

# DYSKINESIA IDENTIFICATION SYSTEM: CONDENSED USER SCALE (DISCUS)

This form may be emailed to FamilyTouchReporting@gmail.com

INDIVIDUAL: \_\_\_\_\_

DATE OF SCREENING: \_\_\_\_\_

PHYSICIAN: \_\_\_\_\_

## COOPERATION LEVEL (check one):

- NONE** (passive/active resistance, no exam steps done)
- PARTIAL** (at least one activation task done, but not all exam steps completed);
- FULL** (complete examination; all steps done)

## FACIAL

- 1) TICS----- 0 1 2 3 NA
- 2) GRIMACES----- 0 1 2 3 NA

## OCULAR

- 1) BLINKING----- 0 1 2 3 NA

## ORAL

- 1) CHEWING / LIP SMACKING..... 0 1 2 3 NA
- 2) PUCKERING / SUCKING / THRUSTING  
    LOWER LIP----- 0 1 2 3 NA

## LINGUAL

- 1) TONGUE THRUSTS / TONGUE IN  
    CHEEK----- 0 1 2 3 NA
- 2) TONIC TONGUE----- 0 1 2 3 NA
- 3) TONGUE TREMOR----- 0 1 2 3 NA
- 4) ATHETOID / MYOKYMIC / LATERAL  
    TONGUE----- 0 1 2 3 NA

## HEAD / NECK / TRUCK

- 1) RETROCALLIS / TORTICALLIS----- 0 1 2 3 NA
- 2) SHOULDER / HIP TORSION----- 0 1 2 3 NA

## UPPER LIMB

- 1) ATHETOID / MYOKYMIC FINGER-  
    WRIST-ARM----- 0 1 2 3 NA
- 2) PIN ROLLING----- 0 1 2 3 NA

## LOWER LIMB

- 1) ANKLE FLEXION / FOOT TAPPING----- 0 1 2 3 NA
- 2) TOE MOVEMENT----- 0 1 2 3 NA

## SCORING:

- 0 = **NOT PRESENT** (movement not observed or some movements observed but not considered)
- 1 = **MINIMAL** (abnormal movements are difficult to detect or movements are easy to detect but occur once or twice in a short, non-repetitive manner.)
- 2 = **MILD** (abnormal movements occur infrequently and are easy to detect);
- 3 = **MODERATE** (abnormal movement occur frequently and are easy to detect);
- 4 = **SEVERE** (abnormal movements occur almost continuously and are easy to detect); or
- NA = **NOT ASSESSED** (an assessment for an item is not able to be made).

PHYSICIAN SIGNATURE \_\_\_\_\_

TOTAL DISCUS SCORE: \_\_\_\_\_