

(facility)  <b>Dyskinesia Identification System: Condensed User Scale (DISCUS)</b>  <b>CURRENT PSYCHOTROPICS/ANTI- CHOLINERGIC AND TOTAL MG/DAY</b>  _____ mg _____ mg _____ mg _____ mg  See Instructions On Other Side	<b>NAME</b> _____  <b>EXAM TYPE</b> (check one) <input type="checkbox"/> 1. Baseline <input type="checkbox"/> 2. Annual <input type="checkbox"/> 3. Semi-Annual <input type="checkbox"/> 4. D/C — 1 Month <input type="checkbox"/> 5. D/C — 2 Month <input type="checkbox"/> 6. D/C — 3 Month <input type="checkbox"/> 7. Admission <input type="checkbox"/> 8. Other  <b>COOPERATION</b> (check one) <input type="checkbox"/> 1. None <input type="checkbox"/> 2. Partial <input type="checkbox"/> 3. Full	<b>I.D.</b> _____  <b>SCORING</b> 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)
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<b>ASSESSMENT</b> DISCUS Item and Score (circle one score for each item)	<b>EVALUATION</b> (see other side)																					
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%; text-align: center;">FACE</td> <td style="width:80%;">           1. Tics ..... 0 1 2 3 4 NA            2. Grimaces ..... 0 1 2 3 4 NA         </td> <td style="width:10%;"></td> </tr> <tr> <td style="text-align: center;">EYES</td> <td>3. Blinking ..... 0 1 2 3 4 NA</td> <td></td> </tr> <tr> <td style="text-align: center;">ORAL</td> <td>4. Chewing/Lip Smacking ..... 0 1 2 3 4 NA            5. Puckering/Sucking/ Thrusting Lower Lip ..... 0 1 2 3 4 NA</td> <td></td> </tr> <tr> <td style="text-align: center;">LINGUAL</td> <td>6. Tongue Thrusting/ Tongue in Cheek ..... 0 1 2 3 4 NA            7. Tonic Tongue ..... 0 1 2 3 4 NA            8. Tongue Tremor ..... 0 1 2 3 4 NA            9. Athetoid/Myokymic/ Lateral Tongue ..... 0 1 2 3 4 NA</td> <td></td> </tr> <tr> <td style="text-align: center;">HEAD/ NECK/ TRUNK</td> <td>10. Retrocollis/Torticollis ..... 0 1 2 3 4 NA            11. Shoulder/Hip Torsion ..... 0 1 2 3 4 NA</td> <td></td> </tr> <tr> <td style="text-align: center;">UPPER LIMB</td> <td>12. Athetoid/Myokymic Finger-Wrist-Arm ..... 0 1 2 3 4 NA            13. Pill Rolling ..... 0 1 2 3 4 NA</td> <td></td> </tr> <tr> <td style="text-align: center;">LOWER LIMB</td> <td>14. Ankle Flexion/ Foot Tapping ..... 0 1 2 3 4 NA            15. Toe Movement ..... 0 1 2 3 4 NA</td> <td></td> </tr> </table>	FACE	1. Tics ..... 0 1 2 3 4 NA 2. Grimaces ..... 0 1 2 3 4 NA		EYES	3. Blinking ..... 0 1 2 3 4 NA		ORAL	4. Chewing/Lip Smacking ..... 0 1 2 3 4 NA 5. Puckering/Sucking/ Thrusting Lower Lip ..... 0 1 2 3 4 NA		LINGUAL	6. Tongue Thrusting/ Tongue in Cheek ..... 0 1 2 3 4 NA 7. Tonic Tongue ..... 0 1 2 3 4 NA 8. Tongue Tremor ..... 0 1 2 3 4 NA 9. Athetoid/Myokymic/ Lateral Tongue ..... 0 1 2 3 4 NA		HEAD/ NECK/ TRUNK	10. Retrocollis/Torticollis ..... 0 1 2 3 4 NA 11. Shoulder/Hip Torsion ..... 0 1 2 3 4 NA		UPPER LIMB	12. Athetoid/Myokymic Finger-Wrist-Arm ..... 0 1 2 3 4 NA 13. Pill Rolling ..... 0 1 2 3 4 NA		LOWER LIMB	14. Ankle Flexion/ Foot Tapping ..... 0 1 2 3 4 NA 15. Toe Movement ..... 0 1 2 3 4 NA		1. Greater than 90 days neuroleptic exposure? : YES NO 2. Scoring/intensity level met? : YES NO 3. Other diagnostic conditions? : YES NO (if yes, specify) _____ _____ 4. Last exam date: _____ Last total score: _____ Last conclusion: _____ <div style="border: 1px solid black; padding: 5px; margin-top: 5px;">           Preparer signature and title for items 1-4 (if different from physician):         </div> 5. Conclusion (circle one): A. No TD (if scoring prerequisite met, list other diagnostic condition 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: _____ _____ _____ _____ _____ _____
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<b>COMMENTS/OTHER</b> _____ _____ _____ _____ <div style="float: right; border: 1px solid black; padding: 5px; margin-top: 10px;"> <b>TOTAL SCORE</b>            _____            (items 1-15 only)         </div> <div style="float: right; margin-top: 10px;"> <b>EXAM DATE</b>            _____         </div>																						
<b>RATER SIGNATURE AND TITLE</b> _____	<b>NEXT EXAM DATE</b> _____	<b>PHYSICIAN SIGNATURE</b> _____	<b>DATE</b> _____																			