review the score for WORLD reversal at: www.attentionMMSE.com. Self-learning of this task may also be done at this website.

Reference:

Davey RJ, Jamieson S. The validity of using the mini mental state examination in NICE dementia guidelines. J Neurol Neurosurg Psychiatry. 2004; 75:343-44.