**Pre-test for TSA Physician Training Retreats**

Date: XX/XX/XXXX

Form# X

Form Approved

OMB No. 0920-XXXX

Exp. Date XX/XX/20XX

***Please circle the correct answer:***

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 1. **To be diagnosed with Tourette Syndrome, a person must have which of the following?** | | | | |
| 1. Motor and vocal tics for less than 12 months | | | 1. Motor and vocal tics for at least 12 months | |
| 1. Motor or vocal tics for at least 12 months | | | 1. Motor, but not vocal tics for greater than 12 months | |
| 1. **Which of the following is *not* true regarding tic expression?** | | | | |
| 1. Tics wax and wane in frequency and intensity | | | 1. Tics tend to get worse into adulthood for most people with TS | | |
| 1. Tics occur in bouts of bouts | | | 1. Onset is typically between the ages of 5 and 6 | | |
| 1. **What is the approximate prevalence of TS, as reported in this workshop?** | | | | |
| 1. 3% | 1. 0.001% | 1. 0.5% | | 1. 5% |
| 1. **It is common to see symptoms of coprolalia** | | | | |
| 1. True | 1. False | | | |
| 1. **Tics disorders are more common in boys:** | | | | |
| 1. True | 1. False | | | |
| 1. **Comorbid psychiatric conditions have which effect on adaptive functioning in children with tic disorders?** | | | | |
| * 1. They have no effect | | | 1. Only anxiety disorders has a greater effect than tic severity | |
| * 1. They improve social functioning | | | 1. Presence of comorbid conditions often predicts poorer functioning | |
| 1. **What is the best description of genetic evidence for tic disorders?** | | | | |

|  |  |
| --- | --- |
| * 1. There is none. It’s clearly a learned behavior | c. There is a specific gene sequence on the 14th chromosome that is responsible for tic disorders |
| b. A specific gene has not been found, but it’s clear that there is a heritable component to tic disorders | d. There is a large amount of genetic data, and it appears that the risk of having a child with TS if you have TS is 8 in 10. |

|  |
| --- |
| 1. **The neurotransmitter most commonly implicated in tic disorders is:** |

|  |  |
| --- | --- |
| * 1. Serotonin | 1. Dopamine |
| 1. GABA | 1. Progesterone |
| 1. **What statement best summarizes the findings regarding giving stimulants to children with tics?** | |
| 1. Children with a history of tics should never be given stimulants because it can exacerbate tics | 1. It is perfectly safe, and preferred as it enhances compliance with behavioral and medication regimens |
| 1. It generally does not exacerbate tics, but does for a small number of cases. | 1. Stimulants should not be given to children with TS. Benzodiazepines are more appropriate |

|  |  |
| --- | --- |
| 1. **In the Piacentini et al (2010) study of Comprehensive Behavioral Intervention for Tics, results showed that:** | |
| 1. Behavior therapy was more effective than psychoeducation and supportive therapy in children | 1. Both a and b |
| 1. Response rates and symptom reduction was similar to placebo-controlled medication trials | 1. Behavior therapy was not more effective than psychoeducation and supportive therapy |

Public reporting burden of this collection of information is estimated to average 3 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to CDC/ATSDR Information Collection Review Office, 1600 Clifton Road NE, MS D- 74, Atlanta, Georgia 30333; ATTN: PRA (0920-XXXX).