



## HACHINSKI ISCHEMIC SCALE

ID NUMBER:							
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FORM CODE:

H	I	S
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DATE 06/01/2011  
Version 1.0

### ADMINISTRATIVE INFORMATION

0a. Completion Date: 

		/			/				
Month		Day		Year					

0b. Staff ID: 

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General Instructions: This form is to be completed by the clinician or other trained health professional.

Complete the following scale using information obtained from history/neurological exam and/or records  
Check the appropriate value to indicate if a specific item is present (characteristic of the patient) or absent

	Present	Absent
1) Abrupt onset (re: cognitive status)	<input type="checkbox"/> 2	<input type="checkbox"/> 0
2) Stepwise deterioration (re: cognitive status)	<input type="checkbox"/> 1	<input type="checkbox"/> 0
3) History of stroke	<input type="checkbox"/> 2	<input type="checkbox"/> 0
4) Focal neurological symptoms	<input type="checkbox"/> 2	<input type="checkbox"/> 0
5) Focal neurological signs	<input type="checkbox"/> 2	<input type="checkbox"/> 0
6) Sum all checked answers for a total score: _____		



## INSTRUCTIONS FOR THE HACHINSKI ISCHEMIC SCALE (HIS) FORM

### I. General Instructions

This scale is filled out by the study nurse after completing the neurologic examination and the CDR Subject and CDR Informant

### II. Detailed Instructions for each Item

0a. Enter the date on which the participant was seen in the clinic.

0b. Enter the staff ID for the person who completed this form.

1-2. These items are based on the history obtained by the CDR informant form, and should be rated as "present" only if there is cognitive decline present, and if it started all of a sudden (as opposed to a slow, gradual decline). To determine the answer to HIS #1 and #2, refer to CDI #11 and #11a as follows:

**CDI #11:** Have you noticed any consistent changes in {S} memory over the past year?  
0 No (or no evidence of)  
0.5 Slight or possible  
1 Definite

If CDI #11 is recorded as "No," record "Absent" for both questions 1 and 2 on the HIS.

If CDI #11 is recorded as "Slight" or "Definite," refer to CDI #11a:

**CDI #11a:** Did these memory changes start slowly, or more quickly?  
0 Slow, gradual start  
1 They started very quickly, and have been about the same  
2 They started quickly, but have continued to worsen since then  
3 Don't know

If the CDI is recorded as "Slow, gradual start," record "Absent" for both questions 1 and 2 on the HIS.

If the CDI is recorded as "They started very quickly, and have been about the same," record "Present" for question 1 and "Absent" for question 2 on the HIS.

If the CDI is recorded as "They started very quickly, but have continued to worsen since then," probe further for stepwise deterioration but generally record "Present" for both questions 1 and 2 on the HIS.

3. This is obtained from the Neurological History Form (NHX), question 4d. Score "present" if history of stroke.

4-5. Focal neurological symptoms/ signs: "Signs" refers to findings on the Physical and Neurological Exam (PNE) form, and "Symptoms" refers to problems the subject reports. In most cases, there will not be an opportunity to discuss symptoms, but score this as "present" if the participant specifically mentions problems moving one side or the other, or reports difficulty seeing on one side more than the other. "Focal neurological signs" should be rated as "present" if an abnormal neurologic finding is detected on the neurological exam. If any of the following are rated as abnormal on the PNE form, however, they should *not* be rated as a "focal neurological sign" since they reflect symmetric abnormalities not normally consistent with stroke, and the purpose

of the Hachinski Ischemic Scale is to detect any past strokes, potentially ones the subject didn't even know about. Section B (Reflexes) on the PNE form should only be marked as a "focal neurological sign" if option "Increased one side" is selected. "Babinski" is a "focal neurological sign" if the response is 1:"Extensor" (upgoing). All other non-normal items on the PNE form would be consistent with a "focal neurological sign".

For the UPDRS, only the following items, if abnormal, would be considered a "focal neurological sign":

- Tremor at rest and postural tremor: ONLY if in one hand but not the other (not if in both hands, and not if in face, lips, chin), or if in one foot but not the other.
- Rigidity only if abnormal in one upper extremity but not the other, or in one lower extremity but not the other.
- Finger taps, Hand Movements, and Rapid Alternating Movements: each only if abnormal in one hand but not the other.
- Leg agility only if abnormal in one leg but not the other.