

PARENT TIC QUESTIONNAIRE

Name/Initials _____

Date _____

Informant _____

For each of the tics listed below, please mark “Yes” or “No” as to whether or not your child has had a tic in the past week.

For each tic you mark as “Yes”, please mark how **FREQUENTLY** the tic occurred over the past week according to the following:

Constant, almost all the time during the day

Hourly, at least once per hour

Daily, at least several times per day

Weekly, just a few times or less

Under **INTENSITY**, rate how intense you believe the tic felt to your child over the past week. For example, if it was very mild, like a weak twitch, that would be a “1” or “2”. A much more forceful tic that would be very noticeable to others and may even be painful would be rated as a “6” or even higher. Any tic that would be obviously noticeable to others should be rated as at least a “4”.

MOTOR TICS	PRESENT		FREQUENCY				INTENSITY
	YES	NO	C	H	D	W	0-8
			4	3	2	1	
Eye blinking							
Eye rolling / darting							
Head jerk							
Facial grimace							
Mouth/tongue movements							
Shoulder shrugs							
Chest/stomach tightening							
Pelvic tensing movements							
Leg/feet movements							
Arm/hand movements							
Echopraxia (copying another’s gestures)							
Copropraxia (obscene gestures)							
Other motor tics							
Complex motor combinations (multiple tics at once)							

FREQUENCY: Constant, almost all the time during the day

Hourly, at least once per hour

Daily, at least several times per day

Weekly, just a few times or less

INTENSITY: Mild: 1-2; Obvious to others: 4 or higher; Very noticeable or painful: 6 or higher.

VOCAL TICS	PRESENT		FREQUENCY				INTENSITY 0-8
	YES	NO	C	H	D	W	
			4	3	2	1	
Grunting							
Sniffing							
Snorting							
Coughing							
Animal noises							
Syllables							
Words							
Phrases							
Echolalia (repeating vocalizations of others)							
Coprolalia (obscene words)							
Blocking/stuttering							
Other							
Other vocal tics							
Complex vocal combinations (multiple tics at once)							

SUBMIT