

Figure 7. Movement Disorders Checklist

Instructions for Raters:

Fill out separate checklists for each different movement, posture, or utterance observed. Do not rate two or more particular movements, postures, or utterances on the same sheet. Please complete the following items based on all available sources of information concerning each movement, posture, or utterance on the rating date.

Name:

Rater:

Date:

Item	Characteristic	No	Yes	Don't know
X ₁	Abnormal posture	0	1	9
X ₂	Abrupt	0	1	9
X ₃	Brief	0	1	9
X ₄	Can be suppressed	0	1	9
X ₅	Continuous	0	1	9
X ₆	Coordinated	0	1	9
X ₇	Feeling of restlessness	0	1	9
X ₈	Intermittent	0	1	9
X ₉	Movement flows randomly	0	1	9
X ₁₀	Oscillatory	0	1	9
X ₁₁	Patterned	0	1	9
X ₁₂	Present at rest	0	1	9
X ₁₃	Present when maintaining a posture	0	1	9
X ₁₄	Purposeless	0	1	9
X ₁₅	Regular	0	1	9
X ₁₆	Repetitive	0	1	9

X ₁₇	Ritualistic	0	1	9
X ₁₈	Shock-like	0	1	9
X ₁₉	Squeezing movement	0	1	9
X ₂₀	Sudden	0	1	9
X ₂₁	Sustained	0	1	9
X ₂₂	Twisting movement	0	1	9
X ₂₃	Urge to move	0	1	9