COMMUNITY MENTAL HEALTH OF OTTAWA COUNTY

CLIENT:								
EVALUATO	R/CREDENTIALS: DATE:							
_	INSTRUCTIONS					_		
	camination procedure before making ratings. From movement ratings, rate higher	est seve	rity	ob:	ser	ved		
CODE	DESCRIPTION							
0 1	NONE MINIMAL, MAY BE EXTREME NORMAL							
2	MILD							
3	MODERATE						_	
4	SEVERE							
	FACIAL AND ORAL MOVEMENTS		, .					
(circle the relevant areas of abnormal movement)				(circle one)				
1. Muscles of facial expression . E.g., movements of forehead, eyebrows, periorbital area include frowning, blinking, grimacing of upper face.		0	1	2	3	4		
Lips and perioral area. E.g., puckering, pouting, smacking.		0	1	2	3	4		
3. Jaw. E.g., biting, clenching, chewing, mouth opening, lateral movement.			0	1	2	3	4	
4. Tongue. Rate only increase in movement both in and out of mouth, NOT inability to sustain movement.		0	1	2	3	4		
	EXTREMITY MOVEMENTS				_	Ŭ	_	
5. Upper	(arms, hands, wrists, fingers). Include choreiform movements (rapid, objectively purposeless, in	regular,						
spontaneous) and athetoid movements (slow, irregular, complex, serpentine). DO NOT include tremor			0	1	2	3	4	
6. Lower	 (repetitive, regular, rhythmic). Lower (legs, knees, ankles, toes), e.g., lateral toe movement, foot tapping, heel dropping, foot squirming, inversion and eversion of foot. 			1	2	3	4	
IIIVOIS	TRUNK MOVEMENTS		I					
7. Neck,	shoulders, hips. E.g., rocking, twisting, squirming, pelvic gyrations. Include diaphragmatic move	vements.	0	1	2	3	4	
<u>l</u>	GLOBAL JUDGMENTS							
8. In the	examiner's judgment the overall severity of abnormal movement is:	NONE		0				
				2				
				RAT	E		3	
		SI	EVE	RE			4	
9. In the	examiner's judgment the overall degree of this person's incapacitation due to abnormal	NONE		0				
mover	novement is:		MINIMAL				1	
		MILD				2		
		MODERATE 3						
		SEVERE			4			
10. Today	this person indicates that his/her awareness of the abnormal movement is:	no awareness			0			
		aware, no distress			3	1		
		aware, mild distress					2	
		aware, moderate		3				
		distress						
		awaı	e, s	eve	re		4	

DENTAL STATUS

11.	Current problems with teeth and/or dentures.	No	0
		Yes	1
12.	Does client usually wear dentures?	No	0
		Yes	1