

To be completed every six (6) months by physician for clients on behavior modifying drugs.

Client: \_\_\_\_\_ Date: \_\_\_\_\_

Observer: \_\_\_\_\_ Total score: \_\_\_\_\_

Rating severity – use the following guidelines

- 1 – Absent Symptom not present at all during observation
- 2 – Rare Symptom present fleetingly during observation period
- 3 – Mild Symptom is definitely present but mild severity occurring occasionally during the rating period (i.e., more than four times)
- 4 – Moderate Symptom is of moderate severity and persists for most of the observation period
- 5 – Severe Symptom is very pronounced and is usually present continuously throughout the observation period

FACE	ABS	RARE	MILD	MOD	SEV
1. Blinking of eyes	1	2	3	4	5
2. Lip movements (pouting, puckering, smacking)	1	2	3	4	5
3. Chewing movements; bonbon sign	1	2	3	4	5
4. Tongue protrusion, can't keep tongue out	1	2	3	4	5
5. Tongue tremor	1	2	3	4	5
6. Grimacing	1	2	3	4	5
NECK AND TRUNK					
7. Axial hyperkinesia (abnormal bending and twisting of the neck)	1	2	3	4	5
8. Torsion movements; rocking	1	2	3	4	5
EXTREMITIES					
9. Choreoathetoid movements of fingers and wrist (abnormal spastic movements of fingers, wrists)	1	2	3	4	5
10. Choreoathetoid movements of ankles and toes	1	2	3	4	5
11. Restless legs (stamping feet, crossing/uncrossing)	1	2	3	4	5
ENTIRE BODY					
12. Holokinetic movements (abnormal twisting, bending, and turning of the entire body)	1	2	3	4	5

Physician's Signature: \_\_\_\_\_

