SAINT LOUIS
UNIVERSITY

Rapid Cognitive Screen (RCS)

Name_____ Age_____

Is the patient alert?_____ Level of education_____

1. **Please remember these five objects. I will ask you what they are later.**
    [Read each object to patient using approximately 1 second intervals.]

    Apple   Pen   Tie   House   Car

    Please repeat the objects for me. [If patient does not repeat all 5 objects correctly, repeat until all objects are recalled correctly or up to a maximum of 2 times.]

2. [Give patient pencil and the blank sheet with clock face.]
    This is a clock face. Please put in the hour markers and the time at ten minutes to eleven o'clock.

    _____/2 (points) Hour markers okay
    _____/2 (points) Time correct

    [When scoring, give full credit for all 12 numbers. If the patient puts only ticks on the circle, prompt them once to put numbers next to those ticks for full credit. Do not repeat the time. When scoring the correct time, make sure that the minute hand points at the 10 and the hour hand points at the 11.]

3. **What were the five objects I asked you to remember?**

    _____/1 (point) Apple
    _____/1 (point) Pen
    _____/1 (point) Tie
    _____/1 (point) House
    _____/1 (point) Car

4. **I'm going to tell you a story. Please listen carefully because afterwards, I'm going to ask you 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.

    What state did she live in?

    _____/1 (point) Illinois

    [Do not repeat the story but do make sure the patient is paying attention the first time you read it to them. Do not prompt or give hints. The answer of "Chicago" as the state she lives in gets no credit but you may prompt them once by repeating the question when "Chicago" is given as the answer.]

_____ Total Score [0-10 points]

SCORING
8-10……... Normal
6-7………. Mild Cognitive Impairment
0-5………. Dementia

_____   _____   _____
CLINICIAN'S SIGNATURE   DATE   TIME