

VAMC SLUMS EXAMINATION

Questions about this assessment tool? E-mail aging@slu.edu

Name _____ Age _____

Is the patient alert? _____ Level of education _____

___/1
___/1
___/1
___/3
___/3
___/5
___/2
___/4
___/2
___/8

1 1. What day of the week is it?

1 2. What is the year?

1 3. What state are we in?

4. Please remember these five objects. I will ask you what they are later.

Apple Pen Tie House Car

5. You have \$100 and you go to the store and buy a dozen apples for \$3 and a tricycle for \$20.

1 How much did you spend?

2 How much do you have left?

6. Please name as many animals as you can in one minute.

0 0-4 animals **1** 5-9 animals **2** 10-14 animals **3** 15+ animals

7. What were the five objects I asked you to remember? 1 point for each one correct.

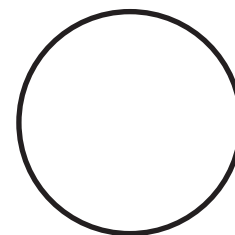
8. I am going to give you a series of numbers and I would like you to give them to me backwards. For example, if I say 42, you would say 24.

0 87 **1** 648 **1** 8537

9. This is a clock face. Please put in the hour markers and the time at ten minutes to eleven o'clock.

2 Hour markers okay

2 Time correct



1 10. Please place an X in the triangle.

1 Which of the above figures is largest?

11. I am going to tell you a story. Please listen carefully because afterwards, I'm going to ask you some questions about it.

Jill was a very successful stockbroker. She made a lot of money on the stock market. She then met Jack, a devastatingly handsome man. She married him and had three children. They lived in Chicago. She then stopped work and stayed at home to bring up her children. When they were teenagers, she went back to work. She and Jack lived happily ever after.

2 What was the female's name?

2 What work did she do?

2 When did she go back to work?

2 What state did she live in?

TOTAL SCORE

SCORING

HIGH SCHOOL EDUCATION

LESS THAN HIGH SCHOOL EDUCATION

| | | |
|-------|------------------------------|-------|
| 27-30 | NORMAL | 25-30 |
| 21-26 | MILD NEUROCOGNITIVE DISORDER | 20-24 |
| 1-20 | DEMENTIA | 1-19 |

CLINICIAN'S SIGNATURE _____

DATE _____

TIME _____

Clock Drawing Test

Patient's Name: _____

Date: _____

