Tourette Clinical Data Elements

Principal Investigator Responsible for Accuracy of Data (Name): **Subject ID Number:**

Is this longitudinal (follow-up) data? Yes ☐ No ☐

Subject: ZIP/Postal Code (1st 3 digits): _____ Country of Residence _____

Current Age:_____ Year of Birth (optional): _____ Gender: Male ☐ Female ☐

Ethnic Category (as reported by subject) Check One: Hispanic or Latino ☐ Not Hispanic or Latino ☐

Racial Categories (as reported by subject) Check One:

American Indian/Alaska Native ☐ Asian ☐ Native Hawaiian/ Other Pacific Islander ☐

Black/African American ☐ White/Caucasian ☐ More than One Race ☐ Other ☐ Unknown ☐

Additional Ethnic or Racial Information: _____

Diagnosed By: Neurosurgeon ☐ Neurologist ☐ Pediatric Neurologist ☐ Pediatrician ☐
Primary Care Physician ☐ Psychiatrist ☐ Psychologist ☐ Does Not Apply (Population or Family-Based Control) ☐

Data Collected By: Neurosurgeon ☐ Neurologist ☐ Pediatric Neurologist ☐ Primary Care Physician ☐ Pediatrician ☐
Psychiatrist ☐ Psychologist ☐ Research Coordinator ☐ Registered Nurse ☐ Research Coordinator/ RN ☐

Primary Lifetime Clinical Diagnosis (answer all):	**Present**	**Absent**	**Age at Tic onset _____ (if applicable)**
Tourette's Disorder	☐	☐	
Chronic Multiple Tics	☐	☐	
Other Tic disorder	☐	☐	**Age of Diagnosis: _____ (optional)**
Unaffected Primary Blood Relative of Proband	**Yes:** ☐	**No:** ☐	

Symptoms:

Motor Tics	☐	☐
Vocal/Verbal Tics	☐	☐

	Present	**Absent**	**Unknown**	
Known Mutation/s in subject's DNA:	☐	☐	☐	If present or absent, describe:_____

Secondary Lifetime Clinical Diagnosis: (answer all):	**Present**	**Absent**	
Obsessive compulsive disorder	☐	☐	If present, age at onset_____
Attention Deficit/Hyperactivity Disorder	☐	☐	If present, age at onset_____
Other (specify):_____	☐	☐	If present, age at onset_____

Optional Data:

Handedness Left ☐ Right ☐ Ambidextrous ☐

Smoking History Current ☐ Previous ☐ Never ☐ Years smoking _____

Other Family Members in Repository? Yes ☐ No ☐ If Yes, list relationship and subject IDs: _____

Family History of TS and related disorders in first degree relatives of subject:

	Present	**Absent**
Tourette Syndrome or tic disorders	☐	☐
Obsessive Compulsive Disorder (OCD)	☐	☐
Attention Deficit Hyperactivity Disorder (ADHD)	☐	☐

List all first degree relatives and diagnosis (TS, tic disorder, OCD, ADHD): _____

Family History of Other Neurological Diseases in first degree relatives:

	Present	**Absent**	**If Present, List Relatives:**
Motor Neuron Disorders, including ALS	☐	☐	
Parkinson's disease	☐	☐	
Epilepsy	☐	☐	
Cerebrovascular Disorders, including stroke and aneurysm	☐	☐	