VAMC
SLUMS Examination

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

Name ____________________________ Age ____________________________
Is patient alert? ____________________ Level of education ____________________________

1. What day of the week is it?
2. What is the year?
3. What district 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 an apple for $3 and a cup 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 2 8537
9. This is a clock face. Please put in the hour markers and the time at ten minutes to eleven o’clock.
   Hour markers okay
   Time correct
10. Please place an X in the triangle.
   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.
    Nancy was a very successful stockbroker. She made a lot of money on the stock market. She then met David, a devastatingly handsome man. She married him and had three children. They lived in Happy Valley. She then stopped work and stayed at home to bring up her children. When they were teenagers, she went back to work. She and David 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 district did she live in?

TOTAL SCORE

<table>
<thead>
<tr>
<th>SCORING</th>
<th>HIGH SCHOOL EDUCATION</th>
<th>LESS THAN HIGH SCHOOL EDUCATION</th>
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<tbody>
<tr>
<td>NORMAL</td>
<td>27-30</td>
<td>25-30</td>
</tr>
<tr>
<td>MILD NEUROCOGNITIVE DISORDER</td>
<td>21-26</td>
<td>20-24</td>
</tr>
<tr>
<td>DEMENTIA</td>
<td>1-20</td>
<td>1-19</td>
</tr>
</tbody>
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CLINICIAN’S SIGNATURE ____________________________ DATE ___________ TIME ___________