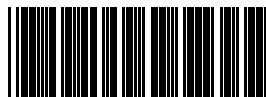


FOLSTEIN'S MENTAL STATE TEST



DT9078

Name of institution _____

A) Orientation

Ask the patient:

1- What is	{ <table border="0" style="display: inline-table; vertical-align: middle;"> <tr> <td style="border: 1px solid black; width: 40px; height: 15px;"></td> <td style="border: 1px solid black; width: 40px; height: 15px;"></td> <td style="border: 1px solid black; width: 40px; height: 15px;"></td> <td style="padding: 0 5px;">M</td> <td style="padding: 0 5px;">T</td> <td style="padding: 0 5px;">W</td> <td style="padding: 0 5px;">Th</td> <td style="padding: 0 5px;">F</td> <td style="padding: 0 5px;">Sa</td> <td style="padding: 0 5px;">Su</td> </tr> <tr> <td style="text-align: center; font-size: 8px;">the year</td> <td style="text-align: center; font-size: 8px;">the month</td> <td style="text-align: center; font-size: 8px;">the day</td> <td colspan="7" style="text-align: center; font-size: 8px;">the day of the week</td> </tr> <tr> <td colspan="10"> The season? Spring <input type="checkbox"/> Summer <input type="checkbox"/> Fall <input type="checkbox"/> Winter <input type="checkbox"/> </td> </tr> </table>				M	T	W	Th	F	Sa	Su	the year	the month	the day	the day of the week							The season? Spring <input type="checkbox"/> Summer <input type="checkbox"/> Fall <input type="checkbox"/> Winter <input type="checkbox"/>										}	5	()
					M	T	W	Th	F	Sa	Su																							
the year	the month	the day	the day of the week																															
The season? Spring <input type="checkbox"/> Summer <input type="checkbox"/> Fall <input type="checkbox"/> Winter <input type="checkbox"/>																																		

2- Where are we	{ <table border="0" style="display: inline-table; vertical-align: middle;"> <tr> <td style="border: 1px solid black; width: 300px; height: 15px;"></td> <td style="border: 1px solid black; width: 200px; height: 15px;"></td> </tr> <tr> <td style="text-align: center; font-size: 8px;">Province</td> <td style="text-align: center; font-size: 8px;">Country</td> </tr> <tr> <td style="border: 1px solid black; width: 300px; height: 15px;"></td> <td style="border: 1px solid black; width: 200px; height: 15px;"></td> </tr> <tr> <td style="text-align: center; font-size: 8px;">City, town, village</td> <td style="text-align: center; font-size: 8px;">Place (hospital, office, house, etc.)</td> </tr> <tr> <td style="border: 1px solid black; width: 40px; height: 15px;"></td> <td style="border: 1px solid black; width: 40px; height: 15px;"></td> </tr> <tr> <td style="text-align: center; font-size: 8px;">Floor</td> <td></td> </tr> </table>			Province	Country			City, town, village	Place (hospital, office, house, etc.)			Floor		}	5	()
Province	Country															
City, town, village	Place (hospital, office, house, etc.)															
Floor																

B) Registration

3- Pronounce one of the following groups of 3 words; take 1 second for each word:

shirt, blue, honesty ()	}	3	()
or			
shoe, brown, modesty ()			
sweater, white, charity ()			

Then ask the patient to repeat the 3 words selected.

Give 1 point for each correct answer on first attempt. Repeat until the patient learns all 3 words.

Count and record number of attempts, for information purposes only.

Number of attempts: _____

C) Attention and calculation (Check either test)

4- <input type="checkbox"/> Ask the patient to begin with 100 and subtract by intervals of 7:	}	5	()									
OR <table border="0" style="display: inline-table; vertical-align: middle;"> <tr> <td style="padding: 0 10px;">$100 - 7 = ()$</td> <td style="padding: 0 10px;">$93 - 7 = ()$</td> <td style="padding: 0 10px;">$86 - 7 = ()$</td> <td style="padding: 0 10px;">$79 - 7 = ()$</td> <td style="padding: 0 10px;">$72 - 7 = ()$</td> <td style="padding: 0 10px;">65.</td> </tr> <tr> <td colspan="6" style="text-align: center; font-size: 8px;">1 point for each correct answer.</td> </tr> </table>				$100 - 7 = ()$	$93 - 7 = ()$	$86 - 7 = ()$	$79 - 7 = ()$	$72 - 7 = ()$	65.	1 point for each correct answer.		
$100 - 7 = ()$	$93 - 7 = ()$	$86 - 7 = ()$	$79 - 7 = ()$	$72 - 7 = ()$	65.							
1 point for each correct answer.												
<input type="checkbox"/> Ask the patient to spell the word "world" backwards. (DLROW): _____ (enter the letters)												

D) Recall

5- Ask the patient to repeat the 3 words previously selected:	}	3	()
shirt, blue, honesty ()			
or			
shoe, brown, modesty ()			
sweater, white, charity ()			

E) Language

6- Show the patient a pencil () a watch () and ask him what it is.	2	()
7- Ask the patient to repeat the following sentence: "No ifs or buts".	1	()
8- Ask the patient to obey a 3-stage command: "Take this paper in your right or left hand, fold it in half and give it back to me".	3	()

N.B.: If the patient is right-handed, ask him to take the paper in his left hand and vice versa. Be careful not to hold out your hand; avoid non-verbal indications.

Unvalidated adaptation of "Mini-Mental State" by Folstein, M.F., Folstein, S.E., Mc Hugh, P.R.: "Mini-Mental State: A practical method for grading the cognitive state of patients for the clinician". Journal of Psychiatric Research, 1975, 12: 189-198, based on the work of the geriatric centre, Hôpital d'Youville Sherbrooke, Québec.

User's name	File no.
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E) Language (continued)

MAXIMUM SCORE PATIENT'S SCORE

9- Ask the patient to read the following instruction and to do what it says:

“CLOSE YOUR EYES”

1 ()

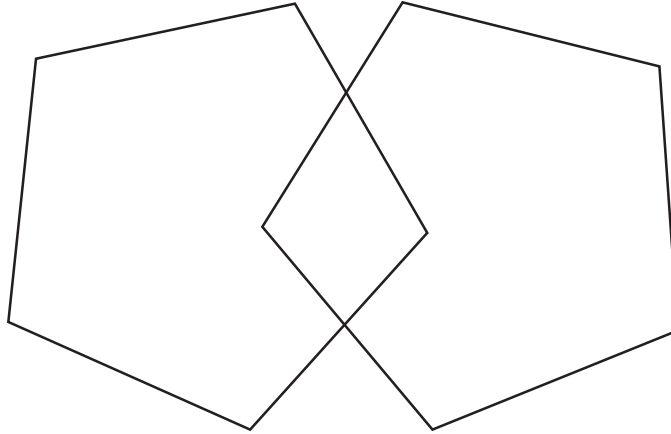
10- Ask the patient to write a sentence: _____

1 ()

(Subject, verb. Disregard mistakes.)

F) Constructional praxis

11- Ask the patient to copy the following drawing:



1 ()

MAXIMUM SCORE: 30

PATIENT'S SCORE: _____

Interpretation of scores:

While a score of less than 24 points in Folstein's Mental State Test indicates impairment of the cognitive functions, the test is not a means of diagnosing the cause of the impairment.

Patient's number of years of schooling: _____

Estimate the patient's level of sensorium: alert somnolent

If the patient cannot be tested, specify: _____

State any conditions that may have influenced your estimation. _____

Date

Year	Month	Day					

Signature