

NIH Stroke Scale

Date of Exam ___/___/___ Time _____ { } AM { } PM

Interval: { } Baseline { } 2 hour post treatment { } 24 hours post onset of symptoms { } 7 to 10 days or discharge

NIHSS Item	Scale Definition/Function		Score
1a. Level of Consciousness:	0 = Alert; keenly responsive 1 = Drowsy	2 = Stuporous-Requires repeated stimuli 3 = Comatose-reflex responses only	
1b. Ask patient the month & their age:	0 = Answers both questions correctly 1 = Answers one question correctly	2 = Answers neither question correctly	
1c. open and close eyes, make fist-let go.	0 = Obeys both correctly 1 = Obeys one correctly	2 = Incorrect	
2. Best Gaze: eye movement horizontal	0 = Normal 1 = Partial gaze palsy	2 = Forced deviation	
3. Visual field testing:	0 = No loss 1 = Partial hemianopia	2 = Complete hemianopia 3 = Bilateral hemianopia	
4. Facial Palsy:	0 = Normal 1 = Minor asymmetry	2 = Partial-lower face paralysis 3 = Complete paralysis	
5 a. Motor{R} Arm:	0 = No drift for 10 seconds. 1 = Drift but does not hit bed 2 = Some effort against gravity	3 = No effort against gravity, limb falls 4 = No movement UN = amputation or joint fusion	
5b. Motor{L} Arm:	0 = No drift for 10 seconds 1 = Drift but does not hit bed 2 = Some effort against gravity	3 = No effort against gravity, limb falls 4 = No movement UN = amputation or joint fusion	
6 a. Motor {R}Leg:	0 = No drift, leg holds position for 5 sec. 1 = Drift but does not hit bed 2 = Some effort against gravity	3 = No effort against gravity, limb falls 4 = No movement UN = amputation or joint fusion	
6 b. Motor {L}Leg:	0 = No drift, leg holds position for 5 sec. 1 = Drift but does not hit bed 2 = Some effort against gravity	3 = No effort against gravity, limb falls 4 = No movement UN = amputation or joint fusion	
7. Limb Ataxia:.	0 = Absent. No ataxia 1 = Present in one limb.	2 = Present in upper AND lower limbs. UN= amputation or joint fusion	
8. Sensory:	0 = Normal 1 = Partial loss	2 = Dense loss; Unaware of touch.	
9. Best Language: Name items, describe picture, read	0 = No aphasia 1 = Mild to moderate aphasia .	2 = Severe aphasia 3 = Mute	
10. Dysarthria: Read several words	0 = Normal. 1 = Mild to moderate slurring	2 = Severe, nearly intelligible, or worse UN = Intubated or other physical barrier	
11. Extinction and Inattention	0 = No abnormality. 1 = Visual, tactile, auditory, spatial, or personal inattention	2 = Profound hemi-inattention or extinction to more than one modality.	
Total			

Administer stroke scale items in the order listed. Do not go back and change scores. Scores should reflect what the patient does, not what the clinician thinks the patient can do. Record answers while administering and work quickly. Except where indicated, the patient should not be coached (i.e., repeated requests to patient to make a special effort). Only in the case of amputation or joint fusion at the shoulder, hip, or if patient is intubated the examiner should score as untestable (UN) and clearly write the explanation for this choice. A score of 0 is normal. Score >22 indicates a severe deficit. The higher the score, the worse the deficits. Details and pictures are attached.

Date/Time of Stroke Onset: _____ Stroke Type: _____

Physician's Stamp	Signature of Examiner/Physician: _____ Physician's printed name: _____
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