TIC TRACKER

TIC	URGE	ACTIVITY/EMOTION

TIC TRACKER

TIC	ACTIVITY	EMOTION	TIME OF DAY

Motor Tic List

Please list all motor or movement tics you've experienced in the last 2 weeks.

Name the Tic	Urge	Intensity (1-5)

Vocal Tic List

Please list all vocal, breathing, sound tics you've experienced in the last 2 weeks.

Name the Tic	Urge	Intensity (1-5)