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? __/1
2. What is the year? __/1
3. What province are we in? __/1

4. Please remember these five objects. I will ask you what they are later.
   Apple  Pen  Tie  House  Car

5. You have R100 and you go to the store and buy a dozen sweets for R3 and a notebook for R20.
   1. How much did you spend? __/3
   2. How much do you have left? __/3

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 __/5

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.
   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.
   Hour markers okay __/4
   Time correct __/2

10. Please place an X in the triangle. __/2
    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.
    Maria was a very successful stockbroker. She made a lot of money on the stock market. She then met John, a devastatingly handsome man. She married him and had three children. They lived in Johannesburg. She then stopped work and stayed at home to bring up her children. When they were teenagers, she went back to work. She and John 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 province did she live in?

TOTAL SCORE ___________________________

SCORING

<table>
<thead>
<tr>
<th>High School Education</th>
<th>Less than High School Education</th>
</tr>
</thead>
<tbody>
<tr>
<td>27-30</td>
<td>NORMAL</td>
</tr>
<tr>
<td>21-26</td>
<td>MILD NEUROCOGNITIVE DISORDER</td>
</tr>
<tr>
<td>1-20</td>
<td>DEMENTIA</td>
</tr>
<tr>
<td></td>
<td>25-30</td>
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<tr>
<td></td>
<td>20-24</td>
</tr>
<tr>
<td></td>
<td>1-19</td>
</tr>
</tbody>
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CLINICIAN’S SIGNATURE ___________________________ DATE ____________ TIME ____________