



Mental Status Questionnaire

This questionnaire is used to assess residents who have been diagnosed with any form of Dementia. While no specific score would exclude a resident, the resident's mental ability is a factor to be considered in combination with their physical and emotional needs.

Max. Score	Resident's Score
5	_____
4	_____
3	_____
5	_____
5	_____
2	_____
1	_____
3	_____
1	_____

ORIENTATION

What is the (year)(season)(date)(day)(month)?

Where are we (state)(country)(city)(facility)?

REGISTRATION

Name 3 common objects ("apple" "table" "penny"). Take 1 second to say each. Then ask the resident to repeat all three. Give 1 second to say each, 1 point for each correct answer. If they don't get all 3, repeat them again.

ATTENTION AND CALCULATION

Spell the word "WORLD" backwards. OR, Serial 7's backwards. Stop after 5 answers.

(D)__(L)__(R)__(O)__(W)___

RECALL

Ask for the three common objects named during Registration above. Give 1 point for each correct answer.

LANGUAGE

Show and have the resident name a "pencil" & "watch".

Repeat the following sentence "No if, ands, or buts".

Follow a 3-stage command: "Take a paper in your right hand, fold it in half, and put it on the floor."

Write a sentence: