## Dyskinesia Identification System: Condensed User Scale (DISCUS)

### Scoring
- **0**— Not Present (abnormal movements not observed or some movements observed but not considered abnormal)
- **1**— Minimal (abnormal movements are difficult to detect or are easy to detect but only occur only once or twice in a short non-repetitive manner)
- **2**— Mild (abnormal movements occur infrequently and are easy to detect)
- **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 is not able to be made.)

### Assessment

**DISCUS Item and Score** (circle one score for each item)

| Face | | | | | |
|------|------|------|------|------|
| 1. Tics | 0 | 1 | 2 | 3 | 4 | NA |
| 2. Grimaces | 0 | 1 | 2 | 3 | 4 | NA |
| 3. Blinking | 0 | 1 | 2 | 3 | 4 | NA |

| Eyes | | | | | |
|------|------|------|------|------|
| 4. Chewing/Lip Smacking | 0 | 1 | 2 | 3 | 4 | NA |
| 5. Puckering/Sucking Thrusting Lower Lip | 0 | 1 | 2 | 3 | 4 | NA |

| Oral | | | | | |
|------|------|------|------|------|
| 6. Tongue Thrusting/ 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/Torticollis | 0 | 1 | 2 | 3 | 4 | NA |
| 11. Shoulder/Hip Torsion | 0 | 1 | 2 | 3 | 4 | NA |
| 12. Athetoid/Myokymic Finger-Wrist-Arm | 0 | 1 | 2 | 3 | 4 | NA |
| 13. Pill Rolling | 0 | 1 | 2 | 3 | 4 | NA |

| Upper Limb | | | | | |
|-------------|------|------|------|------|
| 14. Ankle Flexion/ Foot Tapping | 0 | 1 | 2 | 3 | 4 | NA |
| 15. Toe Movement | 0 | 1 | 2 | 3 | 4 | NA |

### Comments/Other

**TOTAL SCORE**

(items 1-15)

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### Evaluation (see prerequisites on other side)

1. Greater than 90 days antipsychotic drug exposure? **YES** **NO**
2. Total score of 5 or greater (or other scoring indicator)? **YES** **NO**
3. Other diagnoses accounting for score? **NO** **YES** (specify)

4. Last exam date:

Last total score:

Last conclusion:

5. Conclusion (circle one):

   A. No TD (if scoring prerequisite met, please discuss in comments)
   B. Probable TD
   C. Masked TD
   D. Withdrawal TD
   E. Persistent TD
   F. Remitted TD
   G. Other (specify below)

6. Comments:

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**Preparer signature and title for items 1-4 (if different from prescriber):**

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**Client Name**

**I.D. or Unit**

**Exam Type**

(check one)

- [ ] 1. Baseline
- [ ] 2. 6-Month
- [ ] 3. D/C: 1 Month
- [ ] 4. D/C: 2 Month
- [ ] 5. D/C: 3 Month
- [ ] 6. Admission
- [ ] 7. Other

**Current Psychopharmacologic Drugs and Anticholinergic Drugs** (also list any other drugs prescribed to treat TD or associated with TD)

<table>
<thead>
<tr>
<th>Drug</th>
<th>mg/day</th>
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**Cooperation**

(check one)

- [ ] 1. None
- [ ] 2. Partial
- [ ] 3. Full

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The DISCUS presented is a slightly modified version by the authors from the published public domain version. It remains in the public domain.
Simplified Diagnoses for Tardive Dyskinesia (SD-TD)

PREREQUISITES — The 3 prerequisites are as follows. Exceptions may occur.

1. A history of at least three months’ total cumulative antipsychotic drug exposure. Include amoxapine and metoclopramide in all categories below as well.
2. Scoring/Intensity Level: The presence of a total score of five (5) or above. Also be alert for any change from baseline or scores below 5 which have at least a “moderate” (3) or “severe” (4) score on any item or at least two “mild” (2) scores on items located in different body areas.
3. Other conditions are not responsible for the movements.

DIAGNOSES — The diagnosis is based upon the current exam and its relation to the last exam. The diagnosis can shift depending upon whether: (a) movements are present or not, (b) movements are present for 3 months or more (6 months if on a semi-annual assessment schedule), and (c) antipsychotic drug or dose changes occur and effect movements.

- **NO TD** — Movements are not present on this exam or movements are present, but another condition is responsible for them. The last diagnosis must be NO TD, PROBABLE TD, or WITHDRAWAL TD.
- **PROBABLE TD** — Movements are present on this exam. However, this is the first time 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 this 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 this exam but this is due to an antipsychotic dose increase or reinstitution after a prior exam when movements were present. Also use this category if movements are not present due to the addition of a 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 this exam but PERSISTENT TD has been diagnosed and no antipsychotic dose 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 antipsychotic drugs but are seen within 8 weeks following an antipsychotic dose reduction or discontinuation. The last diagnosis must be NO TD or WITHDRAWAL TD. If movements continue for 3 months or more after the antipsychotic dose reduction or discontinuation, the diagnosis shifts to PERSISTENT TD. If movements do not continue for 3 months or more after the reduction or discontinuation, the diagnosis shifts to NO TD.

Instructions

1. The rater completes the Assessment according to the standardized examination procedure. If the rater also completes Evaluation items 1-4, he/she must also sign the preparer box. The form is given to the prescriber. Alternatively, the prescriber may perform the assessment.
2. The prescriber completes the Evaluation section. The prescriber is responsible for the entire Evaluation section and its accuracy.
3. It is recommended that the prescriber examine any individual who meets the 3 prerequisites or who has movements not explained by other factors. Neurological assessment or differential diagnostic tests which may be necessary should be obtained.
4. File form according to policy or procedure.

Other Conditions (partial list)

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 Syndrome
18. Parkinson’s Disease
19. Stereotypes
20. Sydenham’s Chorea
21. Tourette’s Syndrome
22. Wilson’s Disease
23. Other (specify)