-		YALE GLOBA	L TIC SEVEI	RITY	SCALE
$\frac{NA}{r}$	AME:				DATE: / /
RA	ATER:				
Mo per	OTOR TIC SYMPTO	M CHECKLIST	Check motor	tics pi	resent during past week and worst ever
	CURRENT				WORST EVER
•Si	imple Motor Tics (Rapid,	Darting, "Meaning	aless").		
	Eye blinking	- wrearing	g1e35).		F 11:1:
	Eye movements				Eye blinking
	Nose movements				Eye movements
	Mouth movements				Nose movements
	Facial grimace				Mouth movements
	Head jerks/movemen	ts			Facial grimace
	Shoulder shrugs			0	Head jerks/movements
	Arm movements			0	Shoulder shrugs
	Hand movements			0	Arm movements
	Abdominal tensing			٥	Hand movements
	Leg, foot, or toe mover	nents		<u> </u>	Abdominal tensing
	Other (describe):			0	Leg, foot, or toe movements Other (describe):
•Co	mnlov Motor T' (Cl	1179			(13321130).
0	omplex Motor Tics (Slowe	er, "Purposeful"):			
	Eye movements				Eye movements
	Mouth movements				Mouth movements
	Facial movements or ex	xpressions			Facial movements or expressions
0	Head gestures or move Shoulder movements	ements			Head gestures or movements
					Shoulder movements
ä	Arm movements Hand movements				Arm movements
<u> </u>				0	Hand movements
<u> </u>	Writing tics			0	Writing tics
ō	Dystonic postures			0	Dystonic postures
0	Bending or gyrating Rotating			0	Bending or gyrating
Ö	U			0	Rotating
ō	Leg or foot or toe move Blocking	ments			Leg or foot or toe movements
0	O	1. 1		0	Blocking
	Tic related compulsive hing, tapping, grooming, even	benaviors		0	Tic related compulsive behaviors
<u> </u>	Copropraxia	mg-up)		(touch	ing, tapping, grooming, evening-up)
	Self-abusive behavior				Copropraxia
۵	Paroxysms of tics (displ	avs)		ם -	Self-abusive behavior
	tion seconds]	Paroxysms of tics (displays),
	Disinhibited behavior (describe)·*		durat I	ion seconds
	(,	_	Disinhibited behavior (describe):*
	Other (describe):			3	Other (describe):

	CURRENT		MOD		
•Sin	nple Phonic Symptoms (Fast, "Meaningless" Sounds):		WOR	ST EV	ER
	Sounds, noises				
(circl	le: coughing, throat clearing, (circle: cou	Sound	ds, nois	ses	
sniff	ing or animal or hind	ighing, th	nroat c	earing	,
	Other (list):	animal	or bird	noises	s)
_	Other (list):	Other	(list):		
• Cor	mplex Phonic Symptoms (Words, Phrases, Statements):	_			
	Syllables (list)				
_	Symboles (list)	Syllab	les (lis	t)	
	Words (1:1)				
	Words (list)	Word	s (list)		
	Coprolalia (list)				
	Coprolana (nst)	Copro	lalia (l	ist)	
	Echolalia	Echola	.1:-		
	Palalalia				
	Blocking	Palala			
	Speech atypicalities (1)	Blocki			
	Speech atypicalities (describe)	Speecl	ı atypi	calities	(describe
	Disinhibited speech (describe)*	1 1 1			
		sinhibite	a speed	ch (desc	ribe)*
* Do r	not include disinhibitions in ratings of tic behaviors				
		Cı	ırrent	More	t Ever
NU	MBER	Motor	Phonic	Motor	Phonic
None				-	
Single t	tic	0	0	0	0
Multip	le discrete tics (2-5)	1	1	1	1
	le discrete tics (>5)	2	2	2	2
	le discrete tics plus as least one orchestrated pattern of multiple simultaneous of	3	3	3	3
sequen	ual ties where it is difficult to distinguish discrete tice		4	4	4
Multipl	le discrete tics plus several (>2) orchestrated paroxysms of multiple simultaneous	ıs 5		-	
or sequ	ential ties that where it is difficult to distinguish discrete ties		5	5	5
			<u> </u>	_!	
FRE	QUENCY	Motor	Phonic	Motor	Phonic
	No evidence of specific tic behaviors			-	
RAREL	Y Specific tic behaviors have been present during previous week. These	0	0	0	0
renavio	ors occur intrequently, often not on a daily basis. If bouls of tics occur, they are	1	1	1	1
orier an	d theommon.				
OCCAS	SIONALLY Specific tic behaviors are usually present on a daily basis, but there	2	2	2	2
are tong	gue-free intervals during the day. Bouts of tics may occur on occasion and are	not	_	-	2
ouotuni.	sa for more than a few minutes at a time.				
long as	ENTLY Specific tic behaviors are present on a daily basis. Tic free intervals as	3	3	3	3
single se	3 hours are not uncommon. Bouts of tics occur regularly but may be limited to	a			
	ST ALWAYS Specific tic behaviors are present virtually every waking hour of				
every da	ay, and periods of sustained tic behaviors occur regularly. Bouts of tics are	4	4	4	4
commor	t and are not limited to a single setting.				
ALWAY	(S Specific tic behaviors are present virtually all the time. Tic free intervals are	-	P=		
difficult	to identify and do not last more than 5 to 10 minutes at most.	5	5	5	5
			1		

		Current		Worst Ever	
INTENSITY	Motor	Phonic	Motor	Phonic	
ABSENT MINIMAL DIFFERENCE TO	0	0	0	0	
MINIMAL INTENSITY Tics not visible or audible (based solely on patient's private experience) or tics are less forceful than comparable voluntary actions and are typically not noticed because of their intensity.	1	1	1	1	
MILD INTENSITY Tics are not more forceful than comparable voluntary actions or atterances and are typically not noticed because of their intensity.	2	2	2	2	
MODERATE INTENSITY Tics are more forceful than comparable voluntary actions but are not outside the range of normal expression for comparable voluntary actions or atterances. They may call attention to the individual because of their forceful character.	3	3	3	3	
MARKED INTENSITY Tics are more forceful than comparable voluntary actions or atterances and typically have an "exaggerated" character. Such tics frequently call attention to the individual because of their forceful and exaggerated character.	4	4	4	4	
SEVERE INTENSITY Tics are extremely forceful and exaggerated in expression. These cics call attention to the individual and may result in risk of physical injury (accidental, provoked, or self-inflicted) because of their forceful expression.	5	5	5	5	

COMPLEXITY	Motor	Phonic	Motor	Phonic
NONE If present, all tics are clearly "simple" (sudden, brief, purposeless) in character.	0	0	-	-
BORDERLINE Some tics are not clearly "simple" in character.	 	0	0	0
MILD Some tics are clearly "complex" (purposive in appearance) and mimic brief	1	1	1	1
automatic" behaviors, such as grooming, syllables, or brief meaningful utterances such as "ah huh," "hi" that could be readily camouflaged.	2	2	2	2
MODERATE Some tics are more "complex" (more purposive and sustained in appearance) and may occur in orchestrated bouts that would be difficult to camouflage but could be rationalized or "explained" as normal behavior or speech (picking, tapping, saying "you bet" or "honey", brief echolalia).	3	3	3	3
MARKED Some tics are very "complex" in character and tend to occur in sustained orchestrated bouts that would be difficult to camouflage and could not be easily rationalized as normal behavior or speech because of their duration and/or their unusual, inappropriate, bizarre or obscene character (a lengthy facial contortion, touching genitals, echolalia, speech atypicalities, longer bouts of saying "what do you mean" repeatedly, or saying "fu" or "sh").	4	4	4	4
SEVERE Some tics involve lengthy bouts of orchestrated behavior or speech that would be impossible to camouflage or successfully rationalize as normal because of their duration and/or extremely unusual, inappropriate, bizarre or obscene character (lengthy displays or utterances often involving copropraxia, self-abusive behavior, or coprolalia).	5	5	5	5

INTERFERENCE	Motor	Phonic	Moter	Phonic
NONE	0	0	-	-
MINIMAL When tics are present, they do not interrupt the flow of behavior or speech.	U	10	U	0
MILD What is	1	1	1	1
MILD When ties are present, they occasionally interrupt the flow of behavior or speech.	2	2	2	2
MODERATE When tics are present, they frequently interrupt the flow of behavior or speech.	3	3	3	3
MARKED When tics are present, they frequently interrupt the flow of behavior or speech, and they occasionally disrupt intended action or communication.	4	4	4	4
SEVERE When tics are present, they frequently disrupt intended action or communication.	5	5	5	5

IMPAIRMENT	Current	Worst
and a process of the contract	0	0
MINIMAL Tics associated with subtle difficulties in self-esteem, family life, social acceptance, or school or job functioning (infrequent upset or concern about tics vis a vis the future, periodic, slight increase in family tensions because of tics, friends or acquaintances may occasionally notice or comment about tics in an upsetting way).	(2500) (328)	10
MILD Tics associated with minor difficulties in self-esteem, family life, social acceptance, or school or job functioning.	20	20
MODERATE Tics associated with some clear problems in self-esteem family life, social acceptance, or school or job functioning (episodes of dysphoria, periodic distress and upheaval in the family, frequent teasing by peers or episodic social avoidance, periodic interference in school performance because of tics).	30	30
MARKED Tics associated with major difficulties in self-esteem, family life, social acceptance, or school or job functioning.	40	40
SEVERE Tics associated with extreme difficulties in self-esteem, family life, social acceptance, or school or job functioning (severe depression with suicidal ideation, disruption of the family (separation/divorce, residential placement), disruption of social tics - severely restricted life because of social stigma and social avoidance, removal from school or loss of job).	50	50