

Was the NIHSS assessment completed?

☐ Yes

☐ No (*Complete Protocol Deviation form*)

Date of NIHSS assessment

\_\_\_ / \_\_\_ / \_\_\_ (DD/MMM/YYYY)

1(a) – Level of consciousness	
Alert, keenly responsive	<input type="checkbox"/> (0)
Not alert; but arousable by minor stimulation to obey, answer or respond	<input type="checkbox"/> (1)
Not alert' requires repeated stimulation to attend, or is obtunded and requires strong or painful stimulation to make movements (not stereotyped)	<input type="checkbox"/> (2)
Responds only with reflex motor or autonomic unresponsive, flaccid or areflexic	<input type="checkbox"/> (3)
1(b) – Level of consciousness questions	
Answers both questions correctly	<input type="checkbox"/> (0)
Answers one question correctly	<input type="checkbox"/> (1)
Answers neither question correctly	<input type="checkbox"/> (2)
1(c) – Level of consciousness command	
Performs both tasks correctly	<input type="checkbox"/> (0)
Performs one task correctly	<input type="checkbox"/> (1)
Performs neither task correctly	<input type="checkbox"/> (2)
2 – Best gaze	
Normal	<input type="checkbox"/> (0)
Partial gaze palsy; gaze is abnormal in one or both eyes, but forced deviation or total gaze paresis is not present	<input type="checkbox"/> (1)
Forced deviation, or total gaze paresis not overcome by the oculoccephalic maneuver	<input type="checkbox"/> (2)
3 – Visual	
No visual loss	<input type="checkbox"/> (0)
Partial hemianopia	<input type="checkbox"/> (1)
Complete hemianopia	<input type="checkbox"/> (2)
Bilateral hemianopia (blind including cortical blindness)	<input type="checkbox"/> (3)

<b>4 – Facial palsy</b>	
Normal symmetrical movements	<input type="checkbox"/> (0)
Minor paralysis (flattened nasolabial fold, asymmetry on smiling)	<input type="checkbox"/> (1)
Partial paralysis (total or near-total paralysis of lower face)	<input type="checkbox"/> (2)
Complete paralysis of one or both sides (absence of facial movement in the upper and lower face)	<input type="checkbox"/> (3)
<b>5(a) – Motor arm - left</b>	
No drift, limb holds 90 (or 45) degrees for 10 full seconds	<input type="checkbox"/> (0)
Drift; limb holds 90 (or 45) degrees, but drifts down before full 10 seconds; does not hit bed or other support	<input type="checkbox"/> (1)
Some effort against gravity; limb cannot get to or maintain (if cued) 90 (or 45) degrees; drifts down to bed, but has some effort against gravity	<input type="checkbox"/> (2)
No effort against gravity, limb falls	<input type="checkbox"/> (3)
No movement	<input type="checkbox"/> (4)
Amputation or joint fusion, Explain	<input type="checkbox"/> (UN)
<b>5(b) – Motor arm - right</b>	
No drift, limb holds 90 (or 45) degrees for 10 full seconds	<input type="checkbox"/> (0)
Drift; limb holds 90 (or 45) degrees, but drifts down before full 10 seconds; does not hit bed or other support	<input type="checkbox"/> (1)
Some effort against gravity; limb cannot get to or maintain (if cued) 90 (or 45) degrees; drifts down to bed, but has some effort against gravity	<input type="checkbox"/> (2)
No effort against gravity, limb falls	<input type="checkbox"/> (3)
No movement	<input type="checkbox"/> (4)
Amputation or joint fusion, Explain:	<input type="checkbox"/> (UN)

6(a) Motor leg - left	
No drift, leg holds 30-degree position for full 5 seconds	<input type="checkbox"/> (0)
Drift: leg falls by the end of the 5-second period but does not hit bed	<input type="checkbox"/> (1)
Some effort against gravity; leg falls to bed by 5 seconds, but has some effort against gravity	<input type="checkbox"/> (2)
No effort against gravity, leg falls to bed immediately	<input type="checkbox"/> (3)
No movement	<input type="checkbox"/> (4)
Amputation or joint fusion, Explain:	<input type="checkbox"/> (UN)
6(a) Motor leg - right	
No drift, leg holds 30-degree position for full 5 seconds	<input type="checkbox"/> (0)
Drift: leg falls by the end of the 5-second period but does not hit bed	<input type="checkbox"/> (1)
Some effort against gravity; leg falls to bed by 5 seconds, but has some effort against gravity	<input type="checkbox"/> (2)
No effort against gravity, leg falls to bed immediately	<input type="checkbox"/> (3)
No movement	<input type="checkbox"/> (4)
Amputation or joint fusion, Explain:	<input type="checkbox"/> (UN)
7 – Limb ataxia	
Absent	<input type="checkbox"/> (0)
Present in one limb	<input type="checkbox"/> (1)
Present in two limbs	<input type="checkbox"/> (2)
Amputation or joint fusion, Explain:	<input type="checkbox"/> (UN)
8 – Sensory	
Normal; no sensory loss	<input type="checkbox"/> (0)
Mild-to-moderate sensory loss; patient feels pinprick less sharp or dull on the affected side; or there is a loss of superficial pain with pinprick, but patient is aware of being touched	<input type="checkbox"/> (1)
Severe to total sensory loss; patient is not aware of being touched in the face, arm, and leg	<input type="checkbox"/> (2)

9 – Best language	
No aphasia; normal	<input type="checkbox"/> (0)
Mild-to-moderate aphasia; some obvious loss of fluency or facility or comprehension, without significant limitation on ideas expressed or form of expression. Reduction of speech and/or comprehension, however, makes conversion about provided materials difficult or impossible. <b><i>For example, in conversation about provided materials, examiner can identify picture or naming card content from patient's response.</i></b>	<input type="checkbox"/> (1)
Severe aphasia; all communication is through fragmentary expression; great need for inference questioning and guessing by the listener. Range of information that can be exchanged is limited; listener carries burden of communication. Examiner cannot identify materials provided from patient response.	<input type="checkbox"/> (2)
Mute, global aphasia; no usable speech or auditory comprehension	<input type="checkbox"/> (3)
10 – Dysarthria	
Normal	<input type="checkbox"/> (0)
Mild-to-moderate dysarthria; patient slurs at least some word and, at worst, can be understood with some difficulty.	<input type="checkbox"/> (1)
Severe dysarthria; patient's speech is so slurred as to be unintelligible in the absence or out of proportion to any dysphasia, or is mute/anarthric	<input type="checkbox"/> (2)
Intubated or another physical barrier, Explain:	<input type="checkbox"/> (UN)
11 – Extinction and inattention (formerly neglect)	
No abnormality	<input type="checkbox"/> (0)
Visual, tactile, auditory, spatial, or personal inattention or extinction to bilateral simultaneous stimulation in one of the sensory modalities.	<input type="checkbox"/> (1)
Profound hemi-inattention or extinction to more than one modality; does not recognize own hand or orients to only one side of space.	<input type="checkbox"/> (2)

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Site Personnel Signature

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Date (DD/MMM/YYYY)