

Patient label

**NIH STROKE SCALE IN PLAIN ENGLISH**

Sedating medications affecting scale? (Circle Y or N) →		Y/N	Y/N	Y/N	Y/N	Y/N
Date / Time / Initials →						
<b>1a. Level of Consciousness</b>	0= Alert 1= Sleepy but arouses 2= Can't stay awake 3= No purposeful response					
<b>1b. Questions</b> (month, age)	0=Both correct 1=One correct /intubated 2=Neither correct					
<b>1c. Commands</b> (Close eyes, make fist)	0= Obeys both 1= Obeys one 2= Obeys neither					
<b>2. Lateral Gaze</b> (Eyes open. Eyes follow examiners fingers/face side-to-side)	0= Normal side-to-side eye movement 1= Partial side-to-side eye movement 2= No side-to-side eye movement					
<b>3. Visual Fields</b> (Both eyes open, count 1/2/5 fingers/detect movement, 4 visual fields)	0= Normal visual fields ⊕ 1= Blind upper <u>or</u> lower field one side. ⊕ 2= Blind upper <u>&amp;</u> lower field one side. ⊕ 3= Blind in both eyes/4 fields ●					
<b>4. Facial Weakness</b> (Smile/grimace, raise eyebrows, squeeze eyes shut)	0= Normal 1= Mild one-sided droop with smile 2= Obvious droop at rest 3= Upper <u>&amp;</u> lower face weak					
<b>5a. Arm Weakness-- Left</b>	0= No drift X=Untestable-joint fused/amp 1= Drifts down, does not hit bed 2= Drifts down to hit bed 3= Can move but can't lift 4= No movement	Lt.				
<b>5b. Arm Weakness-- Right</b> (Pt. holds arm at 90° if sitting, 45° if supine for 10 sec.)		Rt.				
<b>6a. Leg Weakness-- Lt</b>	0= No drift X= Untestable, joint fused, etc. 1=Drifts down, does not hit bed 2= Drifts down to hit bed 3= Can move but can't lift 4= No movement	Lt.				
<b>6b. Leg Weakness-- Rt</b> (Pt. holds leg straight out if sitting, 30° if supine) 5 sec.		Rt.				
<b>7. Coordination</b> Finger-to-nose, heel-to-shin. Score <u>only</u> if not caused by weakness.	0= Normal or <b>no movement</b> 1= Clumsy in one limb 2= Clumsy in two limbs					
<b>8. Sensation (feeling)</b> (Pin prick face, arm, leg – compare sides)	0= Normal 1= Decreased sensation 2= Can't feel, no pain withdrawal					
<b>9. Speech (content)</b> Intubated pt can write. Give blind pt objects to name. (name objects, describe cookie picture)	0= Correct full sentences 1= Wrong or incomplete sentences 2= Words don't make sense 3= Can't speak at all					
<b>10. Speech (slurring)</b> Slurring. (Listen to patient read/repeat words)	0= No slurring X= Intubated/physical barrier 1= Slurs but you can understand 2= Slurs and you can't understand <u>or</u> mute					
<b>11. Neglect</b> (Ignores one side of body; test vision then test touch on both sides at once)	0= Sees & feels when both sides tested at once. 1= Doesn't see <u>or</u> feel one side when tested at once 2= Doesn't see <u>&amp;</u> feel one side when tested at once					
<b>Total Score:</b>						
<b>Date &amp; time</b>	<b>Signature</b>	<b>Date &amp; time</b>	<b>Signature</b>	<b>Date &amp; time</b>	<b>Signature</b>	

## **NIHSS Scoring Tips**

### **1. Level of consciousness/questions/commands.** Use patient-appropriate questions, commands:

- Use voice then touch to wake sleeping patient. May require vigorous stimulation.
- Intubated or otherwise unable to speak give score of 1.
- Person with one arm amputated and the other paralyzed can wiggle their toes.

### **2&3. Eye movement and visual fields:**

- If patient cannot open eyes, examiner may gently lift lids open for exam.
- Test both eyes at same time for movement and fields.
- May roll patient's head side to side if not following (oculocephalic maneuver).

### **4, 5, 6. Facial and extremity strength:**

- If patient not following commands, examiner may show patient what to do (ie, lift arm) for patient to mimic or maintain position.
- Test each side separately to avoid confusing neglect for weakness.

### **7. Limb coordination (ataxia):**

- Only score if patient is able to move the limb, and the precision of movement is abnormal out of proportion to weakness.

### **8. Sensation:**

- Test arm and leg; many people have numb hands (carpal tunnel) and feet (diabetic neuropathy).

### **9. Language:**

- Testing for cognitive content of speech—naming objects, fluent sentences.

### **10. Slurring (dysarthria):**

- Testing for clarity of speech—the actual motor function of getting the words out.

### **11. Neglect (Inattention or extinction):**

- Can patient pay attention to stimuli on both sides at the same time?
- Must have some vision in both fields to test: if scores 2 on #3 (visual fields), cannot score visual neglect.
- Must have some sensation on both sides to test: if scores 2 on #8 (sensation), cannot score sensory neglect.
- If patient does not acknowledge one side of space (does not recognize own arm when held in their good visual field; does not acknowledge they have any problem with a paralyzed side, etc), score is 2.