

Y G T S S
Yale Global Tic Severity Scale
Yale Child Study Center

	YALE GLOBAL TIC S	EVERITY SO	CALE			
NAM	E:	TODAY'S D	ATE: / /			
RATE	R:					
MOT	TOR TIC SYMPTOM CHECKLIST (Check motor tics present during past week and worst ever L.)  CURRENT  WORST EVER  Ple Motor Tics (Rapid, Darting, "Meaningless"): Eye blinking Eye movements Nose movements Nose movements Mouth movements Houth movements Head jerks/movements Shoulder shrugs Arm movements Hand movements Hand movements Hand movements Leg, foot, or toe movements Other (describe):  Inplex Motor Tics (Slower, "Purposeful"): Eye movements Head gestures or movements Head movements Head gestures or movements Head gestures or movements Head movements					
	CURRENT		WORST EVER			
•Sim	ple Motor Tics (Rapid, Darting, "Meaningless"):					
	Eye blinking	ū	Eye blinking			
	Eye movements		Eye movements			
	· ·					
	Mouth movements		Mouth movements			
	Facial grimace		Facial grimace			
	Hand movements	O .	Hand movements			
	Abdominal tensing		Abdominal tensing			
	9					
			•			
•Com	plex Motor Tics (Slower, "Purposeful"):					
			Eye movements			
			Mouth movements			
	Facial movements or expressions		Facial movements or expressions			
	Arm movements		Arm movements			
	Hand movements		Hand movements			
	Writing tics	ū	Writing tics			
	Dystonic postures		Dystonic postures			
	Bending or gyrating		Bending or gyrating			
	Rotating		Rotating			
	Leg or foot or toe movements		Leg or foot or toe movements			
	Blocking		Blocking			
	Tic related compulsive behaviors		Tic related compulsive behaviors			
	ing, tapping, grooming, evening-up)	(touch	ing, tapping, grooming, evening-up)			
	Copropraxia		Copropraxia			
	Self-abusive behavior		Self-abusive behavior			
	Paroxysms of tics (displays),		Paroxysms of tics (displays),			
durati	ion seconds	durat	tion seconds			
	Disinhibited behavior (describe):*		Disinhibited behavior (describe):*			
	Other (describe):		Other (describe):			

	CURRENT		1	<b>VORS</b>	T EVE	R
•Sin	nple Phonic Symptoms (Fast, "M	eaningless" Sounds):				
	Sounds, noises	□ S	ounds	, noise	s	
(circ	le: coughing, throat clearing,	(circle: coughir	ig, thr	oat clea	aring,	
sniff	ing, or animal or bird noises)	sniffing, or ani	mal or	bird n	oises)	
	Other (list):		Other (	list):		
• Co	mplex Phonic Symptoms (Words	, Phrases, Statements):				
	Syllables (list)	ū S	yllable	es (list)		
ū	Words (list)	- V	Vords	(list)		
	Coprolalia (list)		Coprola	alia (lis	t)	······································
	Echolalia	Q E	cholal	ia		
	Palalalia	□ P	alalali	a		
	Blocking	□ B	lockin	g		
	Speech atypicalities (describe)	□ S	peech	atypica	alities (	describe
ū	Disinhibited speech (describe)*	<b>□</b> Disinh	nibited	speecl	h (descr	ibe)*
* Do	not include disinhibitions in rat	ings of tic behaviors				
				rrent	Worst	
NU	JMBER		Motor	Phonic	Motor	Phonic
None			0	0	0	0
Single	e tic		1	1	1	1
Multi	ple discrete tics (2-5)		2	2	2	2
Multi	ple discrete tics (>5)		3	3	3	3
	ple discrete tics plus as least one orchential tics where it is difficult to disting	estrated pattern of multiple simultaneous or uish discrete tics	4	4	4	4
Multi		estrated paroxysms of multiple simultaneous	5	5	5	5
or sec	dential ties that where it is difficult to	uistinguish discrete des	1		1	1
FR	EQUENCY		Motor	Phonic	Motor	Phonic
NON	E No evidence of specific tic behavior	S	0	0	0	0
RAR	ELY Specific tic behaviors have been j	present during previous week. These	1	1	1	1
	• •	daily basis. If bouts of tics occur, they are				
	and uncommon.	11	-		1	
		re usually present on a daily basis, but there outs of tics may occur on occasion and are not	2	2	2	2
	ing tic-free intervals during the day. It ined for more than a few minutes at a					
		resent on a daily basis. Tic free intervals as	3	3	3	3
		of tics occur regularly but may be limited to a				
	e setting.					
		are present virtually every waking hour of	4	4	4	4
every	day, and periods of sustained tic beh	aviors occur regularly. Bouts of tics are				

common and are not limited to a single setting.

ALWAYS Specific tic behaviors are present virtually all the time. Tic free intervals are

difficult to identify and do not last more than 5 to 10 minutes at most.

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Motor Phonic Motor Phonic **INTENSITY** ABSENT 0 0 0 0 MINIMAL INTENSITY Tics not visible or audible (based solely on patient's private 1 1 1 1 experience) or tics are less forceful than comparable voluntary actions and are typically not noticed because of their intensity. MILD INTENSITY Tics are not more forceful than comparable voluntary actions or 2 2 2 2 utterances and are typically not noticed because of their intensity. MODERATE INTENSITY Tics are more forceful than comparable voluntary actions but 3 3 3 3 are not outside the range of normal expression for comparable voluntary actions or utterances. They may call attention to the individual because of their forceful character. MARKED INTENSITY Tics are more forceful than comparable voluntary actions or 4 4 4 4 utterances and typically have an "exaggerated" character. Such tics frequently call

attention to the individual because of their forceful and exaggerated character.

provoked, or self-inflicted) because of their forceful expression.

SEVERE INTENSITY Tics are extremely forceful and exaggerated in expression. These

tics call attention to the individual and may result in risk of physical injury (accidental,

Current

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**Worst Ever** 

COMPLEXITY	Motor	Phonic	Motor	Phonic
NONE If present, all tics are clearly "simple" (sudden, brief, purposeless) in character.	0	0	0	0
BORDERLINE Some tics are not clearly "simple" in character.	1	1	1	1
MILD Some tics are clearly "complex" (purposive in appearance) and mimic brief "automatic" behaviors, such as grooming, syllables, or brief meaningful utterances such as "ah huh," "hi" that could be readily camouflaged.	2	2	2	2
MODERATE Some tics are more "complex" (more purposive and sustained in appearance) and may occur in orchestrated bouts that would be difficult to camouflage but could be rationalized or "explained" as normal behavior or speech (picking, tapping, saying "you bet" or "honey", brief echolalia).	3	3	3	3
MARKED Some tics are very "complex" in character and tend to occur in sustained orchestrated bouts that would be difficult to camouflage and could not be easily rationalized as normal behavior or speech because of their duration and/or their unusual, inappropriate, bizarre or obscene character (a lengthy facial contortion, touching genitals, echolalia, speech atypicalities, longer bouts of saying "what do you mean" repeatedly, or saying "fu" or "sh").	4	4	4	4
SEVERE Some tics involve lengthy bouts of orchestrated behavior or speech that would be impossible to camouflage or successfully rationalize as normal because of their duration and/or extremely unusual, inappropriate, bizarre or obscene character (lengthy displays or utterances often involving copropraxia, self-abusive behavior, or coprolalia).	5	5	5	5

INTERFERENCE	Motor	Phonic	Moter	Phonic
NONE	0	0	0	0
MINIMAL When tics are present, they do not interrupt the flow of behavior or speech.	1	1	1	1
MILD When tics are present, they occasionally interrupt the flow of behavior or speech.	2	2	2	2
MODERATE When tics are present, they frequently interrupt the flow of behavior or speech.	3	3	3	3
MARKED When tics are present, they frequently interrupt the flow of behavior or speech, and they occasionally disrupt intended action or communication.	4	4	4	4
SEVERE When tics are present, they frequently disrupt intended action or communication.	5	5	5	5

IMPAIRMENT		Worst ever
NONE	0	0
MINIMAL Tics associated with subtle difficulties in self-esteem, family life, social acceptance, or school or job functioning (infrequent upset or concern about tics vis a vis the future, periodic, slight increase in family tensions because of tics, friends or acquaintances may occasionally notice or comment about tics in an upsetting way).	10	10
MILD Tics associated with minor difficulties in self-esteem, family life, social acceptance, or school or job functioning.	20	20
MODERATE Tics associated with some clear problems in self-esteem family life, social acceptance, or school or job functioning (episodes of dysphoria, periodic distress and upheaval in the family, frequent teasing by peers or episodic social avoidance, periodic interference in school or job performance because of tics).	30	30
MARKED Tics associated with major difficulties in self-esteem, family life, social acceptance, or school or job functioning.	40	40
SEVERE Tics associated with extreme difficulties in self-esteem, family life, social acceptance, or school or job functioning (severe depression with suicidal ideation, disruption of the family (separation/divorce, residential placement), disruption of social tics - severely restricted life because of social stigma and social avoidance, removal from school or loss of job).	50	50