

Name:  
Date of Birth:  
GWH Number:

# National Institute of Health Stroke Scale (NIHSS)

		Date:		Time:	
Item	Title	Score			Arrival
1A	Level of Consciousness	0 Alert 1 Drowsy 2 Obtunded 3 Coma/unresponsive			
1B	LOC Questions	0 Answers both correctly 1 Answers one correctly 2 Answers neither correctly			
1C	LOC Commands	0 Performs both tasks correctly 1 Performs one task correctly 2 Performs neither task correctly			
2	Best Gaze	0 Normal horizontal movements 1 Partial gaze palsy 2 Complete gaze palsy			
3	Visual	0 No visual field defect 1 Partial hemianopia 2 Complete hemianopia 3 Bilateral hemianopia			
4	Facial Palsy	0 Normal 1 Minor facial weakness 2 Partial facial weakness 3 Complete unilateral palsy			
5	Motor Arm a. Left b. Right	0 No drift 1 Drift before 5 seconds 2 Falls before 10 seconds 3 No effort against gravity 4 No movement			Left    Right
6	Motor Leg a. Left b. Right	0 No drift 1 Drift before 5 seconds 2 Falls before 10 seconds 3 No effort against gravity 4 No movement			Left    Right
7	Limb Ataxia	0 No ataxia 1 Ataxia in 1 limb 2 Ataxia in 2 limbs			
8	Sensory	0 No sensory loss 1 Mild sensory loss 2 Severe sensory loss			
9	Best Language	0 Normal 1 Mild aphasia 2 Severe aphasia 3 Mute or global aphasia			
10	Dysarthria	0 Normal 1 Mild dysarthria 2 Severe dysarthria			
11	Extinction & Inattention	0 Absent 1 Mild (loss of 1 sensory modality) 2 Severe (loss of 2 sensory modalities)			
<b>Total NIHSS Score:</b>					
<b>Practitioner's Initials:</b>					