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Y G T S S
Yale Global Tic Severity Scale
Yale Child Study Center

October 1992 version

NAME:	TODAY'S DATE :	/	/
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MOTOR TIC SYMPTOM CHECKLIST

Description of Motor Tic Symptoms. Motor tics usually begin in childhood and are characterized by sudden jerks or movements, such as forceful eye blinking or a rapid head jerk to one side or the other. The same tics seem to recur in bouts during the day and are worse during periods of fatigue and/or stress. Many tics occur without warning and may not even be noticed by the person doing them. Others are preceded by a subtle urge that is difficult to describe (some liken it to the urge to scratch an itch). In many cases it is possible to voluntarily hold back the tics for brief periods of time. Although any part of the body may be affected, the face, head, neck, and shoulders are the most common areas involved. Over periods of weeks to months, motor tics wax and wane and old tics may be replaced by totally new ones.

Simple motor tics can be described as a sudden, brief, "meaningless" movement that recurs in bouts (such as excessive eye blinking or squinting). Complex motor tics are sudden, stereotyped (i.e., always done in the same manner) semi-purposeful (i.e., the movement may resemble a meaningful act, but is usually involuntary and not related to what is occurring at the time) movements that involve more than one muscle group. There may often be a constellation of movements such as facial grimacing together with body movements. Some complex tics may be misunderstood by other people (i.e., as if you were shrugging to say "I don't know"). Complex tics can be difficult to distinguish from compulsions; however, it is unusual to see complex tics in the absence of simple ones. Often there is a tendency to explain away the tics with elaborate explanations (e.g., "I have hay fever that has persisted" even though it is not the right time of year). Tics are usually at their worst in childhood and may virtually disappear by early adulthood, so if you are completing this form for yourself, it may be helpful to talk to your parents, an older sibling, or a relative, as you answer the following questions.

- Age of **first** motor tics? _____ years old
- Describe **first** motor tic: _____
- Was tic onset sudden or gradual? _____
- Age of **worst** motor tics? _____ years old

Motor Tic Symptom Checklist

In the boxes on the left below, please check with a mark (x) the tics the patient

- 1) has **EVER** experienced
- 2) is **CURRENTLY** experiencing (during the past week)

State AGE OF ONSET (in years) if patient has had that behavior.

Also, in the tic descriptions below, please circle or underline the specific tics that the patient has experienced (circle or underline the words that apply).

[In Years]

Ever	Current	Age of onset	The patient has experienced, or others have noticed, involuntary and apparently purposeless bouts of:	Ver
-eye movements.				
			eye blinking, squinting, a quick turning of the eyes, rolling of the eyes to one side, or opening eyes wide very briefly.	
			eye gestures such as looking surprised or quizzical, or looking to one side for a brief period of time, as if s/he heard a noise.	
-nose, mouth, tongue movements, or facial grimacing.				
			nose twitching, biting the tongue, chewing on the lip or licking the lip, lip pouting, teeth baring, or teeth grinding.	
			broadening the nostrils as if smelling something, smiling, or other gestures involving the mouth, holding funny expressions, or sticking out the tongue.	
-head jerks/movements.				
			touching the shoulder with the chin or lifting the chin up.	
			throwing the head back, as if to get hair out of the eyes.	
-shoulder jerks/movements.				
			jerking a shoulder.	
			shrugging the shoulder as if to say "I don't know."	
-arm or hand movements.				
			quickly flexing the arms or extending them, nail biting, poking with fingers, or popping knuckles.	
			passing hand through the hair in a combing like fashion, or touching objects or others, pinching, or counting with fingers for no purpose, or writing tics, such as writing over and over the same letter or word, or pulling back on the pencil while writing.	
-leg, foot or toe movements.				
			kicking, skipping, knee-bending, flexing or extension of the ankles; shaking, stomping or tapping the foot.	
			taking a step forward and two steps backward, squatting, or deep knee-bending.	

Ever	Current	Age of onset	The patient has experienced, or others have noticed, involuntary and apparently purposeless bouts of:	Ver
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-abdominal/trunk/pelvis movements.

			tensing the abdomen, tensing the buttocks.	
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-other simple motor tics.

			Please write example(s): _____	
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-other complex motor tics.

			touching	
			tapping	
			picking	
			evening-up	
			reckless behaviors	
			stimulus-dependent tics (a tic which follows, for example, hearing a particular word or phrase, seeing a specific object, smelling a particular odor). Please write example(s): _____	
			rude/obscene gestures; obscene finger/hand gestures.	
			unusual postures.	
			bending or gyrating, such as bending over.	
			rotating or spinning on one foot.	
			copying the action of another (echopraxia)	
			sudden tic-like impulsive behaviors. Please describe: _____	
			tic-like behaviors that could injure/mutilate others. Please describe: _____	
			self-injurious tic-like behavior(s). Please describe: _____	

-other involuntary and apparently purposeless motor tics (that do not fit in any previous categories).

			Please describe any other patterns or sequences of motor tic behaviors: _____ _____ _____ _____ _____	
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Phonic (Vocal) Tics

Description of Phonic (or Vocal) Tic Symptoms Phonic tics usually begin in childhood, typically after motor tics have already started, but they can be the first tic symptoms. They are characterized by a sudden utterance of sounds such as throat clearing or sniffing. The same tics seem to recur in bouts during the day and are worse during periods of fatigue and/or stress. Many tics occur without warning and may not even be noticed by the person doing them. Others are preceded by a subtle urge that is difficult to describe (some liken it to the urge to scratch an itch). In many cases it is possible to voluntarily hold back the tics for brief periods of time. Over periods of weeks to months, phonic tics wax and wane and old tics may be replaced by totally new ones. Simple phonic tics are utterances of fast, meaningless sounds whereas complex phonic tics are involuntary, repetitive, purposeless utterances of words, phrases or statements that are out of context, such as uttering obscenities (i.e., coprolalia), or repeating over and over again what other people have said (i.e., echolalia). Complex tics can be difficult to distinguish from compulsions; however, it is unusual to see complex tics in the absence of simple ones. Often there is a tendency to explain away the tics with elaborate explanations (e.g., "I have hay fever that has persisted" even though it is not the right time of year). Tics are usually at their worst in childhood and may virtually disappear by early adulthood, so if you are completing this form for yourself, it may be helpful to talk to your parents, an older brother or sister, or older relative, as you answer the following questions.

- Age of **first** vocal tics? _____ years old.
- Describe **first** vocal tic: _____
- Was tic onset sudden or gradual? _____
- Age of **worst** vocal tics? _____ years old.

Phonic Tic Symptom Checklist

In the boxes on the left below, please check with a mark (x) the tics the patient

1) has **EVER** experienced

2) is **CURRENTLY** experiencing (during the past week)

State **AGE OF ONSET** (in years) if patient has had that behavior.

Also, in the tic descriptions below, please circle or underline the specific tics that the patient has experienced (circle or underline the words that apply).

[In Years]				
Ever	Cur- rent	Age of onset	The patient has experienced, or others have noticed, bouts of involuntary and apparently purposeless utterance of:	Ver
			-coughing.	
			-throat clearing.	
			-sniffing.	
			-whistling.	
			-animal or bird noises.	
			-Other simple phonic tics. Please list:	
			-syllables. Please list:	
			-words. Please list:	
			-rude or obscene words or phrases. Please list:	
			-repeating what someone else said, either sounds, single words or sentences. Perhaps repeating what's said on TV (echolalia).	
			-repeating something the patient said over and over again (palilalia).	
			-other tic-like speech problems, such as sudden changes in volume or pitch. Please describe:	
			Describe any other patterns or sequences of phonic tic behaviors:	

SEVERITY RATINGS

NUMBER

	Motor	Phonic	
None	☐	☐	0
Single tic	☐	☐	1
Multiple discrete tics (2-5)	☐	☐	2
Multiple discrete tics (>5)	☐	☐	3
Multiple discrete tics plus at least one orchestrated pattern of multiple simultaneous or sequential tics where it is difficult to distinguish discrete tics	☐	☐	4
Multiple discrete tics plus several (>2) orchestrated paroxysms of multiple simultaneous or sequential tics that where it is difficult to distinguish discrete tics	☐	☐	5

FREQUENCY

	Motor	Phonic	
NONE No evidence of specific tic behaviors	☐	☐	0
RARELY Specific tic behaviors have been present during previous week. These behaviors occur infrequently, often not on a daily basis. If bouts of tics occur, they are brief and uncommon.	☐	☐	1
OCCASIONALLY Specific tic behaviors are usually present on a daily basis, but there are long tic-free intervals during the day. Bouts of tics may occur on occasion and are not sustained for more than a few minutes at a time.	☐	☐	2
FREQUENTLY Specific tic behaviors are present on a daily basis. tic free intervals as long as 3 hours are not uncommon. Bouts of tics occur regularly but may be limited to a single setting.	☐	☐	3
ALMOST ALWAYS Specific tic behaviors are present virtually every waking hour of every day, and periods of sustained tic behaviors occur regularly. Bouts of tics are common and are not limited to a single setting.	☐	☐	4
ALWAYS Specific tic behaviors are present virtually all the time. Tic free intervals are difficult to identify and do not last more than 5 to 10 minutes at most.	☐	☐	5

INTENSITY

	Motor	Phonic	
ABSENT	☐	☐	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
MILD INTENSITY Tics are not more forceful than comparable voluntary actions or utterances and are typically not noticed because of their intensity.	☐	☐	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 utterances. They may call attention to the individual because of their forceful character.	☐	☐	3
MARKED INTENSITY Tics are more forceful than comparable voluntary actions or utterances and typically have an "exaggerated" character. Such tics frequently call attention to the individual because of their forceful and exaggerated character.	☐	☐	4
SEVERE INTENSITY Tics are extremely forceful and exaggerated in expression. These tics call attention to the individual and may result in risk of physical injury (accidental, provoked, or self-inflicted) because of their forceful expression.	☐	☐	5

COMPLEXITY

	Motor	Phonic	
NONE If present, all tics are clearly "simple" (sudden, brief, purposeless) in character.	☐	☐	0
BORDERLINE Some tics are not clearly "simple" in character.	☐	☐	1
MILD Some tics are clearly "complex" (purposive in appearance) and mimic brief "automatic" behaviors, such as grooming, syllables, or brief meaningful utterances such as "ah huh," "hi" that could be readily camouflaged.	☐	☐	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
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
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

INTERFERENCE

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

IMPAIRMENT

NONE	☐	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).	☐	10
MILD Tics associated with minor difficulties in self-esteem, family life, social acceptance, or school or job functioning.	☐	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 or job performance because of tics).	☐	30
MARKED Tics associated with major difficulties in self-esteem, family life, social acceptance, or school or job functioning.	☐	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

SCORING

	<i>Number (0-5)</i>	<i>Frequency (0-5)</i>	<i>Intensity (0-5)</i>	<i>Complexity (0-5)</i>	<i>Interference (0-5)</i>	<i>Total (0-25)</i>
<i>Motor Tic Severity</i>						
<i>Vocal Tic Severity</i>						

<i>Total Tic Severity Score = Motor Tic Severity + Vocal Tic Severity (0-50)</i>	
<i>Total Yale Global Tic Severity Scale Score (Total Tic Severity Score + Impairment) (0-100)</i>	