

“MINI-MENTAL STATE”

A PRACTICAL METHOD FOR GRADING THE COGNITIVE STATE OF PATIENTS FOR THE CLINICIAN*

MARSHAL F. FOLSTEIN, SUSAN E. FOLSTEIN

and

PAUL R. MCHUGH

Department of Psychiatry, The New York Hospital-Cornell Medical Center,
Westchester Division, White Plains, New York 10605, U.S.A.

and

Department of Psychiatry, University of Oregon Medical School, Portland, Oregon 97201, U.S.A.

(Received 17 December 1973 ; in revised form 25 November 1974)

INTRODUCTION

EXAMINATION of the mental state is essential in evaluating psychiatric patients.¹ Many investigators have added quantitative assessment of cognitive performance to the standard examination, and have documented reliability and validity of the several “clinical tests of the sensorium”.^{2,3} The available batteries are lengthy. For example, WITHERS and HINTON’s test includes 33 questions and requires about 30 min to administer and score. The standard WAIS requires even more time. However, elderly patients, particularly those with delirium or dementia syndromes, cooperate well only for short periods.⁴

Therefore, we devised a simplified, scored form of the cognitive mental status examination, the “Mini-Mental State” (MMS) which includes eleven questions, requires only 5–10 min to administer, and is therefore practical to use serially and routinely. It is “mini” because it concentrates only on the cognitive aspects of mental functions, and excludes questions concerning mood, abnormal mental experiences and the form of thinking. But within the cognitive realm it is thorough.

We have documented the validity and reliability of the MMS when given to 206 patients with dementia syndromes, affective disorder, affective disorder with cognitive impairment “pseudodementia”^{5,6}), mania, schizophrenia, personality disorders, and in 63 normal subjects.

DESCRIPTION OF THE MMS

The MMS is shown in the appendix. Questions are asked in the order listed and scored immediately. The tester (psychiatric resident, nurse, or volunteer) is instructed first to make the patient comfortable, to establish rapport, to praise successes, and to avoid

*Reprint request to M.F.F. now at Department of Psychiatry and Behavioral Science, Johns Hopkins Hospital, Baltimore, Md. 21205.