# Dementia Care California

Review of cognitive tests useful in primary care for screening and assessment of dementia

There is no perfect test for all patients. When you decide on a test, these are some of things to consider:

- the time you have
- if the test is good for screening or also for getting more detailed information
- the population the tool was validated in and if it matches your patient's background
- the educational background of the patient and their literacy level

Test Name	Ideal/Reference Population	Key Features/Strengths	Limitations/Not Helpful Features
MMSE	Older adults, general primary care	Most studied; covers multiple domains; widely known	Copyrighted; cost; less sensitive for MCI; education/culture bias; 7–10 min
Mini-Cog	Older adults, time-limited settings	Very brief (<5 min); free; combines recall & clock draw	Limited domain coverage; less sensitive for MCI
MoCA	Older adults, higher education/MCI	Good for MCI; covers executive function; free	Takes longer (10–15 min); education bias; training needed
SLUMS	Older adults, US veterans	Free; covers more domains than MMSE; sensitive for MCI	Less validated outside VA; education bias
AD8 (Informant-based)	Older adults, with informant	Informant-based; brief; good for functional change	Requires reliable informant; not direct patient test
GPCOG	Older adults, primary care	Free; includes informant and patient sections; brief	Informant section used for validation and full sensitivity
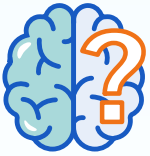
CDPH California Department of Public Health

UCSF

Dementia Care California

Review of cognitive tests useful in primary care for screening and assessment of dementia (cont)

Test Name	Ideal/Reference Population	Key Features/Strengths	Limitations/Not Helpful Features
IQCODE (Informant-based)	Older adults, with informant	Informant-based; less education/culture bias	Not direct patient test; requires informant
Memory Impairment Screen (MIS)	Older adults, primary care	Very brief; good for memory impairment	Limited to memory domain; not comprehensive
Functional Activities Questionnaire (FAQ)	Older adults, functional concern	Assesses functional impact; informant-based	Not a cognitive test per se; needs informant
RUDAS	Multicultural, low-literacy, or low-education populations; general primary care	Brief (6–10 min); free; minimal education/language/culture bias; covers multiple domains (memory, executive, language, praxis, judgment, visuospatial); validated in diverse settings; comparable accuracy to MMSE; easy translation	Slight education effect; less sensitive for MCI than for dementia; not as widely used in US; optimal cut-off may vary by setting

Visit us at DementiaCareCA.org

CDPH California Department of Public Health

UCSF