

**Table 3:** National Institutes of Health Stroke Scale

Tested Item	Title	Responses and Scores
1A	<b>Level of consciousness</b>	0-alert 1-responds to minor stimulation 2-requires repeated stimulation 3-coma/unresponsive
1B	<b>Orientation questions (2)</b> Ask patient to name the month and to state his/her age	0-answers both correctly 1-answers one correctly 2-answers neither correctly
1C	<b>Response to commands (2)</b> Ask the patient to open and close His/her eyes, and to make a fist	0-performs both tasks correctly 1-performs one task correctly 2-performs neither
2	<b>Gaze</b> Evaluate horizontal gaze	0-normal horizontal movements 1-partial gaze pals 2-complete gaze palsy
3	<b>Visual fields</b>	0-no visual field defect 1-partial hemianopia 2-complete hemianopia 3-bilateral hemianopia
4	<b>Facial movement</b>	0-normal 1-minor facial weakness 2-partial paralysis 3-complete unilateral palsy
5	<b>Motor function (arm)</b> Have patient hold arm extended, palm down Score each arm separately	0-no drift 1-drift before 10s but doesn't hit bed 2-falls before 10 seconds 3-no effort against gravity 4-no movement
6	<b>Motor function (leg)</b> Have patient hold leg elevated at about 30° Score each leg separately	0-no drift 1-drift before 5 seconds 2-falls before 5 seconds 3-no effort against gravity 4-no movement
7	<b>Limb ataxia</b> Perform finger-nose-finger or heel-knee-shin in all limbs. Score 0 if paralyzed or if patient cannot understand.	0-no ataxia 1-ataxia in 1 limb 2-ataxia in 2 limbs
8	<b>Sensory</b> Test pin prick sensation. In obtunded patients look for withdrawal from noxious stimulation. Patients who are comatose are given a 2.	0-no sensory loss 1-mild sensory loss 2-severe sensory loss
(continued)		

**Table 3:** National Institutes of Health Stroke Scale (continued)

Tested Item	Title	Responses and Scores
9	<b>Language</b> Test naming and evaluate spontaneous speech. Patient may be asked to describe events in a standard picture available from NIH.	0-normal 1-mild aphasia 2-severe aphasia 3-mute or global aphasia
10	<b>Dysarthria</b> Score as "untestable" if intubated.	0-normal 1-mild dysarthria 2-severe dysarthria
11	<b>Extinction or inattention</b> Evaluate for attention to each side, and for extinction to double simultaneous stimulation. Score 0 if unable to evaluate.	0-absent 1-mild (loss 1 sensory modality) 2-severe (loss 2 modalities)

Adapted from: Anonymous. Educational Stroke Resources for Health Professionals. Bethesda, Maryland: www.ninds.nih.gov (US National Institutes of Health); 2007. Available at [http://www.ninds.nih.gov/doctors/NIH\\_Stroke\\_Scale.pdf](http://www.ninds.nih.gov/doctors/NIH_Stroke_Scale.pdf).