

# VITATOPS Study - MMSE

## Centre and Patient Details:

Patient initials \_\_\_\_\_ Randomising Dr/RN \_\_\_\_\_ VITATOPS number \_\_\_\_\_ Today's date \_\_\_\_/\_\_\_\_/\_\_\_\_  
 Attempted

## Orientation:

What is the Year ? Season ? Date ? Day ? Month ? (score 1 point for each correct answer) \_\_\_\_/5 \_\_\_\_

What is the name of the Country ? State ? City ? Hospital ? Ward ? (score 1 point for each correct answer) \_\_\_\_/5 \_\_\_\_

## Registration:

Name three objects: (eg ball, flag, tree) taking one second to say each. Then ask the patient to repeat all three object you have named. (Score 1 point for each item repeated.) \_\_\_\_/3 \_\_\_\_

If the patient is not successful, repeat them until he/she learns all three.  
 (This is preparation for the recall item below).

## Attention and calculation:

Ask the patient to subtract 7 from 100, and then 7 from the result – repeat this five times.  
 (score 1 point each time a correct subtraction is performed) \_\_\_\_/5 \_\_\_\_

## Recall:

Ask for the three objects repeated in the registration test. (score 1 point for each correct answer) \_\_\_\_/3 \_\_\_\_

## Language:

Show a pencil and a watch and ask the subject to name them. (score 1 point for each correct answer) \_\_\_\_/2 \_\_\_\_

Repeat the following: “no ifs, ands or buts”. (score 1 point for if answered correctly) \_\_\_\_/1 \_\_\_\_

A three-stage command, “Take this piece of paper in your right hand; fold it in half and put it on the floor.”  
 (score 1 point for each command performed correctly) \_\_\_\_/3 \_\_\_\_

Point below to “CLOSE YOUR EYES” and ask the patient to obey what is written.  
 (Score 1 point if performed correctly) \_\_\_\_/1 \_\_\_\_

Ask the patient to write a sentence below.  
 (Score 1 point if the sentence is sensible and has a verb and a subject) \_\_\_\_/1 \_\_\_\_

Ask the patient to copy the diagram below  
 (Score 1 point if performed correctly) \_\_\_\_/1 \_\_\_\_

**TOTAL SCORE** \_\_\_\_/30

If sensory deficit please complete the following;

**MAXIMUM OBTAINABLE SCORE** (total points of all items person attempted) \_\_\_\_

**MODIFIED SCORE** (Total Score x 30 / Maximum Obtainable Score) \_\_\_\_

If sensory deficit, please specify, eg vision \_\_\_\_\_

**If you have any queries please contact the Trial Office on +61 8 9224 7004**

## CLOSE YOUR EYES

SENTENCE \_\_\_\_\_

