

Appendix A: Questionnaire mailed to patient’s last known address with letter of explanation.

Tourette Questionnaire—Please circle all answers that apply.

1. **Who do you live with?**  
 Spouse with no children      Spouse with children      Significant other      Parents  
 Children, but no spouse      Live alone      Other Relatives
2. **What is your marital status?**  
 Never married      Married      Divorced      Separated
3. **Education**  
 Less than high school graduate      High school graduate or GED      Some college  
 Vocational Graduate      College graduate      Graduate school
4. **Financial questions---**  
**Do you own your own home?**      Yes      No  
**Do you rely on outside financial assistant?**      No      Yes, Government assistance      Yes, Family assistance  
**Are you employed?** Full time      Part time      Not employed      Caring for dependent children as housewife/househusband
5. **Age of onset of tics---**      Less than age 6      7-11 years      over 12 years
6. **If your tics improved, at what age did they do so?**  
 Less than 12 years      12-18 years      over 18 years
7. **Do you still have motor tics?** No      Yes, mild      Yes, moderate      Yes, severe
8. **Do you still have vocal tics?** No      Yes, mild      Yes, moderate      Yes, severe
9. **Circle the other problems you may have experienced along with the tics.**  
 Attention Deficit Hyperactivity Disorder      Obsessive Compulsive Disorder      Learning Disability      Depression      Bipolar disorder  
 Rage      Alcohol dependence/abuse      ODD      Other \_\_\_\_\_
10. **What helped you the most in coping as a child?**  
 Parents      Teachers      Medication/Therapy  
 Support Group      Religious Group      Other \_\_\_\_\_
11. **What helped you the most in coping after age 18?**  
 Family      Friends      Medication/Therapy      Religious groups      Other \_\_\_\_\_
12. **Do your tics affect your everyday life?**  
 Not at all      Yes, but I don't have to make adjustments      Yes, my life is not what I want it to be  
 Yes, but I take medication and am satisfied with outcome      Yes, my life is severely limited due to tics
13. **Do you see a physician for your Tourette syndrome as an adult?**  
 No      Yes      **If yes, what specialty?** Family doctor/internist      Neurologist      Psychiatrist  
 Other \_\_\_\_\_
14. **Do you see a therapist for non-medication based therapy for Tourette Syndrome as an adult?**  
 Yes      No
15. **Are you aware of CBIT—Comprehensive Behavioral Intervention for Tics?**  
 Yes, I have used it      Yes, but I have not used it      No
16. **Have you had trouble as an adult finding a physician knowledgeable about Tourette Syndrome?**  
 Yes      No
17. **OPTIONAL PART: Please add anything you would like to tell us about your life experience with Tourette Syndrome in the space below. Continue on back of page if needed.** \_\_\_\_\_  
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