

Investigator Name _____

Date Administered ____/____/____

Patient No. _____

Administered by _____

Max Score	Pt.'s Score	
5	_____	<p><u>Orientation</u> What is the year? _____ Season? _____ Date? _____ Day of the week? _____ Month? _____ (One point for each correct answer)</p>
5	_____	<p>What state are we in? _____ County? _____ City? _____ Name of place? _____ Floor? _____ (One point for each correct answer)</p>
3	_____	<p><u>Registration</u> Ask the patient if you can test his/her memory. Name three unrelated objects and have the patient repeat them. (One point for each object named correctly on the 1st repetition) Although 1st repetition determines score, patient has up to 6 trials. Record # of trials. # of Trials: _____</p>
5	_____	<p><u>Attention and Calculation</u> Spell W-O-R-L-D backwards. (one point for each letter in correct order)</p>
3	_____	<p><u>Memory</u> What are the three objects you were asked to remember? (One point for each correct answer)</p>
2	_____	<p><u>Language and Visual-Spatial Skills</u> Name these objects (point to a watch, then a pencil). (One point for each correct answer)</p>
1	_____	<p>Repeat the following statement: "No ifs, ands, or buts". (Allow only one trial)</p>
3	_____	<p>Follow these directions: Take this paper in your right hand, fold it in half and put it on the floor. (Use attached blank page) (One point for each stage performed correctly)</p>
1	_____	<p>Read and follow this direction: CLOSE YOUR EYES (Show attached page with large print) (One point only if patient closes eyes)</p>
1	_____	<p>Write a sentence (on attached blank page) (Needs to contain a subject and a verb. Correct grammar/punctuation not required)</p>
1	_____	<p>Copy this design (Show attached page with intersecting pentagons) (Patient may look at the design while drawing, but may not trace)</p>
Total Score	_____	

On the corresponding CRF page, rate the patient's level of consciousness (along a continuum from alert to coma).

QS343txt

