

ISCHEMIC STROKE NIH STROKE SCALE ASSESSMENT FORM

Stroke Onset Date: _____

(place patient identification sticker here)

Stroke Onset (00:00 hours): _____

Time of assessment (00:00 hours): _____ →

			baseline	15'	30'	45'	60'
1a Level of consciousness	0	Alert	1a				
	1	Not alert, arousable with minimal stimulation					
	2	Not alert, requires repeated stimulation to attend					
	3	Coma					
1b Ask pt the month and their age	0	Answers both correctly	1b				
	1	Answers one correctly					
	2	Both incorrect					
1c Ask pt to open/close eyes & form/release fist	0	Obeys both correctly	1c				
	1	Obeys one correctly					
	2	Both incorrect					
2 Best gaze (only horizontal eye movements)	0	Normal	2				
	1	Partial gaze palsy					
	2	Forced gaze deviation					
3 Visual field testing	0	No visual field loss	3				
	1	Partial hemianopia					
	2	Complete hemianopia					
	3	Bilateral hemianopia (blind, incl. Cortical blindness)					
4 Facial paresis (ask pt to show teeth, raise eyebrows & close eye tightly)	0	Normal symmetrical movement	4				
	1	Minor paralysis (flattened nasolabial fold, assymetrical smile)					
	2	Partial paralysis (total or near total paralysis of lower face)					
	3	Complete paralysis of one or both sides (absence of facial movement in the upper and lower face)					
5a Motor function left arm	0	Normal (extends arm 90° or 45° for 10 sec without drift)	5a				
	1	Drift					
	2	Some effort against gravity					
5b Motor function right arm	3	No effort against gravity	5b				
	4	No movement					
6a Motor function left leg	*	Untestable (joint fused or limb amputated)	6a				
	0	Normal (holds leg in 30° for 5 sec without drift)					
	1	Drift					
6b Motor function right leg	2	Some effort against gravity	6b				
	3	No effort against gravity					
7 Limb ataxia (circle when appropriate)	4	No movement	7				
	*	Untestable (joint fused or limb amputated)					
	0	No ataxia					
8 Sensory (pinprick: test arms, legs, trunk face; compare R&L)	1	Present in one limb LA RA LL RL	8				
	2	Present in two limbs LA RA LL RL					
	0	Normal					
9 Best language (describe picture name items)	1	Mild to moderate decrease in sensation	9				
	2	Severe to total sensory loss					
	0	No aphasia					
	1	Mild to moderate aphasia					
10 Dysarthria (pt reads several words)	2	Severe aphasia	10				
	3	Global aphasia (no usable speech or auditory comprehension)					
	0	Normal					
	1	Mild to moderate slurring of words					
11 Extinction & Inattention (use visual or sensory double stimulation)	2	Near unintelligible or unable to speak	11				
	*	Intubated or other physical barrier					
	0	Normal					
	1	Inattention or extinction to bilateral stimulation in one of the sensory modalities					
	2	Severe hemi-inattention or hemi-inattention to more than one modality					
			Total				

Signature: _____ Date: _____

