



SCREENING SCALE FOR TARDIVE DYSKINESIA

To be complete every six (6) months by physician

Client: _____ MA#: _____ Rater: _____

Date: _____ Time Observed: _____ Setting: _____

Rating Severity – Use the following guidelines:

- 1 – Absent: Symptom not present at all during period.
- 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. >4X)
- 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>Face</u>	<u>Absent</u>	<u>Fleeting</u>	<u>Mild</u>	<u>Moderate</u>	<u>Severe</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, cannot keep tongue out	1	2	3	4	5
5. Tongue tremor	1	2	3	4	5
6. Grimacing	1	2	3	4	5

Neck and Trunk

7. Axial Hyperkinesis (abnormal bending and twisting of neck)	1	2	3	4	5
8. Torsion movements, rocking	1	2	3	4	5

Extremities

9. Choreoathetoid movements (abnormal spastic movements of fingers, and wrists)	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

Whole Body

12. Holokinetic movements (abnormal twisting, bending, turning of the entire body)	1	2	3	4	5
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THIS COMPLETED EVALUATION BECOMES A PERMANENT PART OF CLIENT'S MEDICAL RECORD