



Tourette Syndrome Test

Please read each statement and select the option that best describes your experience over the past six months:

	Questions	Not at all	Occasionally	Frequently	Almost constantly
1	I experience sudden, repetitive, and involuntary movements or sounds (tics).				
2	My tics interfere with my daily activities, such as work, school, or social interactions.				
3	Have others commented on your unusual movements or sounds?				
4	I experience both motor (physical movements) and vocal (sounds or words) tics.				
5	How often do you feel anxious or distressed about these movements or sounds?				
6	My tics tend to worsen during times of stress, excitement, or fatigue.				
7	I have had tics for at least one year.				
8	I have a family history of Tourette Syndrome or chronic tics.				
9	I have tried to suppress my tics, but it's challenging to control them for an extended period.				
10	My tics tend to change in type or severity over time.				



Scores to each choice for consistency in scoring:

- Not at all = 0
- Occasionally = 1
- Frequently = 2
- Almost constantly = 3

Score Interpretation:

- 0-10: It's unlikely that you have Tourette Syndrome.
- 11-20: You may have some symptoms of Tourette Syndrome, but they are not severe.
- 21-30: You likely have Tourette Syndrome or another tic disorder. Consult a healthcare professional for a formal diagnosis and appropriate management.

Keep in mind that this self-test is not a substitute for professional medical advice. If you suspect you have Tourette Syndrome or any other medical condition, it's essential to consult a healthcare provider for proper evaluation and treatment.

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