



**State of Illinois
Department of Human Services**

DYSKINESIA IDENTIFICATION CONDENSED USERS SCALE (DISCUS)

SEE INSTRUCTIONS ON OTHER SIDE

ASSESSMENT	
DISCUS Item and score (Circle one score for each item)	
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 Check ..	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 ...	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
Total DISCUS Score _____	

EXAM TYPE (check one)
// 1. Baseline/Admission
// 2. Annual
// 3. Semi-annual
// 4. D/C - 1 month
// 5. D/C - 2 month
// 6. D/C - 3 month
// 7. Other

Exam Date: _____
Next Exam Date: _____
Last Exam Date: _____
Last Total Score: _____
Last Conclusion: _____

CURRENT ANTIPSYCHOTICS/ ANTICHOLINERGICS	MG/DAY
_____	mg/day
_____	mg/day
_____	mg/day
_____	mg/day

PHYSICIAN'S EVALUATION (See Reverse)	
A. Prerequisites:	
1. Greater than 90 days neuroleptic exposure	Yes ___ No ___
2. Intensity prerequisite met?	Yes ___ No ___
3. Other diagnostic conditions? (If yes, specify)	Yes ___ No ___

B. TD Diagnosis (Circle one):	
1. No TD (if intensity prerequisite met explain in comments)	4. Masked TD
2. Probable TD	5. Remitted TD
3. Persistent TD	6. Withdrawal TD
C. Medication Reduction Plan:	

PHYSICIAN SIGNATURE	DATE

COOPERATION LEVEL (CIRCLE ONE)	0 - NOT PRESENT (Movement not observed or movements observed but not considered abnormal)
1. NONE: (Observed from distance only; or passive/active resistance; no activation task)	1 - MINMAL (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. PARTIAL (At least one activation task done; some but not all exam steps)	2 - MILD (abnormal movements occur infrequently and are easy to detect)
3. FULL (Complete examination performed)	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 cannot be made)

RATER COMMENTS

RATER SIGNATURE AND TITLE

(formerly DMHDD-40)
IL462-0040 (R-4-01) **E**

Individual
Date of Birth: _____ Sex _____
ID # _____
Facility _____
Subunit _____

Enter individual's identification above

GENERAL INSTRUCTIONS

The **rater** completes all sections of the form except the Physician Evaluation according to the standardized exam procedure. The form is then given to the physician. Alternatively, the physician may perform the assessment and complete all sections.

The **physician** completes the Evaluation Section. The physician is responsible for the entire section and its accuracy.

It is recommended that the physician **examine** any individual who meets the three prerequisites below or who has movements not explained by other conditions. Necessary neurological assessments or differential diagnostic tests should be obtained.

The **completed** form is filed according to policy or procedure.

The **original** is filed in the Individual's record. The **copy** is routed per facility policy or procedure.

PHYSICIAN EVALUATION

PREREQUISITES: The three prerequisites for a diagnosis of Tardive Dyskinesia are as follows. Exceptions to these prerequisites may occur.

1. A history of at least 3 months' total cumulative **exposure** to neuroleptics or amoxapine.
2. The presence of a total **score** of five (5) or above. Any changes from baseline or scores below five (5) which have at least a "moderate (3)" or "severe (4)" movements on any item, or at least two "mild (2)" movements on items located in different body areas also meet the intensity prerequisite.
3. A finding that other conditions (partial list below) are **not** responsible for the abnormal involuntary movements.

TD DIAGNOSIS

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 on a semi-annual schedule), and c) whether neuroleptic dosage changes occur and affect movements.

- **NOTD** Movements **are not** present on this exam, **or** movements are present but some other conditions is responsible for them. The last diagnosis must be NO TD, PROBABLE TD, or WITHDRAWAL TD.
- **PROBABLETD** Movements **are** present on the exam **and** they are present **or** they have never been present for 3 months or more. The last diagnosis must be NO TD or PROBABLE TD.
- **PERSISTENTTD** **Movements are** present on the 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.
- **MASKEDTD** **Movements are not** present on the exam **but** this is due to a neuroleptic dosage increase or reinstatement after a prior exam when movements are 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.
- **REMITTEDTD** Movements are not present on the 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 PERSISTENTTD.
- **WITHDRAWALTD** Movements **are not seen while** receiving neuroleptic 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 three months or more after the neuroleptic dosage reduction or discontinuation, the diagnosis shifts to PERSISTENT TD. If movements do not continue for three months or more after the reduction

OTHER DIAGNOSTIC CONDITIONS

The following is only partial listing of conditions which may exhibit abnormal movements.

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