

SPEAK UP—START A CONVERSATION ABOUT UNCONTROLLABLE BODY MOVEMENTS WITH YOUR HEALTHCARE PROVIDER

Tardive dyskinesia (TD) is a condition in which people taking certain mental health medicines (antipsychotics) over a long period of time experience uncontrollable body movements.

Use the questionnaire below to help guide a conversation with your healthcare provider during your next appointment in person, over the phone, or online.

1 Do you have uncontrollable body movements?

(such as lip pursing or puckering, darting tongue, excessive blinking, twisting hands, twitching, jerking, shaking, etc)

Yes No

2 Have you ever taken medications, like antipsychotics, to treat a mental health condition?

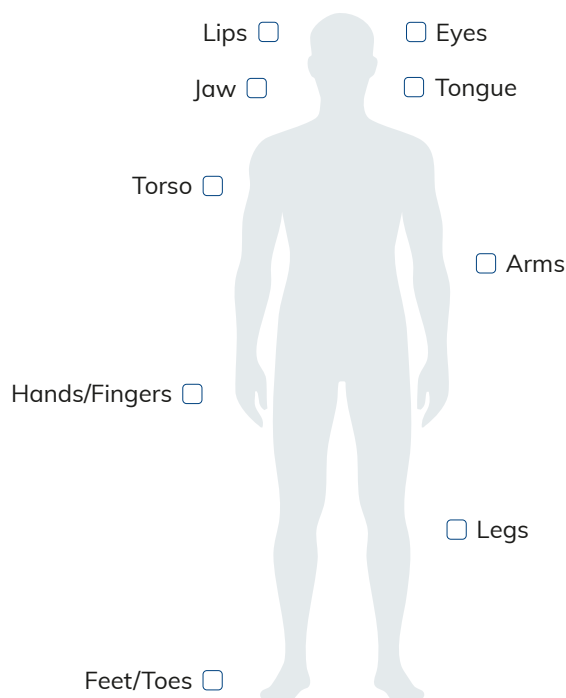
(such as depression, schizophrenia, bipolar disorder, etc)

Yes No

If you answered “yes” to one or both of these questions, it's important to ask your healthcare provider about TD.

3 Where on your body have you experienced uncontrollable movements?

(select all that apply)



4 How much of an impact do your uncontrollable movements have on you and/or your loved ones?

Emotionally | Feeling self-conscious, embarrassed, frustrated, worried or anxious, etc

Not impacted Somewhat impacted
 Very much impacted

Socially | Receiving unwanted attention or comments, avoiding or cancelling social plans, difficulty with responsibilities, etc

Not impacted Somewhat impacted
 Very much impacted

Physically | Pain from movements, making mouth noises, difficulty speaking or swallowing, difficulty gripping or writing, etc

Not impacted Somewhat impacted
 Very much impacted

TARDIVE DYSKINESIA (TD) IS A REAL CONDITION WITH ITS OWN DIAGNOSIS AND TREATMENT PLAN

5 Does your medical history include any of the following conditions?

(select all that apply—this may be important for your healthcare provider when choosing the right treatment)

- | | | |
|---|---|---|
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> High blood pressure | <input type="checkbox"/> Heart disease or recent heart attack |
| <input type="checkbox"/> High cholesterol | <input type="checkbox"/> Alcohol or substance use | <input type="checkbox"/> None apply |
| <input type="checkbox"/> Kidney problems | <input type="checkbox"/> Liver problems | <input type="checkbox"/> Other: _____ |
-

6 What is most important to you when choosing a medication?

(select all that apply)

- | | | |
|--|---|--|
| <input type="checkbox"/> Can be taken once a day | <input type="checkbox"/> Fits into current medication routine | <input type="checkbox"/> Possible side effects |
| <input type="checkbox"/> Can be sprinkled on food vs swallowed whole | <input type="checkbox"/> Requires no or few dose adjustments to start | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Can be taken with or without food | <input type="checkbox"/> Cost/insurance coverage | |

As you're learning more about TD and its treatment options, you might have some questions for your healthcare provider. Be sure you write down your thoughts and questions in advance, so you are ready to discuss them at your next appointment.

TD IS TREATABLE KNOW YOUR OPTIONS AND SPEAK UP ABOUT YOUR PREFERENCES

Ask your healthcare provider about a treatment plan that could make a difference in your uncontrollable body movements while you continue to manage your mental health.

This questionnaire is not a validated assessment tool, nor a diagnostic tool for TD. TD must be diagnosed by a medical professional.

VISIT [TALKABOUTTD.COM](https://talkabouttd.com)
TO LEARN MORE ABOUT
TREATING TD

