# NIH Stroke Scale

for use in DEM only

**Level of Consciousness:**

1a. 0-alert 1-easy to arouse 2-hard to arouse 3-reflexes/unresponsive

**LOC Questions:**

1b. 0-month/age right 1-one right 2-neither right

**LOC Commands:**

1c. 0-eye-opening/handrip both right 1-one right 3-neither right

**Best Gaze:**

2. 0-normal 1-partial palsy 2-forced deviation

**Visual:**

3. 0-normal 1-partial one eye 2-partial both eyes 3-blind

**Facial Palsy:**

4. 0-normal 1-minor 2-partial 3-complete

**Motor Arm, Left:**

5a. 0-no drift 1-drift 2-some effort 3-no effort 4-no movement UN-cannot

**Motor Arm, Right:**

5b. 0-no drift 1-drift 2-some effort 3-no effort 4-no movement UN-cannot

**Motor Leg, Left:**

6a. 0-no drift 1-drift 2-some effort 3-no effort 4-no movement UN-cannot

**Motor Leg, Right:**

6b. 0-no drift 1-drift 2-some effort 3-no effort 4-no movement UN-cannot

**Limb Ataxia:**

7. 0-normal 1-one limb 2-two limbs UN-cannot

**Sensory:**

8. 0-normal 1-mild/moderate 2-severe/total

**Best Language:**

9. 0-normal 1-mild/moderate aphasia 2-severe 3-mute

**Dysarthria:**

10. 0-normal 1-mild-moderate 2-severe UN-intubated

**Extinction and Inattention:**

11. 0-normal 1-inattention/extinction 2-profound hemi-inattention/extinction

**NIH Stroke Scale Total:**

Explain “UN” items:

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**Resident/PA/CRNP:**

Date: ___________________ Sign: ___________________

Time: ___________________

Print Last Name: ___________________

**Attending emergency physician (required):**

Date: ___________________ Sign: ___________________

Time: ___________________

Print Last Name: ___________________

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Green is the Medical Records original copy. Please retain.