

Mini-Mental State Examination (MMSE)

Bedside scoring sheet · total / 30

Name _____ Date _____ Examiner _____

Orientation to time

/ 5

Ask each item. Season may follow local convention.

☐ Year ☐ Season ☐ Date ☐ Day of week ☐ Month

Orientation to place

/ 5

Ask each. Accept the local hospital or ward name.

☐ Country ☐ County ☐ Town / city ☐ Hospital ☐ Floor / ward

Registration (first trial)

/ 3

Name APPLE, PENNY, TABLE. Repeat until learned (up to 3 trials). Score first trial only.

☐ APPLE ☐ PENNY ☐ TABLE

Attention (score serial 7s or WORLD, not both)

/ 5

Serial 7s from 100 (1 pt per correct subtraction from the previous answer)

WORLD backwards D-L-R-O-W

☐ D ☐ L ☐ R ☐ O ☐ W

Recall

/ 3

Ask for the three words. No cues.

☐ APPLE ☐ PENNY ☐ TABLE

Language

/ 8

☐ Names watch (1) ☐ Names pencil (1) ☐ Repeats: No ifs, ands, or buts (1)

3-stage command: right hand, fold in half, put on the table

☐ Right hand (1) ☐ Folds (1) ☐ Places (1)

Reading (1): fold the bottom of this sheet. Show only CLOSE YOUR EYES. Score if they close their eyes.

☐ Closes eyes (1)

☐ Writes a sentence (1) Subject and verb. Ignore spelling.

Copy intersecting pentagons

/ 1

Copy the figure. Score 1 if 10 angles are present and the overlap is a four-sided shape.

☐ Copy correct (1)



Patient copy

MMSE total _____ / 30

24–30 none · 18–23 mild · 0–17 severe

Fold up. Patient sees only CLOSE YOUR EYES.

Not a diagnosis, delirium screen, or capacity test.

CLOSE YOUR EYES