

Cincinnati Stroke Scale Assessment

Patient Information:

Name: _____

Date of Birth: _____

Date and Time of Assessment: _____

Healthcare Provider: _____

Instructions:

- Perform each assessment as described below.
- Score each item on a scale of 0 to 2, with 0 indicating normal function and 2 indicating severe impairment.
- Total the scores for each item to determine the overall assessment score.

Assessment Items

Facial Droop Assessment (Score: 0-2)

- Ask the patient to smile or show their teeth.
- Observe for asymmetry or drooping on one side of the face.

Score:

0 = No drooping

1 = Mild drooping

2 = Severe drooping

Notes:

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Score: _____ / 2

Arm Weakness Assessment (Score: 0-2)

- Instruct the patient to raise both arms straight out in front of them, palms facing upward.
- Observe for any arm drift or inability to hold one arm up.

Score:

0 = Both arms raised equally

1 = One arm drifts down

2 = One arm cannot be raised

Notes:

Score: _____ / 2

Speech Impairment Assessment (Score: 0-2)

- Ask the patient to repeat a simple phrase like "The sky is blue."
- Listen for slurred speech, difficulty forming words, or confusion.

Score:

0 = Normal speech

1 = Mild speech impairment

2 = Severe speech impairment

Notes:

Score: _____ / 2

Total Assessment Score (0-6)

Sum the scores from the Facial Droop, Arm Weakness, and Speech Impairment assessments.

_____ / 6

Notes:

Interpretation:

Total Score 0-1: Low likelihood of stroke symptoms

Total Score 2-3: Moderate likelihood of stroke symptoms

Total Score 4-6: High likelihood of stroke symptoms; consider immediate medical intervention

Interpretation of the Case: