Washington State Department of Social & Health Services
Transforming lives

DEVELOPMENTAL DISABILITIES ADMINISTRATION (DDA)

Dyskinesia Identification System: Discus Rating

NAME	ID OR UNIT
DATE TIME ☐ AM ☐ PM	

TOTAL SCORE:

SCORING ABNORMAL INVOLUNTARY MOVEMENTS:

0 = NOT PRESENT (Movements not observed or not considered abnormal)

1 = MINIMAL (Abnormal movements are difficult to detect, or occur only once or twice in a non-repetitive manner)

2 = MILD (Abnormal movements occur infrequently but are easy to detect)

3 = MODERATE (Abnormal movements occur frequently and are easy to detect

4 = SEVERE (Abnormal movements occur almost continuously and are easy to detect)

NA = NOT ASSESSED

	1	2	3	4	NA
FACIAL					
01. Tics	☐	☐	☐	☐	☐
02. Grimaces	☐	☐	☐	☐	☐
OCULAR					
03. Blinking	☐	☐	☐	☐	☐
ORAL					
04. Chewing/lip smacking	☐	☐	☐	☐	☐
05. Puckering/sucking/thrusting lower lip	☐	☐	☐	☐	☐
LINGUAL					
06. Tongue thrusts	☐	☐	☐	☐	☐
Tongue in cheek	☐	☐	☐	☐	☐
07. Tonic tongue	☐	☐	☐	☐	☐
08. Tongue tremor	☐	☐	☐	☐	☐
09. Athetoid/Myokymic/ Lateral tongue	☐	☐	☐	☐	☐
HEAD/NECK/TRUNK					
10. Retrocollis/Toriollis	☐	☐	☐	☐	☐
11. Shoulder Hip Torsion	☐	☐	☐	☐	☐
UPPER LIMB					
12. Athetoid/Myokymic/finger/wrist/ arm	☐	☐	☐	☐	☐
13. Pill rolling	☐	☐	☐	☐	☐
LOWER LIMB					
14. Ankle Flexion/foot tapping	☐	☐	☐	☐	☐
15. Toe movement	☐	☐	☐	☐	☐
OTHER					
Self-stim behavior	☐	☐	☐	☐	☐
Cerebral palsy	☐	☐	☐	☐	☐
_____	☐	☐	☐	☐	☐
_____	☐	☐	☐	☐	☐
_____	☐	☐	☐	☐	☐
_____	☐	☐	☐	☐	☐

COOPERATION LEVEL (CHECK ONE)

☐ NO COOPERATION: Some resistance, few if any exam steps done.

☐ PARTIAL COOPERATION: Some but not all exam steps done.

☐ FULL COOPERATION: Most or all exam steps done.

POSSIBLE RISK FACTORS (CHECK/COMPLETE ALL THAT APPLY)

☐ 1. Age (specify): _____

☐ 2. Sex (specify): _____

☐ 3. Dentures/no teeth

☐ 4. Seizures

☐ 5. Senility

☐ 6. Neuro-degenerative disease

☐ 7. Neuro-muscular disease

☐ 8. Use of anti-Parkinson drugs

☐ 9. Other (specify):

GLOBAL JUDGMENT

1. ☐ Severity of movements:
   ☐ 0 None or Minimal ☐ 2 Mild ☐ 4 Severe
   ☐ 1 Minimal ☐ 3 Moderate

2. ☐ Incapacitation due to abnormal movements:
   ☐ 0 None or Minimal ☐ 2 Mild ☐ 4 Severe
   ☐ 1 Minimal ☐ 3 Moderate

3. ☐ Client awareness of abnormal movements:
   ☐ 0 None or Minimal ☐ 2 Mild ☐ 4 Severe
   ☐ 1 Minimal ☐ 3 Moderate

RATER CONCLUSIONS (CHECK APPROPRIATE BOXES)

☐ A. No abnormal involuntary movements observed

☐ B. Abnormal involuntary movements observed
   ☐ 1. Not diagnosed previously
   ☐ 2. Not seen previously
   ☐ 3. Increased frequency or intensity
   ☐ 4. Decreased frequency or intensity

☐ C. Abnormal involuntary movements observed, previously diagnosed as being due to:

COMMENTS

SCREENED, PHYSICIAN, PA, OR APR SIGNATURE