## Mini-Mental State Examination (MMSE)

Date and time of MMSE: // (m m/dd/yyyy) : (hh:mm, 24 hr clock)

MMSE total score:

## Additional Physical/ Neurological Examination Findings

1. \*\*\*Consciousness:

Fully conscious (6)

Somnolent, can be awaked to full consciousness (4)

Reacts to verbal command, but is not fully conscious (2)

1. \*\*\*Orientation:

Correct for time, place and person (6)

Two of these (4)

One of these (2)

Completely disorientated (0)

1. \*\*\*Frontal lobe function:

Normal: No signs of social disinhibition or abulia

Primitive reflexes such as forced manual exploration of surroundings, grasp, traction response, rooting or snout as the only frontal signs

Mild impairment of frontal lobe function: Some social disinhibition or abulia

Hesitancy in speech functions with stuttering or difficulty speaking strings of consonants

Severe impairment: Gross signs of social disinhibition or abulia

Whispering or mutism

Untestable because of aphasia

1. \*\*\*Parietal lobe function:

Normal: No signs of impairment of auditory, visual, sensory or motor inattention, anosognosia, constructional or ideomotor dyspraxia

Loquacious or garrulous, history filled with irrelevant details. Or semantic verbal paraphasias when reading aloud long sentences or paragraphs or describing history of present illness.

Mild impairment: scattered slight signs of impairment of auditory, visual, sensory or motor inattention, anosognosia, constructional or ideomotor dyspraxia

Neglect for opposite space to visual or auditory testing as the only parietal sign

Refusal to acknowledge illness, personal body parts, offers wildly implausible explanations for failure to acknowledge illness or body parts. Or incoherent history of illness with numerous semantic verbal paraphasic errors.

Severe impairment: signs of impairment of auditory, visual, sensory or motor inattention, anosognosia, constructional or ideomotor dyspraxia.

Untestable because of aphasia

1. Hand preference: (Hand participant/subject uses predominately, not necessarily hand he/she writes with exclusively)

Left hand

Right hand

Both hands

Unknown

1. \*\*\*Hand strength:

|  |  |
| --- | --- |
| **Right** | **Left** |
| Normal strength (6)  Reduced strength in full range (4)  Some movement, fingertips do not reach palm (2)  Paralysis (0) | Normal strength (6)  Reduced strength in full range (4)  Some movement, fingertips do not reach palm (2)  Paralysis (0) |

1. \*\*\*Hand function:

|  |  |
| --- | --- |
| **Right** | **Left** |
| Normal – No restriction upon the performance of any movement, even if there is a minimal weakness. (15)  Skilled – Restriction of fine movements. The more complex movements are impaired, but there is no restriction upon the performance of common, daily-life movements, even if these are executed slowly or clumsily, antagonistic movements between finger and thumb possible. (10)  Useful – Gross movements possible. Delicate movements cannot be performed, but patient can handle and carry objects of at least match-box size, use a fork or a pencil in approximate fashion, can handle a cane or grip a hand rail. (5)  Useless – Useful movements impossible. Patient cannot hold or carry objects, even if some elementary movements can be performed. (0) | Normal – No restriction upon the performance of any movement, even if there is a minimal weakness. (15)  Skilled – Restriction of fine movements. The more complex movements are impaired, but there is no restriction upon the performance of common, daily-life movements, even if these are executed slowly or clumsily, antagonistic movements between finger and thumb possible. (10)  Useful – Gross movements possible. Delicate movements cannot be performed, but patient can handle and carry objects of at least match-box size, use a fork or a pencil in approximate fashion, can handle a cane or grip a hand rail. (5)  Useless – Useful movements impossible. Patient cannot hold or carry objects, even if some elementary movements can be performed. (0) |

1. Limb/muscle tone:
2. \*\*\*Upper limb tone:

|  |  |
| --- | --- |
| **Right** | **Left** |
| Normal – Near Normal. No frank hypertonia or hypotonia in comparison with the left side, even if the jerk reflexes are exaggerated. (5)  Overtly spastic or flaccid – Frank hypertonia or hypotonia in comparison with the left side; permanent rigidity, or flexion or extension induced by painful stimuli. (0) | Normal – Near Normal. No frank hypertonia or hypotonia in comparison with the right side, even if the jerk reflexes are exaggerated. (5)  Overtly spastic or flaccid – Frank hypertonia or hypotonia in comparison with the right side; permanent rigidity, or flexion or extension induced by painful stimuli. (0) |

1. \*\*\*Lower limb tone:

|  |  |
| --- | --- |
| **Right** | **Left** |
| Normal – Near Normal. No frank hypertonia or hypotonia in comparison with the left side, even if the jerk reflexes are exaggerated. (5)  Overtly spastic or flaccid – Frank hypertonia or hypotonia in comparison with the left side; permanent rigidity, or flexion or extension induced by painful stimuli. (0) | Normal – Near Normal. No frank hypertonia or hypotonia in comparison with the right side, even if the jerk reflexes are exaggerated. (5)  Overtly spastic or flaccid – Frank hypertonia or hypotonia in comparison with the right side; permanent rigidity, or flexion or extension induced by painful stimuli. (0) |

1. Dysphagia (difficulty swallowing):

Normal

Partial (swallows solids but not liquids)

Severe (cannot swallow, requires NGT feeds and suctioning)

Unknown

1. Gait:

Steady and brisk

Steady but slowed or widebased

Unsteady but self corrects and low risk of falling

Dangerously unsteady

1. Monocular visual loss:

Normal monocular vision

Partial monocular visual loss or blurring

Complete monocular visual loss or blurring

1. Dizziness:

Yes

No

Unknown

1. Vertigo:

Yes

No

Unknown

1. Carotid bruit:

Yes

No

Unknown

If YES, select locality:

Left

Right

Bilateral

If YES, select all that apply:

Cranial

Ocular

Multi-select cervical

Subclavicular

## General Instructions

This CRF includes data that describe the results of a physical and/or neurological examination of the study participant/ subject. Such an exam would commonly be conducted at stroke presentation.

\*\*\*Element is classified as Exploratory

## Specific Instructions

Please see the Data Dictionary for definitions for each of the data elements included in this CRF Module. To avoid redundancy, the data elements from the NIH Stroke Scale are not included on this form or in the Data Dictionary but are included separately under the Outcomes and End Points domain and Neurological Impairment sub-domain.

* Mini-Mental State Examination (MMSE) – Record the data and time the MMSE was administered and the total score. The official MMSE version, which is copyright protected, should be ordered from the publisher. Please see [Mini-Mental State Examination 2nd Edition](http://www.minimental.com/) for more information.
* Consciousness (assessed by Scandinavian Stroke Scale) – The points associated with the permissible values may be less relevant when the entire Scandinavian Stroke Scale is not being used. This would be an alternative to the NIHSS LOC Items.
* Frontal lobe function: Choose one [derived from the Northern Manhattan Study (NOMAS)].
* Parietal lobe function: Choose one [derived from the Northern Manhattan Study (NOMAS)].
* Orientation (assessed by Scandinavian Stroke Scale) – The points associated with the permissible values may be less relevant when the entire Scandinavian Stroke Scale is not being used. This would be an alternative to the NIHSS LOC Items.
* Hand preference - Choose one - the hand which the participant/subject uses predominantly, not necessarily the hand the participant/subject writes with exclusively. Participants who were originally left handed but forced to switch to right should be coded as left handed.
* Hand strength (assessed by Scandinavian Stroke Scale) – The points associated with the permissible values may be less relevant when the entire Scandinavian Stroke Scale is not being used.
* Hand function (assessed by Orgogozo Stroke Scale) –Numeric scores may not be needed if the full Orgogozo Stroke Scale is not administered.
* Upper limb/muscle tone (assessed by Orgogozo Stroke Scale) – Numeric scores may not be needed if the full Orgogozo Stroke Scale is not administered.
* Lower limb/muscle tone (assessed by Orgogozo Stroke Scale) – Numeric scores may not be needed if the full Orgogozo Stroke Scale is not administered.
* Dysphagia – The use of the term dysphagia should be based on the results of a standardized bedside assessment rather than a reference in the chart.
* Gait – Identify if an assistive device is used such as cane, multipronged cane, walker, etc.
* Vertigo – Indicate if the participant feels the illusion of movement and/or sensation of spinning.
* Carotid bruit – If YES, specify the locality and type(s) of carotid bruit.
* Carotid bruit type – Choose all that apply.