NIH Stroke Scale

Name: _____ **Hospital:** _____

Date of birth: _____ dd / mm / yyyy **Physician's/Nurse's Name:** _____

Signature
Date: _____ dd / mm / yyyy

1a. Level of Consciousness

◯ 0 - Alert, keenly responsive ◯ 1 - Not alert but arousable by minor stimulation to obey, answer, respond
◯ 2 - Not alert; requires repeat stimulation; is obtunded, requires strong stimuli to respond
◯ 3 - Reflex motor or autonomic effects response, totally unresponsive, flaccid

1b. Level of Consciousness Questions (Ask the patient the month and their age)

◯ 0 - Answers both questions correctly ◯ 1 - Answers one question correctly ◯ 2 - Answers neither question correctly

1c. Level of Consciousness Commands (Ask the patient to open and close their eyes. Then, grip and release the non-paretic hand)

◯ 0 - Performs both tasks correctly ◯ 1 - Performs one task correctly ◯ 2 - Performs neither task correctly

2. Best Gaze (Ask the patient to follow a finger/object across horizontal eye movements)

◯ 0 - Normal ◯ 1 - Partial Gaze Palsy; the gaze is abnormal in 1 or both eyes. No forced deviation or total gaze paresis
◯ 2 - Complete Gaze Palsy; total gaze paresis not overcome by oculocephalic maneuver

3. Visual (Ask the patient to look at your nose or eyes. Make an imaginary four quadrants in front of you and move your finger to each of the quadrants)

◯ 0 - No visual loss ◯ 1 - Partial hemianopia ◯ 2 - Complete hemianopia
◯ 3 - Bilateral hemianopia (including cortical blindness)

4. Facial Palsy (Ask the patient to smile OR show teeth, raise eyebrows, and close eyes)

◯ 0 - Normal symmetrical movements ◯ 1 - Minor paralysis (there's a flattened nasolabial fold, asymmetry on smiling)
◯ 2 - Partial paralysis (there's total or near-total paralysis of the lower face)
◯ 3 - Complete paralysis of one or both sides (there's an absence of facial movement in the upper and lower face)

5. Motor Arm Left (Ask the patient to extend and hold out one limb for 10 seconds at 90 degrees if sitting or 45 degrees if supine)

◯ 0 - No drift; limb holds 90º(or 45º) for full 10 seconds
◯ 1 - Drift; limb holds 90º(or 45º) but drifts down before full 10 seconds. Does not hit the bed or other support
◯ 2 - Some effort against gravity; limb cannot get to or maintain 90º or 45º. Drifts down to bed and has some effort against gravity
◯ 3 - No effort against gravity; limb falls
◯ 4 - No movement

5. Motor Arm Right

◯ 0 - No drift; limb holds 90º(or 45º) for full 10 seconds
◯ 1 - Drift; limb holds 90º(or 45º) but drifts down before full 10 seconds. Does not hit the bed or other support
◯ 2 - Some effort against gravity; limb cannot get to or maintain 90º or 45º. Drifts down to bed and has some effort against gravity
◯ 3 - No effort against gravity; limb falls
◯ 4 - No movement

6. Motor Leg Left (Have your patient be in a supine position. Ask them to hold their leg at 30 degrees for 5 seconds)

- ◯ 0 - No drift; leg holds 30-degree position for full 5 seconds
- ◯ 1 - Drift; leg falls by the end of the 5-second period. Does not hit the bed
- ◯ 2 - Some effort against gravity; leg falls to bed by 5 seconds but has some effort against gravity
- ◯ 3 - No effort against gravity; leg falls to bed immediately
- ◯ 4 - No movement

6. Motor Leg Right

- ◯ 0 - No drift; leg holds 30-degree position for full 5 seconds
- ◯ 1 - Drift; leg falls by the end of the 5-second period. Does not hit the bed
- ◯ 2 - Some effort against gravity; leg falls to bed by 5 seconds but has some effort against gravity
- ◯ 3 - No effort against gravity; leg falls to bed immediately
- ◯ 4 - No movement

7. Limb Ataxia (Ask the patient to do the test one limb, one side at a time: Finger-Nose-finger, Heel to shin)

◯ 0 - Absent ◯ 1 - Present in one limb ◯ 2 - Present in two limbs

8. Sensory (Make pinpricks on the patient's face, arms, and legs on one side and then the other)

- ◯ 0 - Normal; no sensory loss
- ◯ 1 - Mild-to-moderate sensory loss; patient feels the pinprick is less sharp, is dull on the affected side
- ◯ 2 - Severe to total sensory loss; the patient is not aware of being touched in the face, arm, and leg

9. Best Language (Refer to the attached cards. Ask the patient to describe what is happening in the picture, name the objects, read the list of sentences)

- ◯ 0 - No aphasia, normal
- ◯ 1 - Mild/moderate aphasia; obvious loss of fluency/facility of comprehension, no significant limitation on ideas expressed
- ◯ 2 - Severe aphasia; fragmented expression, guesses, questions, has limited exchange of information
- ◯ 3 - Mute; global aphasia; no usable speech; or auditory comprehension

10. Dysarthria (Ask the patient to read/repeat the words on the attached list)

- ◯ 0 - Normal
- ◯ 1 - Mild-to-moderate dysarthria; the patient slurs at some words. At worst, can be understood with some difficulty
- ◯ 2 - Severe dysarthria; patient's speech is so slurred as to be unintelligible

11. Extinction & Inattention (Visual: Repeat the instructions in #3 or show your patient their plegic arm. Tactile: Touch one limb, the other, and then both)

- ◯ 0 - No abnormality
- ◯ 1 - Visual, tactile, auditory, spatial, or personal inattention or extinction to bilateral simultaneous stimulation in one of the sensory modalities
- ◯ 2 - Profound semi-inattention or extinction to more than one modality; does not recognize own hand or orients to only one side

TOTAL SCORE: _____