Cincinnati Stroke Scale Scoring

RESPONDER INFORMATION

Name: _____ Date of assessment: _____ dd / mm / yyyy

Time of assessment: _____

Notes:

PATIENT INFORMATION

Name: _____ Date of birth: _____ dd / mm / yyyy

Age: _____ ID/case number: _____

Relevant medical information (if needed):

CPSS ASSESSMENT CRITERIA

Facial droop: Instructions: Ask the patient to show their teeth or smile.

Facial droop

◯ Normal: Both sides of the face move equally well. ◯ Abnormal: One side of the face does not move as well as the other side.

Arm drift: Instructions: Ask the patient to close their eyes and extend both arms straight out, palms up, for 10 seconds.

Arm drift

◯ Normal: Both arms move the same or both arms do not move at all.
◯ Abnormal: One arm does not move, or one arm drifts down compared to the other.

Speech: Instructions: Ask the patient to say, "You can't teach an old dog new tricks."

Speech

◯ Normal: Patient uses correct words with no slurring.
◯ Abnormal: Patient slurs words, uses inappropriate words, or is unable to speak.

SCORING

Total number of abnormal responses: _____

Interpretation: The CPSS score is interpreted as follows: 0 abnormal responses: The patient shows no signs of stroke according to the CPSS criteria. 1-3 abnormal responses: Each abnormal response increases the likelihood of a stroke. A stroke of one or more suggests the need for immediate medical evaluation, as it indicates a possible stroke.

ADDITIONAL NOTES

Specify below: