

Clinician-based Assessment of Function

Cognitive Test	Functions Tested	Approx. time	Score Range	Application	PRO	CON
Mini-Cog	3-word recall and clock draw (visuospatial, executive and praxis)	3-5 min.	Pass/fail	Screen	Developed for screening in primary care; can be administered by MA, RN etc.; less education bias than others; fairly good sensitivity relative to MMSE; there is a scoring algorithm for staging, but its intended use is pass/fail for screening	Lacks orientation questions; less sensitive than longer instruments for mild impairment
General Practitioner Assessment of Cognition (GP-Cog)	Memory, time orientation, current events awareness, clock draw (visuospatial, executive, praxis)	5-10 min.	0-9	Screen	Developed for screening in primary care; can be administered by MA, RN etc.; less education bias; incorporates a fast functional assessment through caregiver interview, excellent website	Longer than Mini-Cog
Mini-Mental State Exam (MMSE or Folstein MMSE)	Memory, orientation, attention, language (repetition, naming, writing, reading), visuospatial and copy praxis	10-15 min.	0-30	Screening & Staging	Universally known and used; can be used for screening and staging	Copyrighted; education bias; weak on assessment of executive function; low sensitivity for mild cognitive impairment and non-AD dementia; requires a little training to administer and interpret
Montreal Cognitive Assessment (MoCA)	Memory, orientation, attention, concentration, calculation, executive functions, language (repetition, naming, fluency), visuospatial and copy praxis	15-20 min.	0-30	Screening & Staging	Very sensitive to mild cognitive impairment and non-AD dementia; excellent website with forms, instructions and validation data; available in many languages; 3 versions for test-retest situations; blind version for low vision patients	Too long for screening, low specificity in some studies (false positives), too difficult for advanced dementia; education bias; requires a little training to administer and interpret
St. Louis University Mental Status (SLUMS)	Memory, orientation, attention, concentration, calculation, executive functions, language (repetition, naming, fluency), visuospatial	10-15 min.	0-30	Screening & Staging	Good sensitivity for dementia; less education bias; easy to administer	Not as well validated in primary care settings, poor website support; requires a little training to administer and interpret

Informant-based Assessment of Function

AD8	8 dementia symptoms: yes/no	2 min.	0-8	Screening	Good sensitivity and specificity especially if combined with memory test; fast; correlates well with cognitive assessments; less impaired can self-report with cognitive test	Subjective; lower (though still >80%) sensitivity if not combined
GP-Cog Informant component	6 dementia symptoms: yes/no	2 min.	0-6	Screening	Well studied; good sensitivity when used with GP-Cog cognitive test	Subjective; low sensitivity when used alone with cognitive test