NIHSS Score Sheet

Patient Name: _____ **Date:** _____ dd / mm / yyyy

Healthcare Provider: _____

LEVEL OF CONSCIOUSNESS (0-2):

Level of Consciousness (0-2):

- ◯ Answers questions appropriately (0)
- ◯ Confused conversation, but able to answer (1)
- ◯ Incoherent speech or no response (2)

BEST GAZE (0-2):

Best Gaze (0-2):

- ◯ Normal (0)
- ◯ Partial gaze palsy (1)
- ◯ Forced deviation or complete gaze palsy (2)

VISUAL FIELDS (0-3):

Visual Fields (0-3):

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

FACIAL PALSY (0-3):

Facial Palsy (0-3):

- ◯ Normal (0)
- ◯ Minor paralysis (1)
- ◯ Partial paralysis (2)
- ◯ Complete paralysis (3)

MOTOR ARM (0-4):

Motor Arm (0-4):

- ◯ No drift (0)
- ◯ Drifts, but not full limb (1)
- ◯ Some effort against gravity (2)
- ◯ No effort against gravity (3)
- ◯ No movement (4)

MOTOR LEG (0-4):

Motor Leg (0-4):

- ◯ No drift (0)
- ◯ Drifts, but not full limb (1)
- ◯ Some effort against gravity (2)
- ◯ No effort against gravity (3)
- ◯ No movement (4)

LIMB ATAXIA (0-2):

Limb Ataxia (0-2):

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

SENSORY (0-2):

Sensory (0-2):

◯ Normal (0) ◯ Mild to moderate sensory loss (1) ◯ Severe to total sensory loss (2)

BEST LANGUAGE (0-3):

Best Language (0-3):

◯ No aphasia (0) ◯ Mild to moderate aphasia (1) ◯ Severe aphasia (2) ◯ Mute (3)

DYSARTHRIA (0-2):

Dysarthria (0-2):

◯ Normal (0) ◯ Mild to moderate dysarthria (1) ◯ Severe dysarthria (2)

EXTINCTION AND INATTENTION (0-2):

Extinction and Inattention (0-2):

◯ No abnormality (0) ◯ Visual, tactile, or auditory extinction or neglect in one sensory modality (1)
◯ Profound hemispatial neglect in more than one modality (2)

TOTAL NIHSS SCORE

Total NIHSS Score: _____

Interpretation: 0-4: Minor stroke symptoms, 5-15: Moderate stroke, 16-20: Moderate to severe stroke, 21-42: Severe stroke

TREATMENT RECOMMENDATIONS AND NOTES

Treatment Recommendations and Notes

Healthcare Specialist Signature:
Date: _____ dd / mm / yyyy