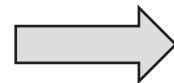


MOVeIT-14 – Parent Report

Please answer the questions below by circling your response. Some of the questions may sound similar, but please answer each the best you can.

a	My child makes the same twitches, movements, noises, words or sounds over and over	Never	Sometimes	Often
b	My child feels like they have to make a noise or say a word even if they don't want to	Never	Sometimes	Often
c	My child makes the same movements over and over that are hard to keep from doing	Never	Sometimes	Often
d	My child feels like they have to move parts of their body even if they don't want to - like constant blinking, twitching the nose, moving mouth or jaw, shrugging the shoulders, jerking arms or legs	Never	Sometimes	Often
e	My child feels like they have to make a noise or say a word, or move parts of my body even if they don't want to	Never	Sometimes	Often
f *	My child sniffs (or snorts or clears their throat) a lot even if they don't have a cold or allergies	Never	Sometimes	Often
g	My child makes the same twitches, movements, noises, words or sounds over and over that are hard to keep from doing – like grunts, coughs, blinking, shrugging the shoulders	Never	Sometimes	Often

Please finish all questions on this page. When you have finished, please turn over and complete the questions on the other side.



[preliminary version only (currently under revision); not for general use]

**Note, Parent MOVeIT-10 excludes above items: f, i, l, n*

h	My child has the same jerk or twitch over and over – like constant blinking, twitching the nose, moving mouth or jaw, shrugging the shoulders, jerking arms or legs	Never	Sometimes	Often
i *	My child feels like they have to move parts of their body even if they don't want to	Never	Sometimes	Often
j	My child makes the same twitches, movements, noises, words or sounds over and over - like grunts, coughs, blinking, shrugging shoulders	Never	Sometimes	Often
k	My child makes the same noises or words over and over	Never	Sometimes	Often
l *	My child feels like they have to make a noise or say a word, or move parts of their body even if they don't want to – like grunts, coughs, blinking, shrugging shoulders	Never	Sometimes	Often
m	My child makes the same noises or sounds over and over that are hard to keep from doing	Never	Sometimes	Often
n *	My child feels like they have to make a noise or say a word even if they don't want to – like coughing, sniffing, grunting, or making animal sounds	Never	Sometimes	Often

Thank you!

[preliminary version only (currently under revision); not for general use]

**Note, Parent MOVEIT-10 excludes above items: f, i, l, n*