

# Tic Reporting Inventory

Name of Student: \_\_\_\_\_ Date: \_\_\_\_\_

Name of Person Completing Form: \_\_\_\_\_

If the student is on medication(s), indicate the name and dosage of the medication(s): \_\_\_\_\_

**Directions:** Please complete this form based on the **frequency** of the tics you have observed in the home/school (circle one) over the last **2 weeks**. Use the last column (Severity) to indicate how severe in intensity the tics appear to you: Use **1**=mild, **2**=moderate, **3**=severe.

## Part 1: Motor Tics

	NOT AT ALL	JUST A LITTLE	SOMEWHAT OFTEN	VERY OFTEN	SEVERITY
<b>Motor Tics of the Head, Neck, and Face Region:</b>					
Eye blinking					
Eye rolling or squinting					
Head jerking					
Sticking out tongue					
Snapping head back or to the side					
Brushing or tossing hair out of eyes					
Smelling self or objects	<i>Describe:</i>				
Grimacing					
Smiling					
<b>Motor Tics of the Shoulder and Trunk Region:</b>					
Shoulder shrug					
Bending over					
Tensing abdominal muscles					
Tensing other muscle groups	<i>Describe:</i>				

	NOT AT ALL	JUST A LITTLE	SOMEWHAT OFTEN	VERY OFTEN	SEVERITY
<b>Motor Tics of the Arms and Legs (Simple and Complex):</b>					
Finger or hand movements					
	<i>Describe:</i>				
Arm movements					
	<i>Describe:</i>				
Tapping foot					
Kicking					
Jumping or hopping					
Twirling around					
Skipping					
Throwing movements					
Jabbing or poking					
Hitting or punching					
Touching:                      Objects					
Self					
Other people					
Picking at clothes					
Self-injurious behaviors					
	<i>Describe:</i>				
<b>Other Complex Tics:</b>					
Copropraxia:            Obscene gestures					
Sexual touching-self					
Sexual touching-others					
Other					
	<i>Describe:</i>				
Imitates (echoes):    Other's actions					
Own actions					
Other Motor Tics					
	<i>Describe:</i>				

Are there any other repetitive and rhythmical movements that the child makes that were not listed above? If so, please describe below. You may use the back of the page if necessary. \_\_\_\_\_

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Do the motor tics seem to be embarrassing to the child? Do you think that the tics are interfering with schoolwork? With social relationships? Please explain below or on the back of this page. \_\_\_\_\_

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### Part 2: Phonic or Vocal Tics

	NOT AT ALL	JUST A LITTLE	SOMEWHAT OFTEN	VERY OFTEN	SEVERITY
<b>Simple Phonic Tics:</b>					
Throat clearing sounds					
Grunting					
Coughing					
Sniffing					
Barking					
Snorting					
Humming					
Squeaking					
Spitting					
Yelling or screaming sounds					
<b>Complex Phonic Tics:</b>					
Animal-like sounds					
Unusual changes in pitch or volume of voice					
Stuttering					
Imitates: Others' sounds or words					
	Own sounds or words				
Coprolalia (involuntary): Obscenities					
	Racial or ethnic slurs				
	Other socially taboo utterances				
Other involuntary utterances					
	<i>Describe:</i>				

Are there any other repetitive and unusual vocalizations that your child makes that were not listed in the chart above? If so, please describe them in the space below or on the back of this page. \_\_\_\_\_

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Do the vocal tics seem to be embarrassing to the child? Do you think that the tics are interfering with school-work? With social relationships? Please explain below or on the back of this page. \_\_\_\_\_

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