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 county 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.
   - 0-4 animals
   - 5-9 animals
   - 10-14 animals
   - 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.
   - 87
   - 648
   - 8537
9. This is a clock face. Please put in the hour markers and the time at ten minutes to eleven o’clock.
   1. Hour markers okay
   2. Time correct
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.
    Mary was a very successful stockbroker. She made a lot of money on the stock market. She then met Tom, a devastatingly handsome man. She married him and had three children. They lived in Dublin. She then stopped work and stayed at home to bring up her children. When they were teenagers, she went back to work. She and Tom 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 country did she live in?

TOTAL SCORE

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