Louisiana State University Health Care Services Division
Interim LSU Public Hospital

FOLSTEIN MINI MENTAL STATUS EXAM

Patient__________________________________ Examiner _____________________ Date __________

Maximum Score

Orientation
5 (      ) What is the (year) (season) (date) (day) (month)?
5 (      ) Where are we (state) (country) (town) (hospital) (floor)?

Registration
3 (      ) Name 3 objects: 1 second to say each. Then ask the patient all 3 after you have said them. Give 1 point for each correct answer. Then repeat them until he/she learns all 3. Count trials and record.
Trials ___________

Attention and Calculation
5 (      ) Serial 7’s. 1 point for each correct answer. Stop after 5 answers.
Alternatively spell “world” backward.

Recall
3 (      ) Ask for the 3 objects repeated above. Give 1 point for each correct answer.

Language
2 (      ) Name a pencil and watch.
1 (      ) Repeat the following “No ifs, ands, or buts”
3 (      ) Follow a 3-stage command:
“Take a paper in your right hand, fold it in half, and put it on the floor.”
1 (      ) Read and obey the following: CLOSE YOUR EYES
1 (      ) Write a sentence.
1 (      ) Copy the design shown.

_______ Total Score
ASSESS level of consciousness along a continuum ___________
Alert Drowsy Stupor Coma

Physician’s Stamp

Physician’s Printed Name: ______________________________
Signature:________________________I.D. #:_______________
Beeper:___________________Date:_______Time:_________

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