

Name \_\_\_\_\_ D.O.B. \_\_\_/\_\_\_/\_\_\_ Date \_\_\_/\_\_\_/\_\_\_

Have you ever taken any of the antipsychotics or mood stabilizers listed here?

Yes  No

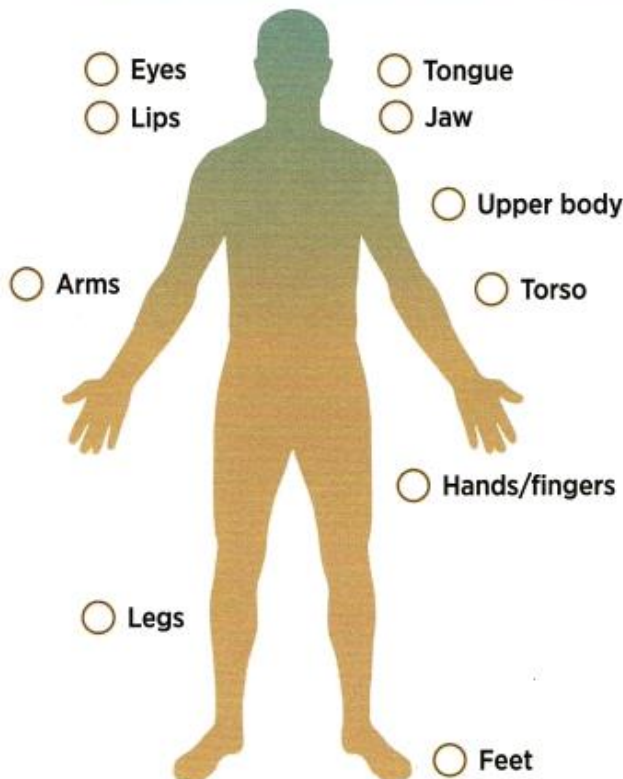
If you answered "No", you may skip the rest of this page.  
If you answered "Yes", please finish the questionnaire.

**1** Have you ever taken antipsychotic medication(s) to treat any of the following conditions? *(Select all that apply)*

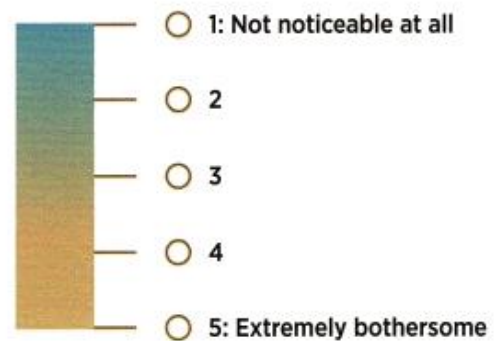
**TD MEANS HAVING MOVEMENTS YOU CAN'T CONTROL**  
Tardive Dyskinesia, or TD is a condition of uncontrollable movements affecting the face, torso, and other body parts.  
TD is associated with taking certain medications, such as antipsychotics, for a few months.  
Here's a list of questions about uncontrollable movements to discuss.  
This questionnaire is not a validated assessment tool, nor is it a diagnostic tool for TD. TD should be diagnosed by a medical professional.

- |                                     |  |   |   |                                  |                                       |
|-------------------------------------|--|---|---|----------------------------------|---------------------------------------|
| <input type="checkbox"/> Depression | <input type="checkbox"/> Schizophrenia | <input type="checkbox"/> Schizoaffective disorder | <input type="checkbox"/> Bipolar disorder | <input type="checkbox"/> Anxiety | <input type="checkbox"/> Other: _____ |
| <b>antipsychotic medications:</b>   |  |   |   |                                  |                                       |
| <input type="checkbox"/> Abilify    | <input type="checkbox"/> Latuda        | <input type="checkbox"/> Seroquel                 | <input type="checkbox"/> Risperdal        | <input type="checkbox"/> Zyprexa | <input type="checkbox"/> Geodon       |
| <input type="checkbox"/> Vraylar    | <input type="checkbox"/> Saphris       | <input type="checkbox"/> Haldol                   | <input type="checkbox"/> Fanapt           | <input type="checkbox"/> Invega  | <input type="checkbox"/> <b>Other</b> |

**2** Have you experienced uncontrollable movements such as pursing, puckering, blinking, jerking, rocking, or twisting in the: *(Select all that apply)*



**3** On a scale of 1 to 5, how bothersome do you find these movements?



**4** Has anyone ever noticed your movements? If so, who? *(Select all that apply)*

- Me
- Spouse
- Family member
- Friend/coworker
- Healthcare provider
- Other: \_\_\_\_\_