Project Overview for HCPs:
Tardive Dyskinesia (TD) Impact Stories

Identifying patient and resident stories that demonstrate the impact of TD and treatment

This project aims to identify patients and long-term care residents with TD that can effectively articulate the impact of TD on their lives for use in future medical education and promotional materials. The intent is to build a library of real-world examples that can help healthcare professionals better understand the impact of this condition and the need to treat it appropriately.

To support this effort, you are being asked to identify patients or residents who may be appropriate and willing to participate. We are looking to capture examples of

Demographics

- Patient or resident in a long-term care facility
- Age groups: 18-48, 49-64, and ≥65 years
- Female or Male

Impact Stories

- Impact on those with mood disorder
- Impact of mild movements
- Impact of severe movements
- History of falls or other injury
- Where their TD is causing physical pain
- Required assistance with activities of daily life (may include caregiver)
- Effect of reduction of movements with treatment on other aspects of their life

If you have a patient/resident that fulfills these criteria, next steps include:

1. Review the information with your patient/resident to understand their interest, willingness, and agreement to participate
2. Begin the nomination process by completing a short form to send out consent and HIPAA authorization forms
3. Once all consent and HIPAA authorization forms have been signed, complete the nomination form
4. Submit a brief video (<1 minute) that shows why your patient/resident is a good fit. Please reference the sample interview questions to help uncover the impact, found on page 2 of this document, when conducting your patient or resident video recordings

For full details on the nomination process, please review the Nomination Process to submit a nomination that fulfills this request by accessing InPractice.com. If you have any questions, please contact getinpractice@hlxusa.com.

We appreciate your participation in this initiative.

Impact on those with mood disorder

- How have your involuntary movements affected your daily activities (eg, household chores, getting dressed, moving around)?
- How have your involuntary movements affected your daily routines—for example, at work, during hobbies, or in other parts of your day?
- How have your involuntary movements affected the way you interact with others? Do you ever avoid going out in public or cancel plans?
- Have your involuntary movements ever kept you from taking all of your medications as prescribed?
- How do your involuntary movements impact your mood (eg, anxiety, depression, irritability)?
- How did you feel when you were diagnosed with TD?
- How did your movements and/or diagnosis affect the way you felt about your mental health medication?
- What were your thoughts and attitude toward starting treatment for your movements?

Impact of mild movements

- How do your involuntary movements affect your confidence, self-esteem, or sense of control?
- Even when your movements are mild, do they bother you or distract you during the day?
- Do small involuntary movements in your face, tongue, hands, or body interfere with activities like speaking, eating, reading, texting, or writing?
- Are there times when your mild involuntary movements become more noticeable or frustrating, such as when you are tired, stressed, or in public?

Impact of severe movements

- When your TD movements are at their worst, what activities become difficult or impossible?
- Do your involuntary movements interfere with speaking clearly, chewing, swallowing, walking, sitting still, or sleeping?
- Have your involuntary movements caused embarrassment, isolation, or avoidance of public places?
- Do your involuntary movements ever make you feel unsafe or like you're not in control of your body? For example, while cooking, driving, or at work?
- How often do your involuntary movements disrupt your plans, responsibilities, or independence?

History of falls or other injury

- Have your involuntary movements ever caused you to lose your balance, trip, or fall?
- Have you had any injuries, bruises, cuts, dental issues, or muscle strain related to your involuntary movements?
- Do you avoid stairs, walking outside, cooking, driving, or other activities because of fear of falling or injury?
- Have your involuntary movements ever caused you to drop objects, spill liquids, or bump into things?
- Has anyone else noticed and/or voiced their safety concerns related to your involuntary movements?

Where their TD is causing physical pain

- Do your TD movements cause pain or soreness in any part of your body?
- Where do you feel pain most often—for example, your jaw, neck, shoulders, back, arms, legs, or feet?
- Does the pain get worse at certain times of day or during specific activities?
- How does pain from your movements affect sleep, eating, speaking, mobility, or mood?

Required assistance with activities of daily life (may include caregiver)

- Do your involuntary movements make it harder to take care of yourself, such as bathing, dressing, grooming, brushing your teeth, or eating?
- Are there daily tasks where you need help from a family member, caregiver, or friend because of your involuntary movements?
- Have your involuntary movements affected your ability to cook, clean, shop, manage medications, use a phone, or handle money?
- Do you need extra time to complete daily activities because of TD?
- For caregivers: What kinds of support do you provide because of the patient's involuntary movements?

Effect of reduction of movements with treatment on other aspects of their life

- If your involuntary movements have improved with treatment, what changes have you noticed in your daily life?
- Has having fewer involuntary movements helped you feel more comfortable socially or emotionally?
- Are you able to do any activities now that were difficult before starting treatment?
- Has improvement in your involuntary movements affected your independence or need for caregiver support?
- How has treatment-related improvement changed your mood, confidence, relationships, sleep, or overall quality of life?

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