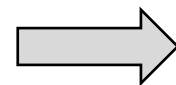


## MOVelT-14 – Parent Report

Please answer the questions below by circling your response. Some of the questions may sound similar, but please answer each the best you can.

<b>a</b>	My child makes the same twitches, movements, noises, words or sounds over and over	<b>Never</b>	<b>Sometimes</b>	<b>Often</b>
<b>b</b>	My child feels like they have to make a noise or say a word even if they don't want to	<b>Never</b>	<b>Sometimes</b>	<b>Often</b>
<b>c</b>	My child makes the same movements over and over that are hard to keep from doing	<b>Never</b>	<b>Sometimes</b>	<b>Often</b>
<b>d</b>	My child feels like they have to move parts of their body even if they don't want to - like constant blinking, twitching the nose, moving mouth or jaw, shrugging the shoulders, jerking arms or legs	<b>Never</b>	<b>Sometimes</b>	<b>Often</b>
<b>e</b>	My child feels like they have to make a noise or say a word, <b>or</b> move parts of my body even if they don't want to	<b>Never</b>	<b>Sometimes</b>	<b>Often</b>
<b>f *</b>	My child sniffs (or snorts or clears their throat) a lot even if they don't have a cold or allergies	<b>Never</b>	<b>Sometimes</b>	<b>Often</b>
<b>g</b>	My child makes the same twitches, movements, noises, words or sounds over and over that are hard to keep from doing – like grunts, coughs, blinking, shrugging the shoulders	<b>Never</b>	<b>Sometimes</b>	<b>Often</b>

**Please finish all questions on this page. When you have finished, please turn over and complete the questions on the other side.**



[preliminary version only (currently under revision); not for general use]

*\*Note, Parent MOVelT-10 excludes above items: f, i, l, n*

<b>h</b>	My child has the same jerk or twitch over and over – like constant blinking, twitching the nose, moving mouth or jaw, shrugging the shoulders, jerking arms or legs	<b>Never</b>	<b>Sometimes</b>	<b>Often</b>
<b>i *</b>	My child feels like they have to move parts of their body even if they don't want to	<b>Never</b>	<b>Sometimes</b>	<b>Often</b>
<b>j</b>	My child makes the same twitches, movements, noises, words or sounds over and over - like grunts, coughs, blinking, shrugging shoulders	<b>Never</b>	<b>Sometimes</b>	<b>Often</b>
<b>k</b>	My child makes the same noises or words over and over	<b>Never</b>	<b>Sometimes</b>	<b>Often</b>
<b>l *</b>	My child feels like they have to make a noise or say a word, <b>or</b> move parts of their body even if they don't want to – like grunts, coughs, blinking, shrugging shoulders	<b>Never</b>	<b>Sometimes</b>	<b>Often</b>
<b>m</b>	My child makes the same noises or sounds over and over that are hard to keep from doing	<b>Never</b>	<b>Sometimes</b>	<b>Often</b>
<b>n *</b>	My child feels like they have to make a noise or say a word even if they don't want to – like coughing, sniffing, grunting, or making animal sounds	<b>Never</b>	<b>Sometimes</b>	<b>Often</b>

**Thank you!**

**[preliminary version only (currently under revision); not for general use]**

*\*Note, Parent MOVeIT-10 excludes above items: f, i, l, n*

## MOVeIT-10 – Child Self Report

Please answer the questions below by circling your response. Some of the questions may sound similar, but please answer each the best you can.

<b>1</b>	I make the same twitches, movements, noises, words or sounds over and over	<b>Never</b>	<b>Sometimes</b>	<b>Often</b>
<b>2</b>	I feel like I have to make a noise or say a word even if I don't want to	<b>Never</b>	<b>Sometimes</b>	<b>Often</b>
<b>3</b>	I feel like I have to move parts of my body even if I don't want to - like constant blinking, twitching the nose, moving mouth or jaw, shrugging the shoulders, jerking arms or legs	<b>Never</b>	<b>Sometimes</b>	<b>Often</b>
<b>4</b>	I make the same twitches, movements, noises, words or sounds over and over that are hard to keep from doing – like grunts, coughs, blinking, shrugging my shoulders	<b>Never</b>	<b>Sometimes</b>	<b>Often</b>
<b>5</b>	I have the same jerk or twitch over and over – like constant blinking, twitching my nose, moving mouth or jaw, shrugging the shoulders, jerking arms or legs	<b>Never</b>	<b>Sometimes</b>	<b>Often</b>
<b>6</b>	I make the same twitches, movements, noises, words or sounds over and over - like grunts, coughs, blinking, shrugging my shoulders	<b>Never</b>	<b>Sometimes</b>	<b>Often</b>
<b>7</b>	I make the same noises or sounds over and over that are hard to keep from doing	<b>Never</b>	<b>Sometimes</b>	<b>Often</b>
<b>8</b>	I feel like I have to make a noise or say a word, <b>or</b> move parts of my body even if I don't want to	<b>Never</b>	<b>Sometimes</b>	<b>Often</b>
<b>9</b>	I make the same noises or words over and over	<b>Never</b>	<b>Sometimes</b>	<b>Often</b>
<b>10</b>	I make the same movements over and over that are hard to keep from doing	<b>Never</b>	<b>Sometimes</b>	<b>Often</b>

**Thank you!**

## MOVeIT-10 – Teacher Report

Please answer the questions below by circling your response. Some of the questions may sound similar, but please answer each the best you can.

<b>1</b>	The student makes the same twitches, movements, noises, words or sounds over and over	<b>Never</b>	<b>Sometimes</b>	<b>Often</b>
<b>2</b>	The student seems like they have to make a noise or say a word even if they don't want to	<b>Never</b>	<b>Sometimes</b>	<b>Often</b>
<b>3</b>	The student seems like they have to move parts of their body even if they don't want to - like constant blinking, twitching the nose, moving mouth or jaw, shrugging the shoulders, jerking arms or legs	<b>Never</b>	<b>Sometimes</b>	<b>Often</b>
<b>4</b>	The student makes the same twitches, movements, noises, words or sounds over and over that seem hard to keep from doing – like grunts, coughs, blinking, shrugging the shoulders	<b>Never</b>	<b>Sometimes</b>	<b>Often</b>
<b>5</b>	The student has the same jerk or twitch over and over – like constant blinking, twitching the nose, moving mouth or jaw, shrugging the shoulders, jerking arms or legs	<b>Never</b>	<b>Sometimes</b>	<b>Often</b>
<b>6</b>	The student makes the same twitches, movements, noises, words or sounds over and over - like grunts, coughs, blinking, shrugging shoulders	<b>Never</b>	<b>Sometimes</b>	<b>Often</b>
<b>7</b>	The student makes the same noises or sounds over and over that seem hard to keep from doing	<b>Never</b>	<b>Sometimes</b>	<b>Often</b>
<b>8</b>	The student seems like they have to make a noise or say a word, <b>or</b> move parts of their body even if they don't want to	<b>Never</b>	<b>Sometimes</b>	<b>Often</b>
<b>9</b>	The student makes the same noises or words over and over	<b>Never</b>	<b>Sometimes</b>	<b>Often</b>
<b>10</b>	The student makes the same movements over and over that seem hard to keep from doing	<b>Never</b>	<b>Sometimes</b>	<b>Often</b>

**Thank you!**

## DoTS – Parent Report

**Please answer the questions below by circling your response. Some of the questions may sound similar, but please answer each the best you can.**

1a. My child makes noises (like grunts) that he/she can't stop.	Never	Sometimes	Often	Always
1b. Parts of my child's body jerk again and again, that he/she can't control.	Never	Sometimes	Often	Always
1c. At times my child has the same jerk or twitch over and over.	Never	Sometimes	Often	Always
1d. My child can't control all of his/her movements.	Never	Sometimes	Often	Always
1e. My child seems to feel pressure to talk, shout, or scream.	Never	Sometimes	Often	Always
1f. My child has habits or movements that come out more when he/she is nervous.	Never	Sometimes	Often	Always

2. Does your child make short <b>movements</b> over and over? Examples include: constant blinking, twitching the nose, moving mouth or jaw, shrugging the shoulders, leg kick, raising the eyebrows, touching objects or people.	<b>Yes</b>	<b>No</b>
If yes, please briefly describe some of these movements (please list at least 2 if there are 2 or more): a. _____ c. _____ b. _____ d. _____		
3. Does your child make short <b>sounds</b> over and over? Examples include: constantly clearing the throat, coughing, sniffing, making animal sounds, saying something over and over, or repeating words, parts of words, or phrases.	<b>Yes</b>	<b>No</b>
If yes, please briefly describe some of these sounds: a. _____ c. _____ b. _____ d. _____		

Tics are abnormal movements or sounds people make. Here is a description:

- They are sudden, brief, and happen quickly.
- They happen over and over.
- They sometimes can be stopped or controlled but only for a short time.
- They can change over time and affect other body parts sometimes.
- They get better and worse from time to time.

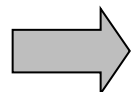
The most common tics are eye blinking; raising or lifting the eyebrows; twitching the nose and the mouth; shoulder shrugging; shaking the head; twitching the neck; touching objects, other people, or body parts (hair, nose, etc.); kicking the legs; throat clearing; sniffing, barking, and making sounds. These are examples; there are many other kinds of tics. According to this description:

4a. Do you think that your child <b>ever</b> had tics?	Yes	No	<b>If no, Skip 4B</b>
4b. Do you think that your child <b>currently</b> has tics?	Yes	No	

**STOP HERE IF** you chose NEVER for 1A-1F **AND** NO for 2, 3, and 4 (meaning that **all** your answers are in gray boxes).



**Otherwise, please continue to the next page.**



Please think about the habits, movements, sounds or tics you told us about on page 1 when you answer the following questions.

5a. Do these [habits, movements, sounds, tics] change over time, even though they repeat when they happen? To give an example: at one time you might see repeated blinking and in another time you might see repeated head shaking.	<b>Yes</b>	<b>No</b>
5b. Do these [habits, movements, sounds, tics] come and go over time? To give an example: are there days/periods of time when you see many [habits, movements, sounds, tics] and other days/periods of time when you don't see any?	<b>Yes</b>	<b>No</b>
5c. Does your child have a sense of “urgency,” which means feeling like they have to do something, before doing the [habits, movements, sounds, tics]? To give an example: feeling uncomfortable or itching in the area of the [habits, movements, sounds, tics].	<b>Yes</b>	<b>No</b>
5d. Can your child hold back the [habits, movements, sounds, tics] for a short period of time? To give an example: it is common for children to hold back [habits, movements, sounds, tics] in school and have more at home.	<b>Yes</b>	<b>No</b>
5e. Does your child have a feeling of relief when they do the [habits, movements, sounds, tics]? To give an example: people with [habits, movements, sounds, tics] can feel nervous when they hold back [habits, movements, sounds, tics] for a long time and afterward, they feel less nervous.	<b>Yes</b>	<b>No</b>
5f. Was there a time when your child did these [habits, movements, sounds, tics] many times a day?	<b>Yes</b>	<b>No</b>
5g. When your child did these [habits, movements, sounds, tics], did they happen almost every day?	<b>Yes</b>	<b>No</b>
5h. Has your child had these [habits, movements, sounds, tics] for more than a year?	<b>Yes</b>	<b>No</b>
5i. Has your child had these [habits, movements, sounds, tics] in the past year?	<b>Yes</b>	<b>No</b>
5j. How old was your child the first time he/she did any of these [habits, movements, sounds, tics])?	_____ <b>Years old</b>	

6. Now I'd like you to think back to the time when these [habits, movements, sounds, tics] caused the most problems.

6a. Did these [habits, movements, sounds, tics] keep your child from doing things or going places with the family?	Never	Sometimes	Often
6b. Did having these [habits, movements, sounds, tics] keep your child from doing things or going places with other children his/her age?	Never	Sometimes	Often
6c. Did these [habits, movements, sounds, tics] make it difficult for your child to do his/her schoolwork or cause problems with grades?	Never	Sometimes	Often
6d. Did it seem like these [habits, movements, sounds, tics] made him/her feel bad or upset?	Never	Sometimes	Often

**Thank you!**

## DoTS – Self Report

**Please answer the questions below as best you can and circle your response. Some of the questions may sound similar, but please answer each the best you can.**

1a. I make noises (like grunts) that I can't stop.	Never	Sometimes	Often	Always
1b. Parts of my body jerk again and again, that I can't control.	Never	Sometimes	Often	Always
1c. At times I have the same jerk or twitch over and over.	Never	Sometimes	Often	Always
1d. I can't control all my movements.	Never	Sometimes	Often	Always
1e. I feel pressure to talk, shout, or scream.	Never	Sometimes	Often	Always
1f. I have habits or movements that come out more when I'm nervous.	Never	Sometimes	Often	Always

2. Do you sometimes make short <b>movements</b> over and over? Examples include: constant blinking, twitching the nose, moving mouth or jaw, shrugging the shoulders, leg kick, raising the eyebrows, touching objects or people.	<b>Yes</b>	<b>No</b>
If yes, please briefly describe some of these movements (please list at least 2 if there are 2 or more): a. _____ c. _____ b. _____ d. _____		
3. Do you sometimes make short <b>sounds</b> over and over? Examples include: constantly clearing the throat, coughing, sniffing, making animal sounds, saying something over and over or repeating words, parts of words, or phrases.	<b>Yes</b>	<b>No</b>
If yes, please briefly describe some of these sounds: a. _____ c. _____ b. _____ d. _____		

4. Tics are abnormal movements or sounds people make. Here is a description:

- They are sudden, brief, and happen quickly.
- They happen over and over.
- They sometimes can be stopped or controlled but only for a short time.
- They can change over time and affect other body parts sometimes.
- They get better and worse from time to time.

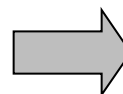
The most common tics are eye blinking; raising or lifting the eyebrows; twitching the nose and the mouth; shoulder shrugging; shaking the head; twitching the neck; touching objects, other people, or body parts (hair, nose, etc.); kicking the legs; throat clearing; sniffing, barking, and making sounds. These are examples; there are many other kinds of tics. According to this description:

4a. Do you think that you have <b>ever</b> had tics?	Yes	No	<b>If no, Skip 4B</b>
4b. Do you think that you <b>currently</b> have tics?	Yes	No	

**STOP HERE IF** you chose NEVER for 1A-1F **AND** NO for 2, 3, and 4 (meaning that **all** your answers are in gray boxes).



**Otherwise, please continue to the next page.**



Please think about the habits, movements, sounds or tics you told us about on page 1 when you answer the following questions.

5a. Do these [habits, movements, sounds, tics] change over time, even though they repeat when they happen? To give an example: at one time you might blink over and over and another time you might shake your head over and over.	<b>Yes</b>	<b>No</b>
5b. Do these [habits, movements, sounds, tics] come and go over time? To give an example: are there days/periods of time where you do these [habits, movements, sounds, tics] and other days/periods of time where they don't happen at all?	<b>Yes</b>	<b>No</b>
5c. Do you have sense of "urgency" before these [habits, movements, sounds, tics], feeling like you really just have to do it? To give an example: you might feel uncomfortable or itchy in the area associated with the [habits, movements, sounds, tics].	<b>Yes</b>	<b>No</b>
5d. Can you hold back [habits, movements, sounds, tics] for a short period of time? To give an example: it is common for children to hold back [habits, movements, sounds, tics] in school and have more at home.	<b>Yes</b>	<b>No</b>
5e. Do you feel relief when you do the [habits, movements, sounds, tics]? To give an example: people can feel nervous when they hold back [habits, movements, sounds, tics] for a long time and afterward, they feel less nervous."	<b>Yes</b>	<b>No</b>
5f. Was there a time when you did these [habits, movements, sounds, tics] many times a day?	<b>Yes</b>	<b>No</b>
5g. When you did these [habits, movements, sounds, tics], did you do this almost every day?	<b>Yes</b>	<b>No</b>
5h. Have you had these [habits, movements, sounds, tics] for more than a year?	<b>Yes</b>	<b>No</b>
5i. Have you had these [habits, movements, sounds, tics] in the past year?	<b>Yes</b>	<b>No</b>
5j. How old were you the first time you did any of these [habits, movements, sounds, tics]?	<b>___ years old</b>	

6. Now I'd like you to think back to the time when these [habits, movements, sounds, tics] caused the most problems.

6a. Did having these [habits, movements, sounds, tics], keep you from doing things or going places with your family?	Never	Sometimes	Often
6b. Did having these [habits, movements, sounds, tics], keep you from doing things or going places with other kids your age?	Never	Sometimes	Often
6c. Did these [habits, movements, sounds, tics], make it difficult for you to do your schoolwork or cause problems with grades?	Never	Sometimes	Often
6d. Did these [habits, movements, sounds, tics], make you feel bad or upset?	Never	Sometimes	Often

**Thank You!**