

## METHODS

The main body of the MOVES contains 16 basic statements that describe four main symptoms: motor tics, vocal tics, obsessions, and compulsions. Each of the four symptoms is specified by four statements.

<b>MOVE SURVEY</b>				
Answer the questions below for the past <u>  </u> week(s).	NEVER	SOMETIMES	OFTEN	ALWAYS
1. I make noises (like grunts) that I can't stop.				
2. Parts of my body jerk again and again, that I can't control.				
3. I have bad ideas over and over, that I can't stop.				
4. I have to do things in certain order or certain ways (like touching things).				
5. Words come out that I can't stop or control.				
6. At times I have the same jerk or twitch over and over.				
7. Certain bad words or thoughts keep going through my mind.				
8. I have to do exactly the opposite of what I'm told.				
9. The same unpleasant or silly thought or picture goes through my mind.				
10. I can't control all my movements.				
11. I have to do several movements over and over again, in the same order.				
12. Bad or swear words come out that I don't mean to say.				
13. I feel pressure to talk, shout, or scream.				
14. I have ideas that bother me (like germs or like cutting myself).				
15. I do certain things (like jumping or clapping) over and over.				
16. I have habits or movements that come out more when I'm nervous.				
17. I have to repeat things that I hear other people say.				
18. I have to do things I see other people do.				
19. I have to make bad gestures (like the finger).				
20. I have to repeat words or phrases over and over.				

FIG. 1. Motor tic, Obsession and compulsion, and Vocal tic Evaluation Scale (MOVES).

NAME \_\_\_\_\_ DATE \_\_\_\_\_

COMMENTS