

# Online supplement

## Appendix 1

### TARDIVE DYSKINESIA – AWARENESS AND ATTITUDE STUDY

- Grade:
- Specialty:
- Have you completed 3 years basic specialist training in a psychiatric rotation approved by the Royal College of Psychiatrists? YES/ NO
- Total number of years in psychiatry:
- Total number of years since completion of basic medical degree:

#### (A) Training in the diagnosis of tardive dyskinesia (please cross out as applicable)

1. Have you had any training in the diagnosis of tardive dyskinesia? YES/NO  
(If you have answered NO, go to question 4)
2. Was your training part of a formal course (e.g. MRCPsych course)? YES/NO
3. Was your training informal (e.g. from your supervisor)? YES/NO
4. Do you feel confident in diagnosing tardive dyskinesia? YES/NO
5. Should psychiatric trainees have formal training in the diagnosis of tardivedyskinesia? YES/NO

#### (B) Training in the management of tardive dyskinesia (please cross out as applicable)

6. Have you had any training in the management of tardive dyskinesia? YES/NO  
(If you have answered NO, go to question 9)
7. Was your training part of a formal course (e.g. MRCPsych course)? YES/NO
8. Was your training informal (e.g. from your supervisor)? YES/NO
9. Do you feel confident in the management of tardive dyskinesia? YES/NO
10. Should psychiatric trainees have formal training in the management of tardive dyskinesia? YES/NO

#### (C) Giving information regarding tardive dyskinesia

11. Psychiatrists should discuss the risk of tardive dyskinesia along with other side-effects before prescribing antipsychotics, and if that is not possible, they should do so at the earliest opportunity

Fully agree	Partially agree	Neither agree nor disagree	Partially disagree	Fully disagree
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12. I routinely discuss the risk of tardive dyskinesia along with other side-effects before prescribing antipsychotics, and if that is not possible, I do so at the earliest opportunity

Fully agree	Partially agree	Neither agree nor disagree	Partially disagree	Fully disagree
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13. I routinely document my efforts of discussing side-effects of antipsychotics in patients on antipsychotics

Fully agree	Partially agree	Neither agree nor disagree	Partially disagree	Fully disagree
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#### (D) Monitoring for abnormal involuntary movements

14. Psychiatrists should routinely monitor for abnormal involuntary movements in patients on antipsychotics

Fully agree	Partially agree	Neither agree nor disagree	Partially disagree	Fully disagree
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15. I routinely monitor for emergence of abnormal involuntary movements in patients on antipsychotics

Fully agree	Partially agree	Neither agree nor disagree	Partially disagree	Fully disagree
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16. I routinely document my efforts of monitoring for abnormal involuntary movements in patients on antipsychotics (e.g. filing the movement rating scale used, recording in the notes that a physical examination was carried out to check abnormal movements)

Fully agree	Partially agree	Neither agree nor disagree	Partially disagree	Fully disagree
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#### (E) General issues

17. Tardive dyskinesia is a cause for litigation

Fully agree	Partially agree	Neither agree nor disagree	Partially disagree	Fully disagree
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18. Formal training in assessing abnormal movements should be part of the basic specialist training in psychiatry

Fully agree	Partially agree	Neither agree nor disagree	Partially disagree	Fully disagree
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19. I can competently assess abnormal involuntary movements using at least one of the standard abnormal movement rating scales

Fully agree	Partially agree	Neither agree nor disagree	Partially disagree	Fully disagree
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20. I believe that antipsychotics should not be prescribed long-term for unlicensed indications (e.g. insomnia, anxiety, pseudo-auditory hallucinations) without the patient's consent even for detained patients

Fully agree	Partially agree	Neither agree nor disagree	Partially disagree	Fully disagree
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AND FINALLY, DO YOU WISH TO ADD ANY COMMENTS?  
(THANK YOU FOR TAKING PART IN THIS SURVEY)