

# Tic Symptom Checklist

*Motor, Vocal, and Associated Behaviors Tracker*

Use this checklist to:

- Track your child's motor and vocal tics, associated behaviors, and symptom patterns.
- Record changes over time to share with healthcare providers.
- Observe patterns related to daily routines, environments, and emotional states.

Instructions:

- Review each section and mark the tics, behaviors, or conditions that apply.
- Note patterns for times when tics increase or decrease.
- Update the checklist regularly (weekly, monthly, or by season) to support appointments and ongoing care.

Tip: Bring this checklist to every appointment to provide a clear picture of your child's tic profile and progress over time.



## CHECKLIST OF TICS AND ASSOCIATED SYMPTOMS

### 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: \_\_\_\_\_