STATE OF CONNECTICUT DEPARTMENT OF MENTAL RETARDATION

DYSKINESIA IDENTIFICATION SYSTEM: DISCUS RATING FORM (revised)

**Name:** _______________________________  **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

**DMR No.** __________________

**Date:** __/__/___  **Time:** _____AM/PM

**TOTAL SCORE:** ______________________

**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/ 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

**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)

**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 ________________

**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 observed
   (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