

**Global Rating Scale**

**1**

**Video Number** \_\_\_\_\_ **Subject Number** \_\_\_\_\_ **Date scored** \_\_\_\_\_

**Investigator Name** \_\_\_\_\_

**Site** \_\_\_\_\_

**Global Dystonia Scale**

**Source: Dr. Cynthia Comella**

## Global Rating Scale

2

Video Number \_\_\_\_\_ Subject Number \_\_\_\_\_ Date scored \_\_\_\_\_

Investigator Name \_\_\_\_\_

Site \_\_\_\_\_

**The global score is an overall score for the body area. The investigator rates the patient in relationship to all patients. If the dystonia changes during the examination, the rating for the maximal dystonia is recorded.**

**Each body area is rated from 0 to 10.**

**A score of 0 is no dystonia present in that body area**

**A score of 1 is minimal dystonia**

**A score of 5 is moderate dystonia**

**A score of 10 is the most severe dystonia**

**Global Rating Scale**

Video Number \_\_\_\_\_ Subject Number \_\_\_\_\_ Date scored \_\_\_\_\_

Investigator Name \_\_\_\_\_

Site \_\_\_\_\_

Score: _____	<b>EYES AND UPPER FACE</b>	<b>Rate from 0 (no dystonia) to 10 (most severe dystonia)</b>
Score: _____	<b>LOWER FACE</b>	<b>Rate from 0 (no dystonia) to 10 (most severe dystonia)</b>
Score: _____	<b>JAW AND TONGUE</b>	<b>Rate from 0 (no dystonia) to 10 (most severe dystonia)</b>
Score: _____	<b>LARYNX</b>	<b>Rate from 0 (no dystonia) to 10 (most severe dystonia)</b>
Score: _____	<b>NECK</b>	<b>Rate from 0 (no dystonia) to 10 (most severe dystonia)</b>
Score: Right Left _____	<b>SHOULDER AND PROXIMAL ARM</b>	<b>Rate from 0 (no dystonia) to 10 (most severe dystonia)</b>
Score: Right Left _____	<b>DISTAL ARM AND HAND INCLUDING ELBOW</b>	<b>Rate from 0 (no dystonia) to 10 (most severe dystonia)</b>
Score: Right Left _____	<b>PELVIS, UPPER LEG</b>	<b>Rate from 0 (no dystonia) to 10 (most severe dystonia)</b>

**Global Rating Scale**

**4**

**Video Number** \_\_\_\_\_ **Subject Number** \_\_\_\_\_ **Date scored** \_\_\_\_\_

**Investigator Name** \_\_\_\_\_

**Site** \_\_\_\_\_

<b>Score:</b> <b>Right Left</b>  _____	<b>DISTAL LEG, FOOT</b>	<b>Rate from 0 (no dystonia) to 10</b> <b>(most severe dystonia)</b>
<b>Score:</b>  _____	<b>TRUNK</b>	<b>Rate from 0 (no dystonia) to 10</b> <b>(most severe dystonia)</b>