



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



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



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