STATE OF CONNECTICUT DEPARTMENT OF MENTAL RETARDATION

DYSKINESIA IDENTIFICATION SYSTEM: DISCUS RATING FORM (revised)

Name: _____

DMR No. _____

Date: ___/___/___ Time: _____AM/PM

TOTAL SCORE: _____

COOPERATION LEVEL: (circle one)
1. **NO CO-OP:** some resistance, few if any exam steps done
2. **PARTIAL CO-OP:** some but not all exam steps done
3. **FULL CO-OP:** most or all exam steps done

POSSIBLE RISK FACTORS:
(circle/complete all that apply)
1. **Age** _____
2. **Sex** _____
3. **Dentures/no teeth**
4. **Seizures**
5. **Senility**
6. **Neuro-degenerative disease**
7. **Neuro-muscular disease**
8. **Use of Anti-Parkinson drugs**
9. **Other** _____
_____

FACIAL:
1. Tics . . . . .0 1 2 3 4 NA
2. Grimaces . . . . 0 1 2 3 4 NA

OCULAR
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 thrusts/ 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/ Tortiollis . . . . 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

OTHER

Self-stim behavior . . . 1 2 3 4

Cerebral palsy 1 2 3 4

_____ 1 2 3 4

_____ 1 2 3 4

_____ 1 2 3 4

COMMENTS

_____
_____
_____
_____
_____

SCORING ABNORMAL INVOLUNTARY MOVEMENTS

0 = NOT PRESENT (movements not observed or not considered abnormal)
1 = MINIMAL (abnormal movements are difficult to detect, or occur only once or twice in a non-repetitive manner)
2 = MILD (abnormal movements occur infrequently but are easy to detect)
3 = MODERATE (abnormal movements frequently and are easy to detect)
4 = SEVERE (abnormal movements occur almost continuously and are easy to detect)
NA = NOT ASSESSED

GLOBAL JUDGEMENT

1. Severity of movements:

None or normal	0
Minimal	1
Mild	2
Moderate	3
Severe	4

2. Incapacitation due to abnormal movements:

None	0
Minimal	1
Mild	2
Moderate	3
Severe	4

3. Client awareness of abnormal movements

Unknown	0
No awareness	1
Aware, no distress	2
Aware, mild distress	3
Aware, moderate distress	4
Aware, severe distress	5

RATER CONCLUSIONS (circle appropriate letter/number)

(A) No abnormal involuntary movements observed
(B) Abnormal involuntary movements observes
    (1) not diagnosed previously
    (2) not seen previously
    (3) increased frequency or intensity
    (4) decreased frequency or intensity
(C) Abnormal involuntary movements observed, previously diagnosed as being due to: _____

_____
Screener, Physician, PA or APRN Signature

Final: 9/2000