HEMISPHERIC STROKE SCALE

Patient Name: _____

Rater Name: _____

Date: _____

Scored to give 0 (= good) to 100 (= bad)

	Score

LEVEL OF CONSCIOUSNESS
    15 – Glasgow Coma Scale Score   _____

LANGUAGE

Comprehension   _____

Give three commands:
    'Stick out your tongue' *or* "Close your eyes'
    'Point to the door'
    'Place left/right hand on left/right ear and then on left/right knee (using unaffected side)

Score on number correctly followed:
    0 = 5
    1 = 4
    2 = 2
    3 = 0

Naming   _____

Ask patient to name the following items:
    Watch *or* Belt
    Watch strap *or* Belt buckle
    Index finger *or* Ring finger

Score on number correctly named:
    0 = 5
    1 = 4
    2 = 2
    3 = 0

Repetition   _____

Ask the patient to repeat the following:
    A single word, such as 'dog' or 'cat'
    'The president lives in Washington'
    'No ifs, ands, or buts'

Score on number repeated:
    0 = 5
    1 = 4
    2 = 2
    3 = 0

Page 1 TOTAL   _____

Fluency
Score according to patient's spontaneous speech fluency, *or*
Ask patient to name as many words as he can within one minute beginning
with the letter 'A' (excluding proper names)

Score as:
   5 = Essentially no verbal output
   3 = Moderately loss; inability to recognize stationary finger, sees moving finger
   1 = Mild loss; defect to double simultaneous stimulation
   0 = Normal

OTHER CORTICAL FUNCTIONS AND CRANIAL NERVES

Visual fields   _____
Test clinically and score hemi-field loss as:
   3 = Severe loss; inability to recognize moving hand, no response to threat
   2 = Moderate loss; inability to recognize stationary finger, sees moving finger
   1 = Mild loss: defect to double simultaneous stimulation
   0 = Normal

Gaze   _____
Score eye movements:
   2 = Gaze play, or persistent deviation
   1 = Gaze preference, or difficulty with far lateral gaze
   0 = Normal

Facial expression   _____
Score movement:
   3 = Severe weakness; drooling
   2 = Moderate loss; asymmetry at rest
   1 = Mild weakness; asymmetry on similing
   0 = Normal

Dysarthria   _____
Score talking:
   2 = Severe dysarthria
   1 = Moderate dysarthria
   0 = Normal

Dysphagia   _____
Score swallow of glass water:
   2 = Severe dysphagia
   1 = Moderate dysphagia
   0 = Normal

Neglect syndrome   _____
Ask about weak limbs, *and* ask to bisect a line 7 inches (20 cm) long on piece of paper
in visual midline

Score:
   2 = Anosagnosia, or denial of body part
   1 = Consistently bisects line towards 'good' side of body
   0 = Bisects line in middle

Visual construction   _____
Ask patient to copy three figure given, and score:
   3 = Unable to copy any figure
   2 = Can copy a square
   1 = Can copy a 'Greek Cross' ('Cross of St. George')
   0 = Can copy 3D drawing of cube

                                                                                     Page 2 TOTAL   _____

MOTOR FUNCTION

Arm, proximal _____

Arm, distal _____

Leg, proximal _____

Leg, distal _____

All scored 0-7 as:
  7 = No movement (MRC 0)
  6 = Trace movement only (MRC 1)
  5 = Motion without gravity only (MRC 2)
  4 = Moves against gravity but not against resistance (MRC 3)
  3 = Moderate weakness (MRC 4 -)
  2 = Mild weakness (MRC 4)
  1 = Positive drift of arm/leg (MRC 4 +)
  0 = Normal (MRC 5)

Deep tendon reflexes _____
  2 = Hypoactive *or* hyperactive
  0 = Normal

Pathologic reflexes _____
  2 = Babinski (plantar) *and* another abnormal
  1 = Babinski (plantar) *or* another abnormal
  0 = Normal

Muscle tone _____
  2 = Increased *or* decreased
  0 = Normal

Gait _____
Test ability to stand and walk, and score:
  6 = Unable to stand unsupported *or* cannot evaluate
  5 = Can stand with support but cannot walk
  4 = Severely abnormal; walking distance limited even with support (from aid or person)
  3 = Moderately abnormal; no assistance required (apart from a stick/cane), but distance limited
  2 = Mildly abnormal (weak, uncoordinated); can walk independently but slowly
  1 = Minimally abnormal, no reduction in speed or distance
  0 = Normal

SENSORY

Primary modalities (of affected side only), arm _____
Test touch, pain and score as:
  4 = Anaesthesia
  3 = Severe hypaesthesia
  2 = Moderate hypaesthesia or deficit only; *or* extinction to double simultaneous stimulation
  1 = Mild hypaesthesia or dysaesthesia
  0 = Normal

Page 3 TOTAL _____

Stereoagnosis   _____
Test ability to distinguish two coins and a key, and score:
    3 = Unable to achieve any distinctions
    2 = Can distinguish a coin from a key
    1 = Can distinguish between two very different sized coins (penny and ten-pence piece, penny and quarter)
    0 = Can distinguish between two similar sized coins (penny and nickel, or two-pence piece and ten-pence piece)

Page 4 TOTAL   _____

OVERALL TOTAL   _____

Reference

Adams RJ, Meador KJ, Sethi KD, Grotta JC, Thomson DS. "Graded neurologic scale for use in acute hemispheric stroke treatment protocols."
Stroke. 1987;18:665-9.