



4814 Seton Drive
Baltimore, Maryland 21215

SCREENING SCALE FOR TARDIVE DYSKINESIA

(To be completed by **PHYSICIAN**)

To be completed every six (6) months by physician prescribing Behavior Modifying medications.

Individual Served: _____ Date: _____

Time Observed: _____ Setting: _____

Physician: _____

Rating Severity: Use the following guidelines:

- 1. Absent: Symptom not present at all during observation
- 2. Fleeting: Symptom present fleetingly during observation period
- 3. Mild: Symptom is definitely present but mild severity occurring occasionally during the rating period (i.e., more than four times)
- 4. Moderate: Symptom is of moderate severity and persists for most of the observation period
- 5. Severe: Symptom is very pronounced and is usually present continuously throughout the observation period.

	<u>Absent</u>	<u>Fleeting</u>	<u>Mild</u>	<u>Moderate</u>	<u>Severe</u>
<u>FACE</u>					
1. Blinking of eyes	1	2	3	4	5
2. Lip Movements (pouting, puckering, smacking)	1	2	3	4	5
3. Chewing movements; bonbon sign	1	2	3	4	5
4. Tongue protrusion, can't keep tongue out	1	2	3	4	5
5. Tongue tremor	1	2	3	4	5
6. Grimacing	1	2	3	4	5
<u>NECK AND TRUCK</u>					
7. Axial Hyperkinesia (abnormal bending and twisting of the neck)	1	2	3	4	5
8. Torsion movements, rocking	1	2	3	4	5
<u>EXTREMITIES</u>					
9. Choreoathetoid movements of fingers and wrists (abnormal spastic movements of fingers, wrists, ankles and toes)	1	2	3	4	5
10. Choreoathetoid movements of ankles and toes	1	2	3	4	5
11. Restless legs (stamping feet, crossing, uncrossing)	1	2	3	4	5
<u>ENTIRE BODY</u>					
12. Holokinetic movements (abnormal twisting, bending and turning of the entire body)	1	2	3	4	5

THIS COMPLETED EVALUATION BECOMES A PERMANENT PART OF THE INDIVIDUAL'S MEDICAL RECORD.

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IMPRESSION:

DIAGNOSIS:

RECOMMENDATIONS: