

## Neurological Assessment Scale National Institute of Health Stroke Scale (NIHSS)

NIH Stroke Scale (NOTE: For a Score of Less Than 4 or Greater Than 20 refer to Exclusion Criteria)			Score
1a.	<b>Level of Consciousness</b>	0 Alert 1 Not alert, but arousable with minimal stimulation 2 Not alert, requires repeated stimulation to attend 3 Coma	
1b.	<b>LOC Questions</b>	0 Answers both correctly 1 Answers one correctly 2 Answers neither correctly	
1c.	<b>LOC Commands</b>	0 Obeys both correctly 1 Obeys one correctly 2 Performs neither correctly	
2.	<b>Extraocular Movements</b>	0 Normal 1 Partial gaze palsy 2 Forced deviation or total gaze paresis not overcome by cephalic maneuver	
3.	<b>Visual Fields</b>	0 No visual loss 1 Partial hemianopsia 2 Complete hemianopsia 3 Bilateral hemianopsia (blind including cortical blindness)	
4.	<b>Facial Paresis</b>	0 Normal symmetrical movement 1 Minor paralysis (asymmetry on smiling, flattened nasolabial fold) 2 Partial paralysis (total or near total lower face paralysis) 3 Complete paralysis of one or both sides (upper and lower)	
5.	<b>Motor Arm</b>	0 Normal (extends arm 90° [or 45°] for 10 seconds without drift) 1 Drift 2 Some effort against gravity 3 No effort against gravity 4 No movement 9 Unstable (Joint fused or limb amputated)	5A Right Arm _____ 5B Left Arm _____
6.	<b>Motor Leg</b>	0 Normal 1 Drift 2 Some effort against gravity 3 No effort against gravity 4 No movement 9 Unstable (Joint fused or limb amputated)	6A Right Leg _____ 6B Left Leg _____
7.	<b>Limb Ataxia</b>	0 No ataxia 1 Present in one limb 2 Present in two limbs	
8.	<b>Sensory</b> (Use pin prick to test arms, legs, trunk and face – compare sides)	0 Normal 1 Mild to moderate decrease in sensation 2 Severe to total sensory loss	
9.	<b>Language</b> (describe picture, name items, read sentences)	0 No aphasia 1 Mild to moderate aphasia 2 Severe aphasia 3 Mute	
10.	<b>Dysarthria</b> (read several words)	0 Normal articulation 1 Mild to moderate slurring of words 2 Near unintelligible or unable to speak 9 Intubated or other physical barrier	
11.	<b>Neglect</b>	0 No neglect 1 Inattention or extinction to bilateral simultaneous stimulation in one of the sensory modalities 2 Severe hemi-inattention or hemi-inattention to more than one modality	
<b>TOTAL SCORE (Items 1 – 11)</b>			



Physician's Signature \_\_\_\_\_

Date / Time (dd/mm/yyyy hhmm) \_\_\_\_\_

**Chart Copy–Do Not Destroy**