NIHSS Stroke Scale Assessment

Pat	ient Name:	Date:
Hea	althcare Provider:	
Lev	vel of Consciousness (0-2):	
	Answers questions appropriately (0)	
	Confused conversation, but able to answer (1)	
	Incoherent speech or no response (2)	
Bes	st Gaze (0-2):	
	Normal (0)	
	Partial gaze palsy (1)	
	Forced deviation or complete gaze palsy (2)	
Vis	ual Fields (0-3):	
	No visual loss (0)	
	Partial hemianopia (1)	
	Complete hemianopia (2)	
	Bilateral hemianopia (3)	
Fac	cial Palsy (0-3):	
	Normal (0)	
	Minor paralysis (1)	
	Partial paralysis (2)	
	Complete paralysis (3)	
Мо	tor Arm (0-4):	
	No drift (0)	
	Drifts, but not full limb (1)	
	Some effort against gravity (2)	
	No effort against gravity (3)	
	No movement (4)	
Мо	tor Leg (0-4):	
	No drift (0)	
	Drifts, but not full limb (1)	

	Some effort against gravity (2)		
	No effort against gravity (3)		
	No movement (4)		
Lim	ab Ataxia (0-2):		
	Absent (0)		
	Present in one limb (1)		
	Present in two limbs (2)		
Ser	nsory (0-2):		
	Normal (0)		
	Mild to moderate sensory loss (1)		
	Severe to total sensory loss (2)		
Bes	st Language (0-3):		
	No aphasia (0)		
	Mild to moderate aphasia (1)		
	Severe aphasia (2)		
	Mute (3)		
Dys	sarthria (0-2):		
	Normal (0)		
	Mild to moderate dysarthria (1)		
	Severe dysarthria (2)		
Ext	inction and Inattention (0-2):		
	No abnormality (0)		
	Visual, tactile, or auditory extinction or neglect in one sensory modality (1)		
	Profound hemispatial neglect in more than one modality (2)		
Total NIHSS Score:			
Into	arnretation:		

Interpretation:

- 0-4: Minor stroke symptoms
- 5-15: Moderate stroke
- 16-20: Moderate to severe stroke
- 21-42: Severe stroke

Treatment Recommendations and Notes:
Healthcare Specialist Signature: Date: