

Checklist of tics and associated symptoms

Use for appointments to update providers on current tics, patterns, associated behaviors and symptoms. You can also track for personal use to observe tics over a period of time (winter, spring, summer, fall)

Tic History

- Age of onset: _____
- Tics wax and wane: Yes / No
- Has there been a time when tics were NOT present: Yes / No
 - How long: _____
- Family history of Tics: Yes / No
- Family history of Anxiety: Yes / No
- Family history of OCD: Yes / No
- Does person hold in tics: Yes / No
- Other: _____

Tic Patterns

Increases Tics:

- Tired
- School
- Exercise
- Excitement
- Stress/Anxiety
- Anger
- Boredom
- Transitions/Waiting
- Loud Sounds
- Busy Places
- Screen Time
- Other: _____

Decreases Tics:

- Tired
- School
- Exercise
- Excitement
- Breathing
- Being Focused
- Preferred Tasks
- Music
- Vacation
- Break in School
- Distractions
- Other: _____

Other Conditions

- Anxiety
- Depression
- OCD
- ADHD/ADD
- Sensory Processing
- Learning Disability
- Autism
- Behavioral Concerns
- Other: _____

Behavior Patterns

- Rage
- Easily Angered
- Distracted
- Impulsive
- Poor Judgement
- Rigid
- Perfectionism
- Sensitive to Criticism
- Poor handwriting

Vocal Tics

- Sniffing In
- Sniffing Out
- Throat Clear
- Throat Noise
- Breathing
- Holding Breath
- Squeak
- Screech
- Spitting
- Shouting
- Lip Pop
- Blowing Raspberry
- Tongue Roll
- Whistle
- Noises
- Words
- Phrases
- Repeating Words
- Repeating Phrases
- Animal Sounds
- Inappropriate Words
- Inappropriate Phrases
- Other: _____

Motor Tics

- Head Jerk
- Neck Tensing
- Facial Grimace
- Eyebrow Movement
- Eye Blinking
- Eye Rolling
- Eye Darting
- Nose Scrunch
- Mouth Movements
- Mouth Opening
- Tongue Out
- Shoulder Jerk
- Arm Jerk
- Punching/Hitting
- Arm Tensing
- Wrist Tensing
- Finger Movements
- Abdomen Movement
- Abdomen Tensing
- Glute Squeeze
- Leg Kick
- Calf Tightening
- Ankle Rolling
- Toe Spreading
- Toe Curling
- Joint Cracking
- Inappropriate Gesture
- Inappropriate Touching
- Other: _____

Current Medications and Dosage:

- _____ Dose: _____
- _____ Dose: _____
- _____ Dose: _____