MINI-COG™

Instructions

ADMINISTRATION	SPECIAL INSTRUCTIONS
Get patient's attention and ask him or her to remember three unrelated words. Ask patient to repeat the words to ensure the learning was correct.	 Allow patient three tries, then go to next item. The following word lists have been validated in a clinical study: 1-3 Version 1 Version 3 Version 5 Banana Village Captain Sunrise Kitchen Garden Chair Baby Picture Version 2 Version 4 Version 6 Daughter River Leader Heaven Nation Season Mountain Finger Table
2. Ask patient to draw the face of a clock. After numbers are on the face, ask patient to draw hands to read 10 minutes after 11:00 (or 20 minutes after 8:00).	 Either a blank piece of paper or a preprinted circle (other side) may be used. A correct response is all numbers placed in approximately the correct positions AND the hands pointing to the 11 and 2 (or the 4 and 8). These two specific times are more sensitive than others. A clock should not be visible to the patient during this task. Refusal to draw a clock is scored abnormal. Move to next step if clock not complete within three minutes.
3. Ask the patient to recall the three words from Step 1.	Ask the patient to recall the three words you stated in Step 1.

Scoring

3 recalled words 1-2 recalled words + normal CDT 1-2 recalled words + abnormal CDT 0 recalled words Negative for cognitive impairment Negative for cognitive impairment Positive for cognitive impairment Positive for cognitive impairment

References

- 1. Borson S, Scanlan J, Brush M, Vitaliano P, Dokmak A. The mini-cog: a cognitive "vital signs" measure for dementia screening in multi-lingual elderly. Int J Geriatr Psychiatry. 2000;15(11):1021-1027.
- 2. Borson S, Scanlan JM, Chen P, Ganguli M. The Mini-Cog as a screen for dementia: validation in a population-based sample. J Am Geriatr Soc. 2003;51(10):1451-1454.
- 3. McCarten JR, Anderson P Kuskowski MA et al. Finding dementia in primary care: the results of a clinical demonstration project. J Am Geritr Soc. 2012;60(2):210-217.

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CLOCK DRAWING TEST

Patient Name: _____ Date: ____

