

DYSKINESIA IDENTIFICATION SYSTEM - CONDENSED USER SCALE (DISCUS)

Previous DISCUS Score/Date (if any)

| | | | | | |
|-------------------------|---|--|--------------------------|---------------------------|----------------------------------|
| EXAM TYPE CODES: | 1. Baseline 2. Annual 3. Semi-Annual | 4. D/C - 1 Month 5. D/C - 2 Month 6. D/C - 3 Month | 7. Admission 8. Other | COOPERATION CODES: | 1. None 2. Partial 3. Full |
| DISCUS SCORING | 0 - NOT PRESENT (movements not observed or some movements observed but not considered abnormal) 1 - MINIMAL (abnormal movements are difficult to detect or movements are easy to detect but occur only once or twice in a short non-repetitive manner) 2 - MILD (abnormal movements occur infrequently and are easy to detect) 3 - MODERATE (abnormal movements occur frequently and are easy to detect) 4 - SEVERE (abnormal movements occur almost continuously and are easy to detect) NA - NOT ASSESSED (an assessment for an item is not able to be made) | | | | |

Current Psychotropics/ Anticholinergic and Total MG/Day

| | |
|--|----|
| | mg |
| | mg |
| | mg |
| | mg |

ASSESSMENT (Score each DISCUS item using scoring above)

EVALUATION (See reverse side for more information)

| | | EXAM DATES | 1 | 2 | 3 | 4 |
|---|--|---------------------------|---|---|---|---|
| | | EXAM TYPE CODES: | | | | |
| | | COOPERATION CODES: | | | | |
| FACE | 1. Tics | | | | | |
| | 2. Grimaces | | | | | |
| EYES | 3. Blinking | | | | | |
| ORAL | 4. Chewing/Lip Smacking | | | | | |
| | 5. Puckering/Sucking/Thrusting Lower Lip | | | | | |
| LINGUAL | 6. Tongue Thrusting/Tongue in Cheek | | | | | |
| | 7. Tonic Tongue | | | | | |
| | 8. Tongue Tremor | | | | | |
| | 9. Athetoid/Myokymic/Lateral Tongue | | | | | |
| HEAD/NECK/TRUNK | 10. Retrocollis/Torticollis | | | | | |
| | 11. Shoulder/Hip Torsion | | | | | |
| UPPER LIMB | 12. Athetoid/Myokymic Finger/Wrist-Arm | | | | | |
| | 13. Pill Rolling | | | | | |
| LOWER LIMB | 14. Ankle Flexion/Foot Tapping | | | | | |
| | 15. Toe Movement | | | | | |
| TOTAL SCORE (Items 1 - 15 only) | | | 1 | 2 | 3 | 4 |

| | | EXAM DATES | 1 | 2 | 3 | 4 |
|---|--|------------|-----|-----|-----|-----|
| 1. Greater than 90 days neuroleptic exposure? | | | Y N | Y N | Y N | Y N |
| 2. Scoring/intensity level met? | | | Y N | Y N | Y N | Y N |
| 3. Other diagnostic conditions? (If yes, specify below) | | | Y N | Y N | Y N | Y N |
| 4. Last Exam Date | | | | | | |
| Last Total Score | | | | | | |
| Last Conclusion | | | | | | |
| Preparer Signature and Title for items 1 - 4 (if different from physician): | | | | | | |
| 5. Conclusion (check one per Exam Date) | | | | | | |
| A. No TD (if scoring prerequisite met, list other diagnostic conditions or explain in comments) | | | | | | |
| B. Probable TD | | | | | | |
| C. Masked TD | | | | | | |
| D. Withdrawal TD | | | | | | |
| E. Persistent TD | | | | | | |
| F. Remitted TD | | | | | | |
| G. Other (specify in Comments) | | | | | | |
| 6. Comments: | | | | | | |

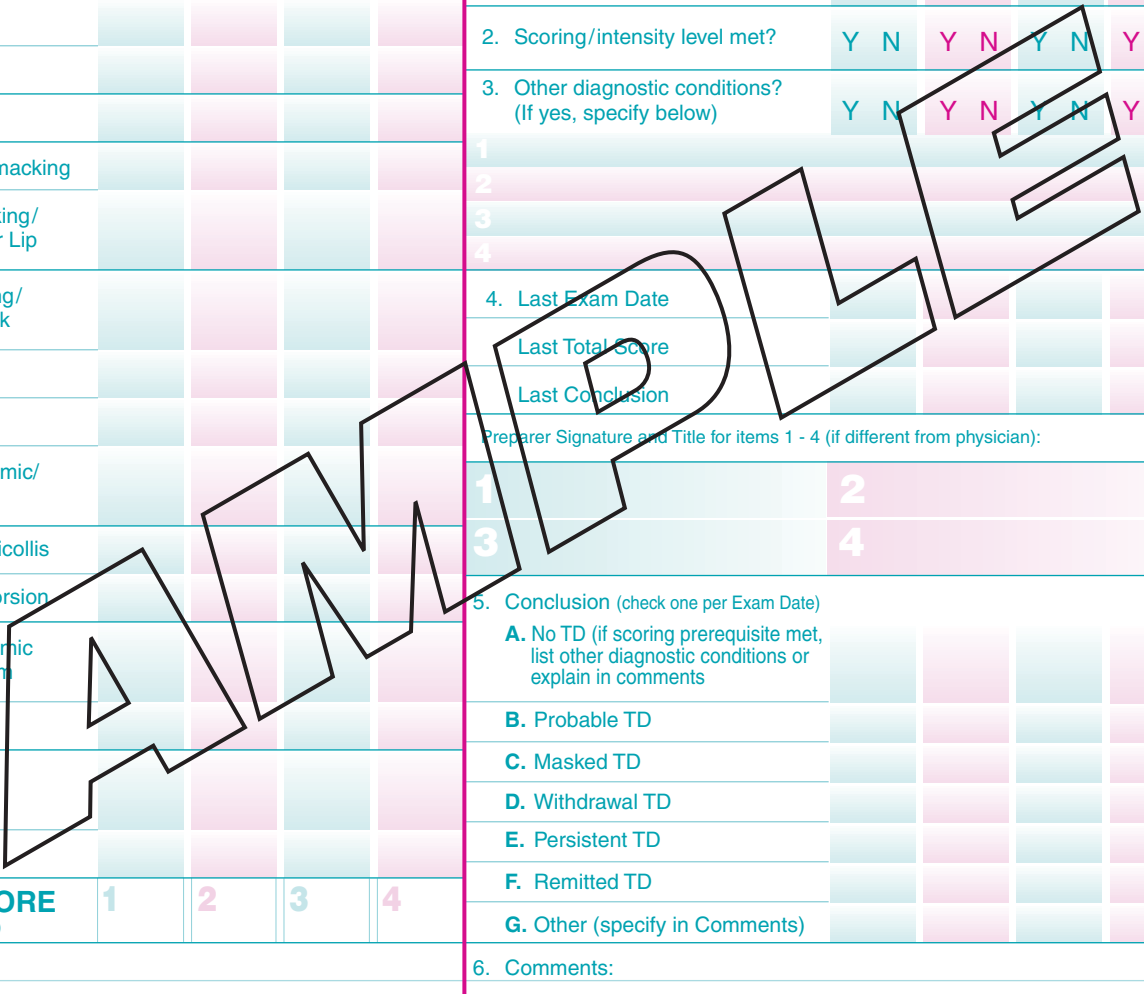
Comments:

6. Comments:

| | | | | | |
|---|---------------------------|----------------|---|-----------------------|------|
| 1 | Rater Signature and Title | Next Exam Date | 1 | Physician's Signature | Date |
| 2 | Rater Signature and Title | Next Exam Date | 2 | Physician's Signature | Date |
| 3 | Rater Signature and Title | Next Exam Date | 3 | Physician's Signature | Date |
| 4 | Rater Signature and Title | Next Exam Date | 4 | Physician's Signature | Date |

Resident Name _____ I.D. # _____ Room # _____ Physician _____

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Simplified Diagnoses for Tardive Dyskinesia (SD-TD)

PREREQUISITES

The 3 prerequisites are as follows. Exceptions may occur.

1. A history of at least three months' total cumulative neuroleptic exposure. Include amoxapine and metoclopramide in all categories below as well.
2. **SCORING / INTENSITY LEVEL.** The presence of a **TOTAL SCORE OF FIVE (5) OR ABOVE.** Also be alert for any change from baseline or scores below five which have at least a "moderate" (3) or "severe" (4) movement on any item or at least two "mild" (2) movements on two items located in different body areas.
3. Other conditions are not responsible for the abnormal involuntary movements.

DIAGNOSES

The diagnosis is based upon the current exam and its relation to the last exam. The diagnosis can shift depending upon: (a) whether movements are present or not, (b) whether movements are present for 3 months or more (6 months if on a semi-annual assessment schedule), and (c) whether neuroleptic dosage changes occur and effect movements.

- **NO TD.** - Movements **are not** present on this exam **or** movements are present, but some other condition is responsible for them. The last diagnosis must be NO TD, PROBABLE TD, or WITHDRAWAL TD.
- **PROBABLE TD.** - Movements **are** present on this exam. This is the first time they are present **or** they have never been present for 3 months or more. The last diagnosis must be NO TD or PROBABLE TD.
- **PERSISTENT TD.** - Movements **are** present on this exam **and** they have been present for 3 months or more with this exam or at some point in the past. The last diagnosis can be any except NO TD.
- **MASKED TD.** - Movements **are not** present on this exam **but** this is due to a neuroleptic dosage increase or reinstatement after a prior exam when movements were present. Also use this conclusion if movements are not present due to the addition of a non-neuroleptic medication to treat TD. The last diagnosis must be PROBABLE TD, PERSISTENT TD, WITHDRAWAL TD, or MASKED TD.
- **REMITTED TD.** - Movements **are not** present on this exam **but** PERSISTENT TD has been diagnosed **and** no neuroleptic dosage increase or reinstatement has occurred. The last diagnosis must be PERSISTENT TD or REMITTED TD. If movements re-emerge, the diagnosis shifts back to PERSISTENT TD.
- **WITHDRAWAL TD.** - Movements **are not seen while** receiving neuroleptics or at the last dosage level **but are seen within** 8 weeks following a neuroleptic reduction or discontinuation. The last diagnosis must be NO TD or WITHDRAWAL TD. If movements continue for 3 months or more after the neuroleptic dosage reduction or discontinuation, the diagnosis shifts to PERSISTENT TD. If movements do not continue for 3 months or more after the reduction or discontinuation, the diagnosis shifts to NO TD.

INSTRUCTIONS

1. The rater completes the Assessment according to the standardized exam procedure. If the rater also completes Evaluation items 1-4, he/she must also sign the preparer box. The form is given to the physician. Alternatively, the physician may perform the assessment.
2. The physician completes the Evaluation section. The physician is responsible for the entire Evaluation section and its accuracy.
3. **It is recommended that the physician examine any individual who meets the 3 prerequisites or who has movements not explained by other factors. Neurological assessments or differential diagnostic tests which may be necessary should be obtained.**
4. File form according to policy or procedure.

OTHER CONDITIONS (partial list)

- | | |
|--|---------------------------------|
| 1. Age | 12. Huntington's Chorea |
| 2. Blind | 13. Hyperthyroidism |
| 3. Cerebral Palsy | 14. Hypoglycemia |
| 4. Contact Lenses | 15. Hypoparathyroidism |
| 5. Dentures / No Teeth | 16. Idiopathic Torsion Dystonia |
| 6. Down's Syndrome | 17. Meige Syndrome |
| 7. Drug Intoxication (specify) | 18. Parkinson's Disease |
| 8. Encephalitis | 19. Stereotypies |
| 9. Extrapyrimalidal Side-Effects (specify) | 20. Sydenham's Chorea |
| 10. Fahr's Syndrome | 21. Tourette's Syndrome |
| 11. Heavy Metal Intoxication (specify) | 22. Wilson's Disease |
| | 23. Other (specify) |