Mini-Cog CEX

Please provide the date of the evaluation below:

	MM	DD	YYYY
Date	☐ /	☐ /	☐

Evaluator name:

[   ]

Leaner name:

[   ]

Mini Cog

	Not observed	Partially Achieved (prompting required)	Observed	N/A
Topic of memory testing introduced	○	○	○	○
Patient given clear instructions: *"Listen carefully, you will be asked to repeat these words later"*	○	○	○	○
Three standard words used: *"Apple, Penney, Table"* with 1 second pause after saying each word	○	○	○	○
Patient asked to repeat the 3 words	○	○	○	○
If patient unable to register, sequence of words is repeated up to 3 times (select N/A if not necessary)	○	○	○	○
Instructions given to patient: *" Remember these 3 words. I will ask you to repeat them later."*	○	○	○	○

	Not observed	Partially Achieved (prompting required)	Observed	N/A
Distraction activity: clock drawing test performed	○	○	○	○
Patient given instructions to draw numbers in the circle to make the circle look like the face of a clock	○	○	○	○
Patient instructed to draw the hands of the clock to read "10 after 11"	○	○	○	○
Clock is scored correctly	○	○	○	○
Patient asked to recall the 3 words	○	○	○	○
Recall is scored correctly 1-3	○	○	○	○
Mini-cog results discussed with the patient	○	○	○	○
Appropriate follow up plans discussed (no further testing or further testing in a follow up visit)	○	○	○	○

Was additional time provided for the patient and or family to address concerns related to the testing results? (Example: Provider asked "What questions do you have regarding the memory test you just completed?)

○ Yes

○ No

○ Not necessary/Not applicable (please explain):

[ ]

Please provide any additional comments, observations and/or feedback here:

[ ]