

**SOP**

**MINI MENTAL STATE  
EXAMINATION (MMSE)**

**Department of Psychiatry  
Faculty of Medicine  
UWUSL**

# **Standard Operating Procedure (SOP) - Mini-Mental State Examination (MMSE)**

## **Title**

**Mini Mental State Examination**

## **Issued by**

**Faculty of medicine, Uva Wellassa University of Sri Lanka**

## **1. Purpose**

To provide a step by step guide for medical students to administer, score, and interpret the Mini-Mental State Examination in English, Sinhala, and Tamil-speaking patients.

## **2. Scope**

This SOP applies to:

Medical students attached to in patient and out patient services  
Assessment of adult patients with suspected cognitive impairment

## **3. Responsibilities**

- Medical Student: Administer the MMSE accurately and respectfully, Record scores accurately and document findings in the clinical record and Communicate results to the supervisor
- Supervisor (Consultant/Senior Registrar/ Registrar / SHO): Provide guidance and confirm interpretation.
- Institution: Ensure availability of validated English, Sinhala and Tamil versions

## **4. Indications**

- Suspected dementia
- Cognitive decline (memory complaints)
- Baseline cognitive assessment and screening purposes

## **5. Contraindications / Precautions**

- Severe agitation or uncooperative patient
- Severe hearing/visual impairment (adapt cautiously)
- Language barriers without proper translation

## **6. Materials Required**

- MMSE questionnaire (English/Sinhala/Tamil validated versions)
- Pen and paper
- Watch or clock
- A Quiet environment
- A table and two chairs

## 7. Procedure

### 7.1 Preparation

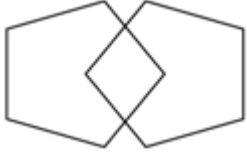
- Introduce yourself and explain the purpose in simple terms
  - Example: "I am going to ask you some questions to check how your memory and thinking are. There are no right or wrong answers — just try your best."
- Confirm the patient understands
- Request verbal consent
- Confirm the patient's preferred language and educational level. Arrange interpreter if needed
- Adequate lighting, quiet environment, and privacy are ensured
- Patient is calm, cooperative, and medically stable

### 7.2 Administration Domains (Total = 30 marks)

Administer all 11 domains in sequence. Allow the patient to respond without cueing or coaching. The table below summarizes each domain, the required task, and the maximum score:

Domain	Task / Questions	Max Score
Orientation to Time	What is the year, season, date, day, month?	5
	අද දවස කුමක්ද? අද දිනය කුමක්ද? මාසය කුමක්ද? කුමන වර්ෂයද? දැන් වේලාව කීයට අමත ඇද්ද?	
	எந்த ஆண்டு? எந்த காலம்? திகதி என்ன? எந்த மாதம்? இன்று வாரத்தின் எந்த நாள்?	
Orientation to Place	Where are we? (country, province, town, hospital, ward/floor)	5
	ඔබ දැන් සිටින්නේ කුමන රටෙහිද? ඔබ දැන් සිටිය නගරය කුමක්ද? ඔබ දන්නා මාර්ග දෙකක නම සඳහන් කරන්න? ඔබ දැන් සිටින්නේ කිවෙහි මහලේද? ඔබ දැන් සිටිය ස්ථානය කුමක්ද?	
	நாம் எங்கு இருக்கிறோம்? மாகாணம் ? மாவட்டம்? நகரம்/கிராமம்? மருத்துவமனை? எந்த மாடி?"	
Registration	Name 3 objects (e.g., "Apple, Table, Penny"). Ask patient to repeat all 3.	3
	මම වචන තුනක් කියනවා... ඒවා නැවත කියන්න.- දොඩම්, මේසය, රුපියල	
	நான் மூன்று வார்த்தைகள் சொல்கிறேன்... அதை மீண்டும் சொல்லுங்கள் - ஆப்பிள், மேசை, ரூபாய்	



	இதை வாசித்து செய்யுங்கள்- “ கண்களை மூடுங்கள்”	
<b>Language – Writing</b>	Ask patient to write a sentence spontaneously (Write meaningful sentence with noun & verb)	<b>1</b>
	ඔබ කැමති වාක්‍යයක් ලියන්නා	
	உங்களுக்கு பிடித்த ஒரு வாக்கியம் எழுதுங்கள்.	
<b>Visuospatial – Copying</b>	Copy intersecting pentagons (provide pre-drawn example)(two pentagons which intersecting and has 10 angles)	<b>1</b>
		
	සලකුය බලා අදින්නා	
	படத்தை பார்த்து வரையுங்கள்	
<b>TOTAL</b>		<b>30</b>

Note:

- Each correct response earns 1 point as per the domain allocation above. The maximum total score is 30. Document any domains where alternative tasks were used (e.g., WORLD spelling)
- Adjust for education and cultural factors
- Sinhala and Tamil validated versions should be used for accuracy
- A score of 24 or below may indicate cognitive impairment but must be interpreted with caution in patients with no formal education, non-native language speakers, or those with sensory deficits.

## 8. Documentation

Record:

- Date and time
- Language used (Sinhala/Tamil/English)
- Total score and domain scores
- Observations & factors that may have affected validity (effort, cooperation, sensory deficits)

## 9. Interpretation

Use the following reference ranges as a guide. Clinical interpretation must always account for the patient's age, education level, and pre-morbid functioning:

Score Range	Interpretation	Clinical Guidance
25–30	Normal / No Impairment	Consider re-testing if clinical concern persists.
21–24	Mild Cognitive Impairment	Monitor; consider further neuropsychological assessment.
10–20	Moderate Impairment	Needs assistance with complex tasks; multidisciplinary review advised.
0–9	Severe Impairment	Significant functional limitations; urgent specialist referral.

## 10. Post-Assessment Actions

- Communicate findings & interpret to the supervisor promptly
- Provide patient and carer with relevant information and support resources
- Arrange follow-up cognitive assessment at the appropriate interval

## 11. Limitations

- Influenced by education level
- Not diagnostic of dementia alone
- Limited sensitivity for mild cognitive impairment

## 12. References

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