



**McLAREN FLINT  
NIH STROKE SCALE**

Date \_\_\_\_\_

		Indicate Time											
Category	Description / Score												
1a. Level of consciousness <b>If patient scores a 3 in this section, score as indicated with ★ in following categories</b>	0 = alert												
	1 = drowsy												
	2 = stuporous												
	3 = coma												
1b. Level of consciousness questions (month, age) <b>★ Score 2</b>	0 = answers both correctly												
	1 = answers one correctly												
	2 = answers neither correctly												
1c. Level of consciousness commands (open/close eyes, squeeze & let go) <b>★ Score 2</b>	0 = performs both correctly												
	1 = performs one correctly												
	2 = performs neither												
2. Gaze (eyes open – follow finger) <b>★ Do oculocephalic and score</b>	0 = normal												
	1 = partial gaze palsy												
	2 = forced deviation												
3. Visual fields <b>★ Test using bilateral Threat</b>	0 = no visual loss												
	1 = partial hemianopia												
	2 = complete hemianopia												
	3 = blind												
4. Facial palsy (show teeth, raise eyebrows, and squeeze eyes shut) <b>★ Score 3</b>	0 = normal												
	1 = minor												
	2 = partial												
	3 = complete												
5. Motor arm (score only acute side) (elevate to 90 and score drift/movement) <b>★ Score 4</b>		R	L	R	L	R	L	R	L	R	L	R	L
	0 = no drift												
	1 = drift												
	2 = can't resist gravity												
	3 = no effort against gravity												
6. Motor leg (score only acute side) <b>★ Score 4</b>	4 = no movement												
	0 = no drift												
	1 = drift												
	2 = can't resist gravity												
	3 = no effort against gravity												
7. Limb stress (finger-nose, heel down shin) <b>★ Score 0</b>	4 = no movement												
	0 = absent												
	1 = present in one limb												
	2 = present in two limbs												
8. Sensory (pin prick to face, arm, leg-compare side to side) <b>★ Score 2</b>	9 = amputation, effusion												
	0 = normal												
	1 = partial loss												
	2 = severe loss												
9. Best language (pictures, sentences) <b>★ Score 3</b>	3 = mute												
	0 = no aphasia												
	1 = mild aphasia												
	2 = severe aphasia												
10. Dysarthria (evaluate speech clarity by patient repeating listed words) <b>★ Score 2</b>	3 = intubated, physical barrier												
	0 = normal												
	1 = mild to moderate slurring												
	2 = severe, unintelligible												
11. Extinction and inattention (use info from prior testing to identify neglect or double simultaneous stimuli) <b>★ Score 2</b>	3 = complete neglect												
	0 = no neglect												
	1 = partial neglect												
NIH Stroke Scale Score													
Nurse's Initials													

PT.

MR./RM.

DR.