### DYSKINESIA IDENTIFICATION CONDENSED USERS SCALE (DISCUS)

**SEE INSTRUCTIONS ON OTHER SIDE**

**State of Illinois**

**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 ________________**

**CURRENT ANTIPSYCHOTICS/ANTICHOLINERGICS**

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<th>MG/DAY</th>
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**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? Yes  ___  No  ___
   (If yes, specify)
   _______________________________________
   _______________________________________

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

C. Medication Reduction Plan:
   _______________________________________
   _______________________________________
   _______________________________________
   _______________________________________

**PHYSICIAN SIGNATURE**

**DATE**

**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: ____________**

**RATER COMMENTS**

_______________________________________________
_______________________________________________
_______________________________________________
_______________________________________________

**RATER SIGNATURE AND TITLE**

(Formerly DMHDD-40)
IL462-0040 (R-4-01)

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.

• NO TD
  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.

• PROBABLE TD
  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.

• PERSISTENT TD
  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.

• MASKED TD
  Movements are not present on the exam but this is due to a neuroleptic dosage increase or reinstitution 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.

• REMITTED TD
  Movements are not present on the exam but PERSISTENT TD has been diagnosed and no neuroleptic dosage increase or reinstitution has occurred. The last diagnosis must be PERSISTENT TD or REMITTED TD. If movements re-emerge, the diagnosis shifts back to PERSISTENT TD.

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