

STROKE SCALE - BEFAST

B	E	F	A	S	T
BALANCE	EYES	FACE	ARMS	SPEECH	TIME
Does the person complain of sudden onset unsteadiness, dizziness or difficulty walking?	Does the person complain of narrowing vision, blurred vision, seeing dark or bright spots?	Ask the person to smile and show their teeth. Is the smile even or lopsided?	Ask the person to raise both arms and hold them straight out. Does one arm drift downward?	Ask the person to repeat a simple sentence. Do words sound slurred or garbled?	When was the person last seen at their "normal" state? Every minute counts.