

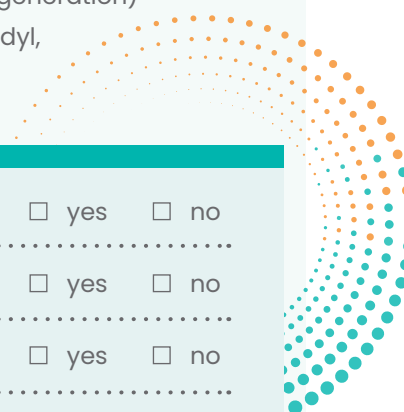
# The MIND-TD Questionnaire

The **MIND-TD Questionnaire** is intended to facilitate a dialogue about abnormal movements with patients at risk for tardive dyskinesia. Diagnosis of tardive dyskinesia should be based on the patient’s medical history, symptoms, and the clinician’s best judgment.

**PART 1** This section may be administered by the treating clinician or by a medical staff member ahead of the visit. It can be administered in person or via video or audio-only telehealth.

Use this questionnaire as part of a routine visit for a patient with any of the following:

- Patients who are taking or have ever taken an antipsychotic medication (first or second generation)
- Patients who are taking anticholinergic medications, such as benztropine or trihexyphenidyl, in conjunction with current or past antipsychotic usage
- Patients who have a current diagnosis of tardive dyskinesia



- |          |   |  |
|----------|---|--|
| <b>M</b> | <b>Movement</b> Do you have extra or unwanted movements in your body?                 | <input type="checkbox"/> yes <input type="checkbox"/> no |
| .....    |   |  |
| <b>I</b> | <b>Impact</b> Do you feel embarrassed or self-conscious about movements in your body? | <input type="checkbox"/> yes <input type="checkbox"/> no |
| .....    |   |  |
| <b>N</b> | <b>Notice</b> Has someone else seen extra movements in your body?                     | <input type="checkbox"/> yes <input type="checkbox"/> no |
| .....    |   |  |
| <b>D</b> | <b>Daily Activities</b> Do any movements cause problems during your daily routine?    | <input type="checkbox"/> yes <input type="checkbox"/> no |

If you suspect possible abnormal movements that could be related to TD, see Part 2 of this questionnaire for next steps.

**PART 2** This section should be administered by the treating clinician. The “Differentiate” section requires visual observation of the patient, either in person or via video telehealth.

**T** **Thorough Interview**

Ask patient about:

- Problems with eating, drinking, or swallowing
- Sores in the mouth, teeth grinding or dental issues, mouth noises (for example, lip smacking, tongue clicking)
- Problems speaking or involuntary grunting
- Difficulty gripping objects (for example, a zipper, buttons, silverware, cup, toothbrush)
- Change in handwriting or difficulty typing
- Foot tapping or fidgeting movement of the legs
- Difficulty walking or loss of balance
- Do they notice their big toe goes up in the air when they have their socks off?
- Do their legs move or twist, or do their knees knock when they sit?

Instruct patient to say:

- LaLaLaLaLaLaLaLaLaLaLaLaLa
- KaKaKaKaKaKaKaKaKaKaKaKa
- MaMaMaMaMaMaMaMaMaMaMa

Listen for articulation problems.

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**D Differentiate (This section requires visual observation of the patient, either in person or via video telehealth.)**

**Look for movements in the face:**

**Tardive dyskinesia**

- Increased blinking
- Brow wrinkling
- Chewing/sucking
- Mouth opening/closing
- Grimacing
- Tongue protrusion/darting
- Bonbon sign
- Lateral jaw movement

**Drug-induced parkinsonism**

- Decreased blinking/reptilian stare
- Tremor in jaw or tongue
- Decreased facial expression
- Mouth hanging open
- Drooling

**Look for movements in the neck and trunk:**

**Tardive dyskinesia**

- Rocking/jerking
- Arching backward
- Head nodding/dropping
- Irregular respiration

**Drug-induced parkinsonism**

- Stooped posture
- Shuffling gait
- Slowness
- Muscle rigidity

**Look for movements in the extremities:**

**Tardive dyskinesia**

- Piano/guitar-playing fingers
- Wriggling
- Tapping
- Sustained postures

**Drug-induced parkinsonism**

- Tremor
- Muscle rigidity
- Slowed finger-to-thumb movements

**Ask about akathisia:**

- Do you feel the need to move, get up, and march in place?

**Look for movements during activation – select 1 or 2 (demonstrate for the patient):**

- Instruct the patient to raise their right hand and repeatedly tap their thumb with each finger and then repeat with the left hand (make sure the hands are in the video frame)
- Instruct the patient to recite the alphabet backwards or count backwards from 100
- Instruct the patient to rapidly pronate/supinate their right hand and then their left hand as if turning a door knob

**Consider a modified Abnormal Involuntary Movement Scale (AIMS) assessment:**

- Instruct patient to extend their arms out in front of them toward the camera
- Instruct the patient to open their mouth for 10 seconds
- Instruct the patient to stick out their tongue for 10 seconds

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Access the MIND-TD Questionnaire and additional educational materials about the screening, identification, and differential diagnosis of tardive dyskinesia at [MIND-TD.com](https://www.mind-td.com)

This questionnaire was sponsored and co-developed by Neurocrine Biosciences. The questionnaire is intended to provide general information about tardive dyskinesia assessment and not medical advice for any particular patient.