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Online™

# Study of Osteoporotic Fractures (SOF)

## Study Collection Forms

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### Visit 5

### Cognitive Function

MMSE

Form Type: Clinic Examination

#### LEGEND:

**Raw form variable** names are located next to the question they represent and do not have a border around the variable name.

**Calculated variable** names are derived from other variables and have a border around the variable name. The calculated variables names are located in close proximity to the questions from which they were derived.

Some of the questions and measurements on these forms are not being released, and therefore no variable name is provided for them.

Now I'd like to ask you some questions to test your memory. Since there is little scientific information on how good the average or typical person's memory is, some of our questions are designed to provide this basic information.

1. What is today's date? [IF NECESSARY: What is the month?] [Record participants' answer below.]

Record answer here ↓	Correct	Missed by ≤ 5 days	Missed by 1 month	Missed by > 1 month	Refused	Don't Know
Month _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Correct	Missed by 1 or 2 days	Missed by 3 to 5 days	Missed by > 5 days	Refused	Don't Know
Date _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

2. I am going to say three words that I want you to remember. After I have said them, I want you to repeat them. Remember what they are because I'm going to ask you to name them again in a few minutes.

**"APPLE"....."TABLE"....."PENNY"**

[AFTER YOU HAVE SAID ALL THREE ONCE, ASK SUBJECT TO REPEAT.]

	Correct	Error	REF	DK
Apple	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Table	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Penny	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

[IF NECESSARY, REPEAT OBJECTS UNTIL ALL 3 ARE LEARNED]

If not correct on first attempt, was participant able to learn all 3 in 6 attempts or less?  Yes  No

3. Now I am going to spell a word forwards and I want you to spell it backwards, that is, in reverse order. The word is WORLD. W-O-R-L-D (Repeat spelling if necessary.)

Record  
Spelling

\_\_\_\_\_

D                      L                      R                      O                      W

\_\_\_\_\_ number of errors

4. Now what are the 3 words I asked you to remember?

	Recall, no prompt	Recall, 1st prompt	Recall, 2nd prompt	REF	DK
APPLE	<input type="checkbox"/>	(a fruit) <input type="checkbox"/>	(ORANGE APPLE BANANA) <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
TABLE	<input type="checkbox"/>	(a piece of furniture) <input type="checkbox"/>	(TABLE CHAIR COUCH) <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
PENNY	<input type="checkbox"/>	(a coin) <input type="checkbox"/>	(NICKLE QUARTER PENNY) <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

5. Here is a drawing. Please copy the drawing on the same page. (Hand participant page with pentagon drawing.)

Each Pentagon

	<u>Left</u> (check one)	<u>Right</u> (check one)	<u>Intersection</u> (check one)
5 approx. equal sides	<input type="checkbox"/>	<input type="checkbox"/>	4 corner enclosure <input type="checkbox"/>
5 but unequal (> 2:1) sides	<input type="checkbox"/>	<input type="checkbox"/>	Enclosure, not 4 corner <input type="checkbox"/>
Other enclosed figure	<input type="checkbox"/>	<input type="checkbox"/>	No enclosure <input type="checkbox"/>
Two or more lines (not enclosed)	<input type="checkbox"/>	<input type="checkbox"/>	
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No figure	<input type="checkbox"/>	<input type="checkbox"/>	
Unable to draw figure	<input type="checkbox"/>	<input type="checkbox"/>	
Unable to see figure	<input type="checkbox"/>	<input type="checkbox"/>	
Refused	<input type="checkbox"/>	<input type="checkbox"/>	