

TIC SYMPTOM SELF REPORT

NAME: _____ ID#: _____

Date: _____

Form completed by: (check all that apply) self mother father other

DIRECTIONS: Below is a list of "tic" symptoms. Tics are usually quick, jerking movements or repetitive sounds that are difficult to control. Considering both their frequency and forcefulness, please rate the severity of each one of your tics during the past week by placing one score (0 - 3; see below) in the appropriate box.

SCORING:

0 = No symptoms at all this past week 2 = Tics were frequent and forceful
 1 = Tics were infrequent and not forceful 3 = Tics were very frequent and very forceful

MOTOR TIC SYMPTOM	SCORE	VOCAL TIC SYMPTOM	SCORE
Eyeblinking		Grunting	
Eye movements		Throat clearing	
Jaw or mouth movements		Coughing	
Facial tics		Snorting	
Head jerks		Whistling	
Shoulder jerks		Bird noises (hooting)	
Arm movements		Animal noises (barking)	
Finger or hand movements		Squeaking	
Leg kicking		Other noises:	
Abdominal tensing		Gulping	
Tensing arms or legs		Humming	
Repetitive touching		Breathing tics	
Repetitive finger tapping		Repeating single words/syllables	
Hitting self		Blocking in speech	
Picking at things (clothing, etc.)		Voice changes (volume/pitch)	
Unusual body postures		Obscene words or cursing	
Skipping or twirling		Repeating own words/sentences	
Obscene gestures		Repeating other's speech	
Combined movements (specify):		Combined tics (specify):	
Other (specify):		Other (specify):	