



SLUMS Examination

Provider's Name and Licensure: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone #: _____ Fax #: _____

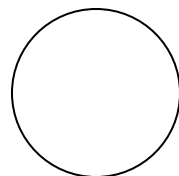
Date Of Birth: _____ Date of Service: _____

PATIENT'S NAME: _____

- _____ 1. (1) What day of the week is it?
- _____ 2. (1) What is the year?
- _____ 3. (1) What state are we in?
- _____ 4. (0) Please remember these five objects. I will ask you what they are later.
 - a. Apple
 - b. Pen
 - c. Tie
 - d. House
 - e. Car
- _____ 5. You have \$100 and you go to the store and buy a dozen apples for \$3 and a tricycle for \$20.
 - a. (1) How much did you spend?
 - b. (2) How much do you have left?
- _____ 6. Please name as many animals you can in one minute.
 - a. (0) 0-4 Animals
 - b. (1) 5-9 Animals
 - c. (2) 10-14 Animals
 - d. (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.
 - a. (0) 87
 - b. (1) 649
 - c. (1) 8537
- _____ 9. This is a clock face. Please put in the hour markers and the time at ten minutes to eleven o'clock.
 - a. (2) Hour markers okay.
 - b. (2) Time correct.
- _____ 10. (1) Please place an X in the triangle.
 - a. (1) Which of the figures is the largest?
- _____ 11. I am going to tell you a story. Please listen carefully because afterwards, I am going to ask you some questions about it.

Jill was a very successful stockbroker. She made a lot of money on the stock market. She then met Jack, a devastatingly handsome man. She married him and had three children. They lived in Chicago. She then stopped work and stayed at home to bring up her children. When they were teenagers, she went back to work. She and Jack lived happily ever after.

 - a. (2) What was the female's name?
 - b. (2) When did she go back to work?
 - c. (2) What work did she do?
 - d. (2) What state did she live in?



TOTAL SCORE

By signing below I acknowledge and confirm that I have read the information contained above in the questionnaire and notes and agree that it accurately reflects the patient's statements regarding his/her symptoms and my impressions regarding the patient.

Provider's Signature: _____ Date: _____

SCORING

High School Education
 27-30
 21-26
 1-20

Normal
 MNCD*
 Dementia

Less Than High School Education
 25-30
 20-24
 1-19

*Mild Neurocognitive Disorder

