

Glasgow Coma Scale

Name		Date		
Behavior	Rating	Observed?	Score	
Eye Opening	Spontaneous	<input type="checkbox"/>	4	
	To Sound	<input type="checkbox"/>	3	
	To Pressure	<input type="checkbox"/>	2	
	None	<input type="checkbox"/>	1	
	Not Testable	<input type="checkbox"/>	NT	
Verbal Response	Orientated	<input type="checkbox"/>	5	
	Confused	<input type="checkbox"/>	4	
	Words	<input type="checkbox"/>	3	
	Sounds	<input type="checkbox"/>	2	
	None	<input type="checkbox"/>	1	
	Not Testable	<input type="checkbox"/>	NT	
Best Motor Response	Obey Commands	<input type="checkbox"/>	6	
	Localizing	<input type="checkbox"/>	5	
	Normal Flexion	<input type="checkbox"/>	4	
	Abnormal Flexion	<input type="checkbox"/>	3	
	Extension	<input type="checkbox"/>	2	
	None	<input type="checkbox"/>	1	
	Not Testable	<input type="checkbox"/>	NT	
RESULTS	E =	V =	M =	Total =
Notes				