

# Modified Mental State Exam (3MSE)

**PID:**

**Acrostic:**

**Visit:**

**Date Form Completed:**

**Administration Type:**

- Self-administered
- Mailed
- Telephone
- Interviewer-administered
- Home
- Administered to Proxy

**Administered by:**

**Language:**

- English
- Spanish
- Navajo

1. When were you born?

a. {q1a} {varchar 2}  **Month**

{q1p1} {int 4}

--  
1 - Correct  
0 - Error/refused  
9 - Not attempted/disabled

b. {q1b} {varchar 2}  **Day**

{q1p2} {int 4}

--  
1 - Correct  
0 - Error/refused  
9 - Not attempted/disabled

c. {q1c} {varchar 4}  **Year**

{q1p3} {int 4}

--  
1 - Correct  
0 - Error/refused  
9 - Not attempted/disabled

**Where were you born?**

d. {q1d} {varchar 35}  **City**

{q1p4} {int 4}

--  
1 - Correct  
0 - Error/refused  
9 - Not attempted/disabled

e. {q1e} {varchar 35}

**State/Country**

{q1p5} {int 4}

--  
1 - Correct  
0 - Error/refused  
9 - Not attempted/disabled

2. I am going to say three words for you to remember.

**a. shirt**

{q2a} {int 4}

--  
1 - Correct  
0 - Error / refused  
9 - Not attempted / disabled

**b. brown**

{q2b} {int 4}

--  
1 - Correct  
0 - Error/refused  
9 - Not attempted/disabled

c. honesty

--  
1 - Correct  
0 - Error/refused  
9 - Not attempted/disabled

{q2c} {int 4}

d. Number of presentations necessary for the participant to repeat the sequence:

{q2d} {varchar 2}

3.

a. I would like you to count from 1 to 5 If unable:

Say 1-2-3-4-5

--  
1 - Correct  
0 - Error/refused  
9 - Not attempted/disabled

{q3p1} {int 4}

b. Now I would like you to count backwards from 5 to 1

{q3p2a} {varchar 1} [ ] {q3p2b} {varchar 1} [ ] {q3p2c} {varchar 1} [ ]  
{q3p2d} {varchar 1} [ ] {q3p2e} {varchar 1} [ ]

[ ]

4.

a. Spell "world" If unable: Say ... It's spelled W-O-R-L-D

--  
1 - Correct  
0 - Error/refused  
9 - Not attempted/disabled

{q4p1} {int 4}

b. Now spell world backwards. Record responses in the order given: (XXXXX if no response)

{q4p2a} {varchar 1} [ ] {q4p2b} {varchar 1} [ ] {q4p2c} {varchar 1} [ ]  
{q4p2d} {varchar 1} [ ] {q4p2e} {varchar 1} [ ]

[ ]

{q4p3} {bit 1}  Participant gave more than 5 letters.

5. What three words did I ask you to remember earlier?

a. shirt

--  
3 - Spontaneous recall  
2 - Correct word/incorrect form  
1 - After prompt  
0 - Unable to recall/refused  
9 - Not attempted/disabled

{q5p1} {int 4}

b. brown

--  
3 - Spontaneous recall  
2 - Correct word/incorrect form  
1 - After prompt  
0 - Unable to recall/refused  
9 - Not attempted/disabled

{q5p2} {int 4}

c. honesty

--  
3 - Spontaneous recall  
2 - Correct word/incorrect form  
1 - After prompt  
0 - Unable to recall/refused  
9 - Not attempted/disabled

{q5p3} {int 4}

a. What is today's date?

{q6p1a} {varchar 2} [ ] /

{q6p1b} {varchar 2} [ ] / {q6p1c}

{varchar 4} [ ]

--  
1 - Correct  
0 - Error/refused  
9 - Not attempted/disabled

{q6p1} {int 4}

6.

b. What is the day of the week?

{q6p2} {int 4}

--  
1 - Correct  
0 - Error/refused  
9 - Not attempted/disabled

(If incorrect, record answer: {q6p2x} {varchar 35}

)

c. What season of the year is it?

{q6p3} {int 4}

--  
1 - Correct  
0 - Error/refused  
9 - Not attempted/disabled

(If incorrect, record answer: {q6p3x} {varchar 35}

)

7. a. What state are we in?

{q7p1} {int 4}

--  
1 - Correct  
0 - Error/refused  
9 - Not attempted/disabled

(If incorrect, record answer: {q7p1x} {varchar 35}

)

b. What county are we in? (May substitute parish for county)

{q7p2} {int 4}

--  
1 - Correct  
0 - Error/refused  
9 - Not attempted/disabled

(If incorrect, record answer {q7p2x} {varchar 35}

)

c. What city/town are we in?

{q7p3} {int 4}

--  
1 - Correct  
0 - Error/refused  
9 - Not attempted/disabled

(If incorrect, record answer {q7p3x} {varchar 35}

)

d. Are we in a clinic, store, or home?

{q7p4} {int 4}

--  
1 - Correct  
0 - Error/refused  
9 - Not attempted/disabled

8. a. What is this? (pencil)

{q8p1} {int 4}

--  
1 - Correct  
0 - Error/refused  
9 - Not attempted/disabled

b. What is this? (watch)

{q8p2} {int 4}

--  
1 - Correct  
0 - Error/refused  
9 - Not attempted/disabled

c. What do you call this part of the face? (forehead)

{q8p3} {int 4}

--  
1 - Correct  
0 - Error/refused  
9 - Not attempted/disabled

d. ...and this part? (chin)

{q8p4} {int 4}

--  
1 - Correct  
0 - Error/refused  
9 - Not attempted/disabled

e. ...and this part of the body? (shoulder)

{q8p5} {int 4}

--  
1 - Correct  
0 - Error/refused  
9 - Not attempted/disabled

f. ...and this part? (elbow)

{q8p6} {int 4}

--  
1 - Correct  
0 - Error/refused  
9 - Not attempted/disabled

g. ...and this part of the hand? (knuckle)

{q8p7} {int 4}

--  
1 - Correct  
0 - Error/refused  
9 - Not attempted/disabled

What animals have four legs? Tell me as many as you can.

9. Total correct answers: {q9} {varchar 2}

10.a. In what way are an arm and a leg alike?

{q10p1} {int 4}

--  
2 - Limbs, extremities  
1 - Lesser correct answer  
0 - Error/refused  
9 - Not attempted/disabled

b. In what way are laughing and crying alike?

{q10p2} {int 4}

--  
2 - Expressions of feelings, emotions  
1 - Lesser correct answer  
0 - Error/refused  
9 - Not attempted/disabled

{q10p3} {int 4}

c. In what way are eating and sleeping alike?

--

2 - Necessary bodily functions, essential for life  
1 - Lesser correct answer  
0 - Error/refused  
9 - Not attempted/disabled

11. Repeat what I say: "I would like to go out."

{q11} {int 4}

--  
2 - Correct  
1 - 1 or 2 words missed  
0 - 3 or more words missed/refused  
9 - Not attempted / disabled

12. Now repeat: "No ifs, ands or buts."

a. No ifs

{q12p1} {int 4}

--  
1 - Correct  
0 - Error/refused  
9 - Not attempted/disabled

b. ands

{q12p2} {int 4}

--  
1 - Correct  
0 - Error/refused  
9 - Not attempted/disabled

c. or buts

{q12p3} {int 4}

--  
1 - Correct  
0 - Error/refused  
9 - Not attempted/disabled

{q13} {int 4}

13. Hold up the "Close your eyes" card and say:  
"Please do this"

--  
3 - Closes eyes without prompting  
2 - Closes eyes after prompting  
1 - Reads aloud, but does not close eyes  
0 - Does not read aloud or close eyes/refused  
9 - Not attempted/disabled

14. Please write the following sentence: "I would like to go out."

a. would

{q14p1} {int 4}

--  
1 - Correct  
0 - Error/refused  
9 - Not attempted/disabled

b. like

{q14p2} {int 4}

--  
1 - Correct  
0 - Error/refused  
9 - Not attempted/disabled

c. to

{q14p3} {int 4}

--  
1 - Correct  
0 - Error/refused  
9 - Not attempted/disabled

d. go

{q14p4} {int 4}

--  
1 - Correct  
0 - Error/refused  
9 - Not attempted/disabled

e. out

{q14p5} {int 4}

--  
1 - Correct  
0 - Error/refused  
9 - Not attempted/disabled

f. Note which hand the participant uses to write:

{q14p6} {int 4}

--  
1 - left  
2 - right  
3 - unknown  
0 - Error/refused  
9 - Not attempted/disabled

15. Here is a drawing. Please copy the drawing onto this piece of paper.

{q15p1} {int 4}

a. Pentagon I

--  
4 - 5 approximately equal sides  
3 - 5 sides, but longest: shortest side is > 2:1  
2 - nonpentagon enclosed figure  
1 - 2 or more lines, not an enclosure  
0 - less than 2 lines/refused  
9 - Not attempted/disabled

{q15p2} {int 4}

b. Pentagon II

--  
4 - 5 approximately equal sides  
3 - 5 sides, but longest: shortest side is > 2:1  
2 - nonpentagon enclosed figure  
1 - 2 or more lines, not an enclosure  
0 - less than 2 lines/refused  
9 - Not attempted/disabled

**c. Intersection**

{q15p3} {int 4}

- 
- 2 - 4-cornered enclosure
- 1 - Other than 4-cornered enclosure
- 0 - No enclosure/refused
- 9 - Not attempted/disabled

16.

**a. takes paper in correct hand**

{q16p1} {int 4}

- 
- 1 - Correct
- 0 - Error/refused
- 9 - Not attempted/disabled

**b. folds paper in half**

{q16p2} {int 4}

- 
- 1 - Correct
- 0 - Error/refused
- 9 - Not attempted/disabled

**c. hands paper back**

{q16p3} {int 4}

- 
- 1 - Correct
- 0 - Error/refused
- 9 - Not attempted/disabled

17. What three words did I ask you to remember earlier?

**a. shirt**

{q17p1} {int 4}

- 
- 3 - Spontaneous recall
- 2 - Correct word/incorrect form
- 1 - After prompt
- 0 - Unable to recall/refused
- 9 - Not attempted/disabled

**b. brown**

{q17p2} {int 4}

- 
- 3 - Spontaneous recall
- 2 - Correct word/incorrect form
- 1 - After prompt
- 0 - Unable to recall/refused
- 9 - Not attempted/disabled

**c. honesty**

{q17p3} {int 4}

- 
- 3 - Spontaneous recall
- 2 - Correct word/incorrect form
- 1 - After prompt
- 0 - Unable to recall/refused
- 9 - Not attempted/disabled

**Would you please tell me again where were you born?**

18. {q18p1} {varchar 35}  **City**

{q18p2} {varchar 25}

**State/Country**

{q18p3} {int 4}

- 
- 1 - Matches
- 0 - Does not match/refused
- 9 - Not attempted/disabled

19. Special Problems?

Vision	Hearing	Inability to write dues to injury/illness	Illiteracy/lack of education	Language	Other
{q19p1} {bit 1} <input type="checkbox"/>	{q19p2} {bit 1} <input type="checkbox"/>	{q19p3} {bit 1} <input type="checkbox"/>	{q19p4} {bit 1} <input type="checkbox"/>	{q19p5} {bit 1} <input type="checkbox"/>	{q19p6} {bit 1} <input type="checkbox"/>

(Specify: {q19p6spfy} {varchar 50})

20. Have you observed any signs today of the participant's cognitive impairment?

{q20} {int 4}	-- 1 - None (end) 2 - Unsure (end) 3 - Definite (Go to Q21) 4 - Possible (Go to Q21)
---------------	--

21. Judgment from Question 20 is based on:

a. Hygiene/Personal Care

{q21p1} {int 4}	-- 1 - Yes 2 - No 3 - Unsure
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b. Inconsistencies in speech or actions

{q21p2} {int 4}	-- 1 - Yes 2 - No 3 - Unsure
-----------------	---------------------------------------

c. Memory problems/lapses

{q21p3} {int 4}	-- 1 - Yes 2 - No 3 - Unsure
-----------------	---------------------------------------

d. Problems following directions

{q21p4} {int 4}	-- 1 - Yes 2 - No 3 - Unsure
-----------------	---------------------------------------

e. Emotional responses

{q21p5} {int 4}	-- 1 - Yes 2 - No 3 - Unsure
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# Modified Mini Mental State Exam (3MSE)

Patient ID	[affix ID label here]	Date Form Completed	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
			Month	Day	Year
Administration Type	<input type="text"/>	Visit Code	<input type="text"/>	<input type="text"/>	<input type="text"/>
Reviewed by	<input type="text"/>	Language	E		

**Script: I would like to ask you a few questions that require concentration and memory. Some are more difficult than others and some will be asked more than once.**

1. When were you born?	Correct	Error/Refused	Not attempted/disabled
a. <input type="text"/> <input type="text"/> Month	1 <input type="checkbox"/>	0 <input type="checkbox"/>	9 <input type="checkbox"/>
b. <input type="text"/> <input type="text"/> Day	1 <input type="checkbox"/>	0 <input type="checkbox"/>	9 <input type="checkbox"/>
c. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Year	1 <input type="checkbox"/>	0 <input type="checkbox"/>	9 <input type="checkbox"/>
<b>Where were you born?</b>			
d. <input style="width: 400px;" type="text"/> City	1 <input type="checkbox"/>	0 <input type="checkbox"/>	9 <input type="checkbox"/>
e. <input style="width: 300px;" type="text"/> State/Country	1 <input type="checkbox"/>	0 <input type="checkbox"/>	9 <input type="checkbox"/>
<b>2. I am going to say three words for you to remember: Repeat them after I have said all three words: Shirt, Brown, Honesty</b>			
<i>Interviewer note: Do not repeat the words for the participant until after the first trial. The participant may give the words in any order. If there are errors on the first trial, repeat the items up to six times until they are learned. Score results for first trial only.</i>			
	Correct	Error/Refused	Not attempted/disabled
a. shirt	1 <input type="checkbox"/>	0 <input type="checkbox"/>	9 <input type="checkbox"/>
b. brown	1 <input type="checkbox"/>	0 <input type="checkbox"/>	9 <input type="checkbox"/>
c. honesty	1 <input type="checkbox"/>	0 <input type="checkbox"/>	9 <input type="checkbox"/>
d. Number of presentations necessary for the participant to repeat the sequence: <input style="width: 30px;" type="text"/>			
<b>3.a. I would like you to count from 1 to 5. If unable: Say: 1-2-3-4-5</b>	1 <input type="checkbox"/>	0 <input type="checkbox"/>	9 <input type="checkbox"/>
<b>b. Now I would like you to count backwards from 5 to 1. Record responses in the order given: (99999 if no response)</b>			
	<input style="width: 30px;" type="text"/>	<input style="width: 30px;" type="text"/>	<input style="width: 30px;" type="text"/>
	<input style="width: 30px;" type="text"/>	<input style="width: 30px;" type="text"/>	<input style="width: 30px;" type="text"/>

--

		Correct	Error/ Refused	Not attempted/ disabled	
<b>4.a. Spell "world". If unable say "It's spelled W-O-R-L-D"</b>		1 <input type="checkbox"/>	0 <input type="checkbox"/>	9 <input type="checkbox"/>	
<b>b. Now spell "WORLD" backwards.</b> Record letters in order given: (XXXXX if no response) <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 1 <input type="checkbox"/> Participant gave more than 5 letters.					
<b>5. What three words did I ask you to remember earlier?</b> <i>Interviewer note: The words may be repeated in any order. If the participant cannot give the correct answer after a category cue, provide the three choices listed. If the participant still cannot give the correct answer from the three choices, mark the appropriate box. Note: If the participant does not report all 3 words without help (i.e., total score on 5a-5c is &lt;9), say the 3 words once more before proceeding to question 6.</i>					
<b>a. shirt</b>	Spontaneous Recall 3 <input type="checkbox"/>	Correct word/incorrect form or after "something to wear" 2 <input type="checkbox"/>	After "Was it shirt, shoes, or socks?" 1 <input type="checkbox"/>	Unable to recall/refused 0 <input type="checkbox"/>	Not attempted/ disabled 9 <input type="checkbox"/>
<b>b. brown</b>	Spontaneous Recall 3 <input type="checkbox"/>	Correct word/incorrect form or after "a color" 2 <input type="checkbox"/>	After "Was it blue, brown, or black?" 1 <input type="checkbox"/>	Unable to recall/refused 0 <input type="checkbox"/>	Not attempted/ disabled 9 <input type="checkbox"/>
<b>c. honesty</b>	Spontaneous Recall 3 <input type="checkbox"/>	Correct word/incorrect form or after "a good personal quality" 2 <input type="checkbox"/>	After "Was it honesty, charity, or modesty?" 1 <input type="checkbox"/>	Unable to recall/refused 0 <input type="checkbox"/>	Not attempted/ disabled 9 <input type="checkbox"/>
		Correct	Error/ Refused	Not attempted/ disabled	
<b>6.a. What is today's date?</b> <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/>		1 <input type="checkbox"/>	0 <input type="checkbox"/>	9 <input type="checkbox"/>	
<b>b. What is the day of the week?</b> (If incorrect, record answer: _____)		1 <input type="checkbox"/>	0 <input type="checkbox"/>	9 <input type="checkbox"/>	
<b>c. What season of the year is it?</b> (If incorrect, record answer: _____)		1 <input type="checkbox"/>	0 <input type="checkbox"/>	9 <input type="checkbox"/>	
<b>7.a. What state are we in?</b> (If incorrect, record answer: _____)		1 <input type="checkbox"/>	0 <input type="checkbox"/>	9 <input type="checkbox"/>	
<b>b. What county are we in? (May substitute parrish for county)</b> (If incorrect, record answer: _____)		1 <input type="checkbox"/>	0 <input type="checkbox"/>	9 <input type="checkbox"/>	
<b>c. What city/town are we in?</b> (If incorrect, record answer: _____)		1 <input type="checkbox"/>	0 <input type="checkbox"/>	9 <input type="checkbox"/>	
<b>d. Are we in a clinic, store, or home?</b> <i>Interviewer note: If the correct answer is not among the three choices (e.g. hospital or nursing home), substitute it for 'store'. If the participant states that none is correct, ask them to make the best choice of the three.</i>		1 <input type="checkbox"/>	0 <input type="checkbox"/>	9 <input type="checkbox"/>	

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8. Interviewer note: Point to the object or a part of your own body and ask the participant to name it. Score as error if the participant cannot name it within two seconds or gives an incorrect name. Do not wait for the participant to mentally search for the name.			
a. What is this? ( <i>pencil</i> )	1 <input type="checkbox"/>	0 <input type="checkbox"/>	9 <input type="checkbox"/>
b. What is this? ( <i>watch</i> )	1 <input type="checkbox"/>	0 <input type="checkbox"/>	9 <input type="checkbox"/>
c. What do you call this part of your face? ( <i>forehead</i> )	1 <input type="checkbox"/>	0 <input type="checkbox"/>	9 <input type="checkbox"/>
d. ....and this part? ( <i>chin</i> )	1 <input type="checkbox"/>	0 <input type="checkbox"/>	9 <input type="checkbox"/>
e. ....and this part of the body? ( <i>shoulder</i> )	1 <input type="checkbox"/>	0 <input type="checkbox"/>	9 <input type="checkbox"/>
f. ....and this part? ( <i>elbow</i> )	1 <input type="checkbox"/>	0 <input type="checkbox"/>	9 <input type="checkbox"/>
g. ....and this part? ( <i>knuckle</i> )	1 <input type="checkbox"/>	0 <input type="checkbox"/>	9 <input type="checkbox"/>



**9. What animals have four legs? Tell me as many as you can. Ready? Begin.**

*Interviewer note: Discontinue after 30 seconds. Count all correct responses. If the participant gives no response in 10 seconds, and there are at least 10 seconds of remaining time, gently remind (only once) "What (other) animals have four legs?" The first time an incorrect answer is provided, say "I want four-legged animals."*

*Do not correct for subsequent errors.*

(1) \_\_\_\_\_

(11) \_\_\_\_\_

(2) \_\_\_\_\_

(12) \_\_\_\_\_

(3) \_\_\_\_\_

(13) \_\_\_\_\_

(4) \_\_\_\_\_

(14) \_\_\_\_\_

(5) \_\_\_\_\_

(15) \_\_\_\_\_

(6) \_\_\_\_\_

(16) \_\_\_\_\_

(7) \_\_\_\_\_

(17) \_\_\_\_\_

(8) \_\_\_\_\_

(18) \_\_\_\_\_

(9) \_\_\_\_\_

(19) \_\_\_\_\_

(10) \_\_\_\_\_

(20) \_\_\_\_\_

Total correct answers:



10. Interviewer note: If the participant fails to give an answer that is complete, assign the appropriate answer. If the answer to a. is not completely correct, coach the participant by saying "An arm and a leg are both limbs or extremities." Do not coach for answers b and c.

a. In what way are an arm and a leg alike?	Limbs, extremities 2 <input type="checkbox"/>	Lesser correct answer (e.g., body parts, both bend, have joints) 1 <input type="checkbox"/>	Error (e.g., states differences, gives unrelated answer)/refused 0 <input type="checkbox"/>	Not attempted/ disabled 9 <input type="checkbox"/>
b. In what way are laughing and crying alike?	Expressions of feelings, emotions 2 <input type="checkbox"/>	Lesser correct answer (e.g., sounds, expressions) 1 <input type="checkbox"/>	Error (e.g., states differences, gives unrelated answer)/refused 0 <input type="checkbox"/>	Not attempted/ disabled 9 <input type="checkbox"/>
c. In what way are eating and sleeping alike?	Necessary body functions, essential for life 2 <input type="checkbox"/>	Lesser correct answer (e.g., bodily functions, relaxing, good for you) 1 <input type="checkbox"/>	Error (e.g., states differences, gives unrelated answer)/refused 0 <input type="checkbox"/>	Not attempted/ disabled 9 <input type="checkbox"/>

11. Repeat what I say:  
"I would like to go out."

*Interviewer note: Pronounce the individual words clearly, but with normal tempo of a spoken sentence.*

Correct 2 <input type="checkbox"/>	1 or 2 words missed 1 <input type="checkbox"/>	3 or more words missed/refused 0 <input type="checkbox"/>	Not attempted/ disabled 9 <input type="checkbox"/>
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12. Now repeat:  
"No ifs, ands or buts"

*Interviewer note: Pronounce the individual words clearly, but with normal tempo of a spoken sentence. Give no credit if the participant misses the "s".*

	Correct		Error/refused	Not attempted/ disabled
a. No ifs	1 <input type="checkbox"/>			
b. ands	1 <input type="checkbox"/>		0 <input type="checkbox"/>	9 <input type="checkbox"/>
c. or buts	1 <input type="checkbox"/>		0 <input type="checkbox"/>	9 <input type="checkbox"/>
			0 <input type="checkbox"/>	9 <input type="checkbox"/>

13. Hold up the "Close your eyes" card and say:

*Interviewer note: If the participant does not close his or her eyes within 5 seconds, prompt by pointing to the sentence and saying "Read and do what this says." If the participant has already read the sentence aloud spontaneously, simply say "Do what this says."*

*Allow 5 seconds for the response. Record appropriate answer. As soon as the participant closes his or her eyes, say "Open."*

"Please do this"	Closes eyes without prompting 3 <input type="checkbox"/>	Closes eyes after prompting 2 <input type="checkbox"/>	Reads aloud, but does not close eyes 1 <input type="checkbox"/>	Does not read aloud or close eyes/refused 0 <input type="checkbox"/>	Not attempted/ disabled 9 <input type="checkbox"/>
------------------	---	---	--	---	---



<p><b>14. Please write the following sentence:</b></p> <p><b>"I would like to go out."</b></p> <p><b>(maximum 1 minute)</b></p>	<p><i>Interviewer note: Hand the participant a piece of paper and a pencil with eraser. If necessary, repeat the sentence word-by-word as the participant writes. Allow a maximum of 1 minute after reading the sentence for the scored response.</i></p> <p><i>Either printing or cursive writing is allowed. For each word, score as error if there are spelling errors or incorrect mixed capitalizations; all letters printed in uppercase is permissible). There will be no score for the word "I". Do not penalize self-corrected errors.</i></p>				
			<b>Correct</b>	<b>Error/refused</b>	<b>Not attempted/ disabled</b>
a. would			1 <input type="checkbox"/>	0 <input type="checkbox"/>	9 <input type="checkbox"/>
b. like			1 <input type="checkbox"/>	0 <input type="checkbox"/>	9 <input type="checkbox"/>
c. to			1 <input type="checkbox"/>	0 <input type="checkbox"/>	9 <input type="checkbox"/>
d. go			1 <input type="checkbox"/>	0 <input type="checkbox"/>	9 <input type="checkbox"/>
e. out			1 <input type="checkbox"/>	0 <input type="checkbox"/>	9 <input type="checkbox"/>
<p>f. Note which hand the participant uses to write:</p> <p><i>Interviewer note: If the task is not done, ask participant if she/he is right or left-handed (for use in Question 16).</i></p>	<b>Left</b>  1 <input type="checkbox"/>	<b>Right</b>  2 <input type="checkbox"/>	<b>Unknown</b>  3 <input type="checkbox"/>	<b>Error/refused</b>  0 <input type="checkbox"/>	<b>Not attempted/ disabled</b>  9 <input type="checkbox"/>



**15. Here is a drawing. Please copy the drawing onto this piece of paper.**  
(maximum 1 minute)

*Interviewer note: Hand the participant a piece of paper and card with pentagon drawing. For right-handed participants, present the sample on their left side. For left-handed participants, present the sample on their right side. Allow one minute for copying. In scoring, do not penalize for self-corrected errors, tremors, minor gaps, or overshoots.*

	5 approximate equal sides	5 sides, but longest: shortest is >2:1	Nonpentagon enclosed figure	2 or more lines, not an enclosure	Less than 2 lines/refused	Not attempted/ disabled
a. Pentagon I	4 <input type="checkbox"/>	3 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	0 <input type="checkbox"/>	9 <input type="checkbox"/>
b. Pentagon II	4 <input type="checkbox"/>	3 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	0 <input type="checkbox"/>	9 <input type="checkbox"/>
c. Intersection			4-cornered enclosure 2 <input type="checkbox"/>	Other than 4-cornered enclosure 1 <input type="checkbox"/>	No enclosure/refused 0 <input type="checkbox"/>	Not attempted/ disabled 9 <input type="checkbox"/>

**16. Interviewer note: Refer back to Question 14f. to determine the participant's dominate hand. Hold up a piece of white paper in plain view of the participant but out of his or her reach, and say:**

**"Take this paper with your left (right for left-handed persons) hand, fold it in half, and hand it back to me."**

*After saying the whole command, hold the paper within reach of the participant. Do not repeat any part of the command. Do not give visual clues for the participant to take or return the paper. They may hand it back with either hand.*

	Correct	Error/ refused	Not attempted/ disabled
a. takes paper in correct hand	1 <input type="checkbox"/>	0 <input type="checkbox"/>	9 <input type="checkbox"/>
b. folds paper in half	1 <input type="checkbox"/>	0 <input type="checkbox"/>	9 <input type="checkbox"/>
c. hands paper back	1 <input type="checkbox"/>	0 <input type="checkbox"/>	9 <input type="checkbox"/>

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**17. What three words did I ask you to remember earlier?**

*Interviewer note: The words may be repeated in any order. If the participant cannot give the correct answer after a category cue, provide the three choices listed. If the participant still cannot give the correct answer from the three choices, score and provide the correct answer.*

<b>a. shirt</b>	<b>Spontaneous Recall</b> 3 <input type="checkbox"/>	<b>Correct word/incorrect form or after "Something to wear"</b> 2 <input type="checkbox"/>	<b>After "Was it shirt, shoes, or socks?"</b> 1 <input type="checkbox"/>	<b>Unable to recall/refused</b> 0 <input type="checkbox"/>	<b>Not attempted/disabled</b> 9 <input type="checkbox"/>
<b>b. brown</b>	<b>Spontaneous Recall</b> 3 <input type="checkbox"/>	<b>Correct word/incorrect form or after "a color"</b> 2 <input type="checkbox"/>	<b>After "Was it blue, brown, or black?"</b> 1 <input type="checkbox"/>	<b>Unable to recall/refused</b> 0 <input type="checkbox"/>	<b>Not attempted/disabled</b> 9 <input type="checkbox"/>
<b>c. honesty</b>	<b>Spontaneous Recall</b> 3 <input type="checkbox"/>	<b>Correct word/incorrect form or after "a good personal quality"</b> 2 <input type="checkbox"/>	<b>After "Was it honesty, charity, or modesty?"</b> 1 <input type="checkbox"/>	<b>Unable to recall/refused</b> 0 <input type="checkbox"/>	<b>Not attempted/disabled</b> 9 <input type="checkbox"/>

**18. Would you please tell me again where you were born?**

**City**

**State/Country**

<b>Matches</b> 1 <input type="checkbox"/>	<b>Does not match/refused</b> 0 <input type="checkbox"/>	<b>Not attempted/disabled</b> 9 <input type="checkbox"/>
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<b>19. Special problems?</b>	<b>Vision</b> 1 <input type="checkbox"/>	<b>Hearing</b> 1 <input type="checkbox"/>	<b>Inability to write due to injury/illness</b> 1 <input type="checkbox"/>	<b>Illiteracy/lack of education</b> 1 <input type="checkbox"/>	<b>Language</b> 1 <input type="checkbox"/>	<b>Other (specify):</b> <hr/> 1 <input type="checkbox"/>
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<b>20. Interviewer note: Have you observed any signs today of the participant's cognitive impairment?</b>	<b>None</b> 1 <input type="checkbox"/> ↓	<b>Unsure</b> 2 <input type="checkbox"/> ↓	<b>Definite</b> 3 <input type="checkbox"/> ↓	<b>Possible</b> 4 <input type="checkbox"/> ↓
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**END** **Go to Question 21**

<b>21. Judgment from Question 20 is based on:</b>	<b>Yes</b>	<b>No</b>	<b>Unsure</b>
<b>a. Hygiene/personal care</b>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
<b>b. Inconsistencies in speech or actions</b>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
<b>c. Memory problems/lapses</b>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
<b>d. Problems following directions</b>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
<b>e. Emotional responses</b>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>

Staff ID 

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