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| Code: 0=None; 1=Minimal, may be extreme normal; 2=Mild; 3=Moderate; 4=Severe | |
| **Movement Ratings:** Rate highest severity observed. Rate movements that occur upon activation one less than those observed spontaneously. | |
| Facial and  Oral  Movements | **1. Muscles of Facial Expression** e.g., movements of forehead, eyebrows, periorbital area, cheeks, including frowning, blinking, smiling, grimacing.  **&cltasm12904&** |
| **2. Lips and Perioral Area** e.g., puckering, pouting, smacking.  **&cltasm12905&** |
| **3. Jaw** e.g., biting, clenching, chewing, mouth opening, lateral movement.  **&cltasm12906&** |
| **4. Tongue** Rate only increases in movement both in and out of mouth. NOT inability to sustain movement. Darting in and out of mouth.  **&cltasm12907&** |
| Extremity  Movements | **5. Upper (arms, wrists, hands, fingers)** Include choreic movements (i.e., rapid, objectively purposeless, irregular, spontaneous) athetoid movements (i.e., slow, irregular, complex, serpentine). DO NOT INCLUDE TREMOR (i.e., repetitive, regular, rhythmic).  **&cltasm12908&** |
| **6. Lower (legs, knees, ankles, toes)** e.g., lateral knee movement, foot tapping, heel dropping, foot squirming, inversion and eversion of foot.  **&cltasm12909&** |
| Trunk  Movements | **7. Neck, shoulders, hips** e.g., rocking, twisting, squirming, pelvic gyrations.  **&cltasm12910&** |
| Global  Judgments | **8. Severity of abnormal movements overall**  **&cltasm12911&** |
| **9. Incapacitation due to abnormal movements**  **&cltasm12912&** |
| **10. Patient’s awareness of abnormal movements.** Rate only patient’s report  **&cltasm12913&** |
| Dental Status | **11. Current problems with teeth and/or dentures**  **&cltasm12914&** |
| **12. Are Dentures usually worn?**  **&cltasm12915&** |
| **13. Edentia?**  **&cltasm12916&** |
|  | **14. Do movements disappear in sleep?**  **&cltasm12917&** |

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| **Provider’s Signature** |
| **Staff Signature/Credentials/Date**  &STFCONSENTX& |