

Folstein Mini

**Folstein Mini-Mental State Exam**

<b>I. ORIENTATION</b> (Ask the following questions; correct = <input checked="" type="checkbox"/> )			<b>Record Each Answer:</b>	(Maximum Score = 10) <b>Score:</b> _____
What is today's date?	Date (eg, May 21)	1 <input type="checkbox"/>		
What is today's year?	Year	1 <input type="checkbox"/>		
What is the month?	Month	1 <input type="checkbox"/>		
What day is today?	Day (eg, Monday)	1 <input type="checkbox"/>		
Can you also tell me what season it is?	Season	1 <input type="checkbox"/>		
Can you also tell me the name of this hospital/clinic?	Hospital/Clinic	1 <input type="checkbox"/>		
What floor are we on?	Floor	1 <input type="checkbox"/>		
What city are we in?	City	1 <input type="checkbox"/>		
What county are we in?	County	1 <input type="checkbox"/>		
What state are we in?	State	1 <input type="checkbox"/>		
<b>II. IMMEDIATE RECALL</b>			(correct = <input checked="" type="checkbox"/> )	(Maximum Score = 3) <b>Score:</b> _____
Ask the subject if you may test his/her memory. Say "ball," "flag," "tree" clearly and slowly, about on second for each. Then ask the subject to repeat them. Check the box at right for each correct response. The first repetition determines the score. If he/she does not repeat all three correctly, keep saying them up to six tries until he/she can repeat them	Ball	1 <input type="checkbox"/>		
	Flag	1 <input type="checkbox"/>		
	Tree	1 <input type="checkbox"/>		
				NUMBER OF TRIALS: _____
<b>III. ATTENTION AND CALCULATION</b>				
<b>A. Counting Backwards Test</b>			(Record each response, correct = <input checked="" type="checkbox"/> )	(Maximum Score = 5)
Ask the subject to begin with 100 and count backwards by 7. Record each response. Check one box at right for each correct response. Any response 7 or less than the previous response is a correct response. The score is the number of correct subtractions. For example, 93, 87, 80, 72, 66 is a score of 4; 93, 86, 78 70, 62, is 2; 92, 87, 78, 70, 65 is 0.	93	1 <input type="checkbox"/>		
	86	1 <input type="checkbox"/>		
	79	1 <input type="checkbox"/>		
	72	1 <input type="checkbox"/>		
	65	1 <input type="checkbox"/>		
<b>B. Spelling Backwards Test</b>				
Ask the subject to spell the word "WORLD" backwards. Record each response. Use the instructions to determine which are correct responses, and check one box at right fore each correct response.	D	1 <input type="checkbox"/>		
	L	1 <input type="checkbox"/>		
	R	1 <input type="checkbox"/>		
<b>C. Final Score</b>			O	1 <input type="checkbox"/>
Compare the scores of the Counting Backwards and Spelling Backwards tests. Write the greater of the two scores in the box labeled FINAL SCORE at right, and use it in deriving the <b>TOTAL SCORE</b> .	W	1 <input type="checkbox"/>		
				<b>FINAL SCORE</b> _____ (Max of 5 or Greater of the two Scores)
<b>IV. RECALL</b>			(correct = <input checked="" type="checkbox"/> )	(Maximum Score = 3) <b>Score:</b> _____
Ask the subject to recall the three words you previously asked him/her to remember. Check the Box at right for each correct response.	Ball	1 <input type="checkbox"/>		
	Flag	1 <input type="checkbox"/>		
	Tree	1 <input type="checkbox"/>		
<b>V. Language</b>			(correct = <input checked="" type="checkbox"/> )	(Maximum Score = 9) <b>Score:</b> _____
<b>Naming</b>			Watch	1 <input type="checkbox"/>
Show the subject a wrist watch and ask him/her what it is. Repeat for a pencil.			Pencil	1 <input type="checkbox"/>
<b>Repetition</b>				

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Ask the subject to repeat "No, ifs, ands, or buts."	Repetition	1 <input type="checkbox"/>
<b>Three -Stage Command</b>		
Establish the subject's dominant hand. Give the subject a sheet of blank paper and say, "Take the paper in your right/left hand, fold it in half and put it on the floor."	Takes paper in hand	1 <input type="checkbox"/>
	Folds paper in half	1 <input type="checkbox"/>
	Puts paper on floor	1 <input type="checkbox"/>
<b>Reading</b>		
Hold up the card that reads, "Close your eyes." So the subject can see it clearly. Ask him/her to read it and do what it says. Check the box at right only if he/she actually closes his/her eyes.	Closes eyes	1 <input type="checkbox"/>
<b>Writing</b>		
Give the subject a sheet of blank paper and ask him/her to write a sentence. It is to be written spontaneously. If the sentence contains a subject and a verb, and is sensible, check the box at right. Correct grammar and punctuation are not necessary.	Writes sentence	1 <input type="checkbox"/>
<b>Copying</b>		
Show the subject the drawing of the intersecting pentagons. Ask him/her to draw the pentagons (about one inch each side) on the paper provided. If ten angles are present and two intersect, check the box at right. Ignore tremor and rotation.	Copies pentagons	1 <input type="checkbox"/>
<b>DERIVING THE TOTAL SCORE</b>		
Add the number of correct responses. The maximum is 30.	TOTAL SCORE _____	
23-30 = Normal / 19-23 = Borderline / <19 = Impaired		

Folstein MF, Folstein SE, and McHugh PR, 1975

# CLOSE YOUR EYES

**(Draw Intersecting pentagons on the back of this page before testing subject)**