

## **Instructions for Administration & Scoring**

ID: \_\_\_\_\_ Date: \_\_\_\_\_

## **Step 1: Three Word Registration**

Look directly at person and say, "Please listen carefully. I am going to say three words that I want you to repeat back to me now and try to remember. The words are [select a list of words from the versions below]. Please say them for me now." If the person is unable to repeat the words after three attempts, move on to Step 2 (clock drawing).

The following and other word lists have been used in one or more clinical studies.<sup>1-3</sup> For repeated administrations, use of an alternative word list is recommended.

Version 1	Version 2	Version 3	Version 4	Version 5	Version 6
Banana	Leader	Village	River	Captain	Daughter
Sunrise	Season	Kitchen	Nation	Garden	Heaven
Chair	Table	Baby	Finger	Picture	Mountain

### Step 2: Clock Drawing

Say: "Next, I want you to draw a clock for me. First, put in all of the numbers where they go." When that is completed, say: "Now, set the hands to 10 past 11."

Use preprinted circle (see next page) for this exercise. Repeat instructions as needed as this is not a memory test. Move to Step 3 if the clock is not complete within three minutes.

## Step 3: Three Word Recall

Ask the person to recall the three words you stated in Step 1. Say: "What were the three words I asked you to remember?" Record the word list version number and the person's answers below.

Word List Version: \_\_\_\_\_ Person's Answers: \_\_\_\_\_

### Scoring

Word Recall: (0-3 points)	1 point for each word spontaneously recalled without cueing.	
Clock Draw: (0 or 2 points)	Normal clock = 2 points. A normal clock has all numbers placed in the correct sequence and approximately correct position (e.g., 12, 3, 6 and 9 are in anchor positions) with no missing or duplicate numbers. Hands are pointing to the 11 and 2 (11:10). Hand length is not scored. Inability or refusal to draw a clock (abnormal) = 0 points.	
Total Score: (0-5 points)	Total score = Word Recall score + Clock Draw score. A cut point of <3 on the Mini-Cog™ has been validated for dementia screening, but many individuals with clinically meaningful cognitive impairment will score higher. When greater sensitivity is desired, a cut point of <4 is recommended as it may indicate a need for further evaluation of cognitive status.	

Mini-Cog<sup>™</sup> © S. Borson. All rights reserved. Reprinted with permission of the author solely for clinical and educational purposes. May not be modified or used for commercial, marketing, or research purposes without permission of the author (soob@uw.edu). v. 01.19.16

ID: \_\_\_\_\_ Date: \_\_

### References

- 1. Borson S, Scanlan JM, Chen PJ et al. The Mini-Cog as a screen for dementia: Validation in a population-based sample. J Am Geriatr Soc 2003;51:1451–1454.
- 2. Borson S, Scanlan JM, Watanabe J et al. Improving identification of cognitive impairment in primary care. Int J Geriatr Psychiatry 2006;21: 349–355.
- 3. Lessig M, Scanlan J et al. Time that tells: Critical clock-drawing errors for dementia screening. Int Psychogeriatr. 2008 June; 20(3): 459–470.
- 4. Tsoi K, Chan J et al. Cognitive tests to detect dementia: A systematic review and meta-analysis. JAMA Intern Med. 2015; E1-E9.
- 5. McCarten J, Anderson P et al. Screening for cognitive impairment in an elderly veteran population: Acceptability and results using different versions of the Mini-Cog. J Am Geriatr Soc 2011; 59: 309-213.
- 6. McCarten J, Anderson P et al. Finding dementia in primary care: The results of a clinical demonstration project. J Am Geriatr Soc 2012; 60: 210-217.
- 7. Scanlan J & Borson S. The Mini-Cog: Receiver operating characteristics with the expert and naive raters. Int J Geriatr Psychiatry 2001; 16: 216-222.

# Mini-Cog™ (http://mini-cog.com/)

Screening for Cognitive Impairment in Older Adults

# Administering the Mini\_Ceg™

The Mini-Cog<sup>TM</sup> can be used as a 'cognitive vital sign' and administered reliably with a little practice. Instructions for administration are provided on the test form available here. Once you start, complete the Mini-Cog<sup>TM</sup> in one unit – choose a time when interruptions and distractions are unlikely.

#### 1. Make sure you have the patient's attention.

Instruct the patient to listen carefully to and remember three unrelated words and then to repeat the words back to you so then you will know they heard the words correctly. You may want to say something like, "What we're going to do next will take some concentration. Ready?"



#### 2. Ask the patient to repeat the words to ensure understanding.

Once you are sure the patient is paying attention, say, "I am going to say three words that I want you to remember now and later. The words are banana, sunrise, chair. Please say them now." Give the patient three tries to repeat the words. You may repeat the words to them for each try. If they are unable to repeat the words back to you after three tries, go directly to the clock drawing.



#### 3. Ask patient to draw a clock.

Provide the patient with page 2 of the Universal Mini-Cog<sup>TM</sup> Instrument (http://mini-cog.com/mini-cog-instrument/standardized-mini-cog-instrument/). Say all the following phrases in the order indicated below:

- 1. "Please draw a clock in the circle." It is acceptable to provide a sheet of paper with the circle already drawn for the patient, as depicted on the standardized Mini-Cog<sup>TM</sup> (insert hyperlink to the Mini-Cog<sup>TM</sup> Tool page)
- 2. "Put all the numbers in the circle"
- 3. When #2 is completed, say, "Now set the hand to show ten past eleven."

If the patient has not finished the clock drawing in 3 minutes, discontinue and ask for the word recall items.



#### 4. Ask patient to recall the 3 words.

You will be asking the patient to recall the set of 3 words you gave them at the beginning of the test. Say, "What were the three words I asked you to remember?" Administer this portion of the test even if the patient did not accurately repeat the 3 words earlier in #2 above.

# Mini-Cog™ (http://mini-cog.com/)

Screening for Cognitive Impairment in Older Adults

### Seering the Mini\_Ceg™

The Mini-Cog<sup>TM</sup> is scored in two parts: 1) 3-item recall, and 2) clock drawing. These are added together for a total score.

#### 3-Item Recall Score:

1 point for each word recalled without cues, for a 3-item recall score of 1, 2, or 3.

#### Clock Drawing Score:

2 points for a normal clock or 0 (zero) points for an abnormal clock drawing. A normal clock must include all numbers (1-12), each only once, in the correct order and direction (clockwise). There must also be two hands present, one pointing to the 11 and one pointing to 2. Hand length is not scored in the Mini-Cog<sup>TM</sup> algorithm.

#### Normal Clock



Abnormal Clock (abnormal hands)



Abnormal Clock (missing number)