TDIS™

Tardive Dyskinesia Impact Scale

Instructions

This questionnaire will ask you about the effect of uncontrollable movements on your life. These may include uncontrollable movements in your face (including your mouth, lips, tongue, jaw, and cheeks), arms, hands, fingers, legs, feet, toes, and swaying of the neck, shoulders, and hips.

When answering these questions, consider how these uncontrollable movements have affected you **over the past 7 days including today**. Select one answer for each question.

1	How difficult was it for you to **speak** due to the uncontrollable movements of your tongue, jaw, lips, or mouth?	☐ 0 Not at all	☐ 1 Slightly	☐ 2 Moderately	☐ 3 Very	☐ 4 Extremely
2	How often have you **made noises with your mouth** (for example, lip smacking, tongue clicking) due to the uncontrollable movements of your tongue, jaw, or lips?	☐ 0 Never	☐ 1 Rarely	☐ 2 Sometimes	☐ 3 Most of the time	☐ 4 All the time
3	How difficult was it for you to **swallow** due to the uncontrollable movements of your tongue, jaw, lips, or mouth?	☐ 0 Not at all	☐ 1 Slightly	☐ 2 Moderately	☐ 3 Very	☐ 4 Extremely
4	How difficult was it for you to **grip objects** (for example, a zipper, buttons, fork or knife, cup or glass, toothbrush) due to the uncontrollable movements of your hands, arms, or fingers?	☐ 0 Not at all	☐ 1 Slightly	☐ 2 Moderately	☐ 3 Very	☐ 4 Extremely
5	How difficult was it for you to **write or type** due to the uncontrollable movements of your hands, arms, or fingers?	☐ 0 Not at all	☐ 1 Slightly	☐ 2 Moderately	☐ 3 Very	☐ 4 Extremely
6	How difficult was it for you to **walk** due to the uncontrollable movements of your legs, feet or toes? Only consider difficulty walking **due to uncontrollable movements of your legs, feet or toes**.	☐ 0 Not at all	☐ 1 Slightly	☐ 2 Moderately	☐ 3 Very	☐ 4 Extremely
7	How often did you lose your **balance** due to the uncontrollable movements?	☐ 0 Never	☐ 1 Rarely	☐ 2 Sometimes	☐ 3 Most of the time	☐ 4 All the time
8	How often have you experienced any **pain** due to any uncontrollable movements?	☐ 0 Never	☐ 1 Rarely	☐ 2 Sometimes	☐ 3 Most of the time	☐ 4 All the time
9	When you were around other people, how often did you receive **unwanted attention from others** (for example, looks or comments from others) due to uncontrollable movements?	☐ 0 Never	☐ 1 Rarely	☐ 2 Sometimes	☐ 3 Most times	☐ 4 Every time
10	When you were around other people, how often did you feel **embarrassed** due to uncontrollable movements?	☐ 0 Never	☐ 1 Rarely	☐ 2 Sometimes	☐ 3 Most times	☐ 4 Every time
11	When you were around other people, how often did you feel **self-conscious** due to uncontrollable movements?	☐ 0 Never	☐ 1 Rarely	☐ 2 Sometimes	☐ 3 Most times	☐ 4 Every time

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