MMSE量表

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 序号 | 测评项目 | 评分标准 | 第一次 | 第二次 | 第三次 |
| 日期： | 日期： | 日期： |
| 1 | 今年的年份？ | 1 | 0 |  |  |  |
| 2 | 现在是什么季节？ | 1 | 0 |  |  |  |
| 3 | 现在几月份? | 1 | 0 |  |  |  |
| 4 | 今天是几号? | 1 | 0 |  |  |  |
| 5 | 今天是星期儿? | 1 | 0 |  |  |  |
| 6 | 我们现在是在哪个城市(城市名)? | 1 | 0 |  |  |  |
| 7 | 哪个区(区名)? | 1 | 0 |  |  |  |
| 8 | 什么街(路)? | 1 | 0 |  |  |  |
| 9 | 这里是什么地方? | 1 | 0 |  |  |  |
| 10 | 你现在在哪一层楼上? | 1 | 0 |  |  |  |
| 我告诉您3件东西，我说完后请您重复一遍这3件东西是什么? “树、钟、汽 |  |  |  |  |  |
| 11 | 老人复述:树 | 1 | 0 |  |  |  |
| 12 | 老人复述:钟 | 1 | 0 |  |  |  |
| 13 | 老人复述:汽车 | 1 | 0 |  |  |  |
| 计算:100-7=? 连续5次 |  |  |  |  |  |
| 14 | 100-7=？ | 1 | 0 |  |  |  |
| 15 | 93-7=？ | 1 | 0 |  |  |  |
| 16 | 86-7=？ | 1 | 0 |  |  |  |
| 17 | 79-7=？ | 1 | 0 |  |  |  |
| 18 | 72-7=？ | 1 | 0 |  |  |  |
| 现在请您说出刚才我让您记住的是哪了件东西 |  |  |  |  |  |
| 19 |  老人复述:树 | 1 | 0 |  |  |  |
| 20 | 老人复述:钟 | 1 | 0 |  |  |  |
| 21 | 老人复述:汽 | 1 | 0 |  |  |  |
| 22 | (测评者出示自己的手表)请问这是什么? | 1 | 0 |  |  |  |
| 23 | (测评者出示自己的笔)请问这是什么? | 1 | 0 |  |  |  |
| 24 | 请您跟我说“44 只石狮子” | 1 | 0 |  |  |  |
| 25 |  (测评者给受测者一张卡片，上面写着“请闭上您的眼睛”)请您念一念这句话，并按上面的意思去做。 | 1 | 0 |  |  |  |
| 26 | 我给您一张纸，请您按我说的去做。现在开始用右手拿着这张纸。 | 1 | 0 |  |  |  |
| 27 | 用两只手把它对折起来 | 1 | 0 |  |  |  |
| 28 | 放在您的左腿上 | 1 | 0 |  |  |  |
| 29 | 请您给我写一句完整的句子:“请闭上您的眼睛” | 1 | 0 |  |  |  |
| 30 | 请您照着下图把它画下来 | 1 | 0 |  |  |  |

姓名\_\_\_\_\_\_\_\_\_ 性别\_\_\_\_\_\_\_\_\_ 年龄\_\_\_\_\_\_\_\_\_ 籍贯\_\_\_\_\_\_\_\_\_

文化程度\_\_\_\_\_ 病号\_\_\_\_\_\_\_\_\_ 床号\_\_\_\_\_\_\_\_\_ 初步诊断\_\_\_\_\_

病史摘要：

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

康复目标：

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

康复计划：

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

注意事项：

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 康复师签名\_\_\_\_\_

 年 月 日