

Appendix 8. TWC21m GASS (+ clozapine constipation question)

Glasgow Antipsychotic Side-effect Scale (GASS)

Name: _____ Age: _____ Sex: M / F
 Please list current medication and total daily doses below:

This questionnaire is about how you have been recently. It is being used to determine if you are suffering from excessive side effects from your antipsychotic medication. Please place a tick in the column which best indicates the degree to which you have experienced the following side effects. Tick the **end** box if you found that the side effect distressed you.

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Over the <u>past week</u>:	<i>Never</i>	<i>Once</i>	<i>A few times</i>	<i>Everyday</i>	<i>Tick this box if distressing</i>
1. I felt sleepy during the day					
2. I felt drugged or like a zombie					
3. I felt dizzy when I stood up and/or have fainted					
4. I have felt my heart beating irregularly or unusually fast					
5. My muscles have been tense or jerky					
6. My hands or arms have been shaky					
7. My legs have felt restless and/or I couldn't sit still					
8. I have been drooling					
9. My movements or walking have been slower than usual					
10. I have had, or people have noticed uncontrollable movements of my face or body					
11. My vision has been blurry					
12. My mouth has been dry					
13. I have had difficulty passing urine					
14. I have felt like I am going to be sick or have vomited					
15. I have wet the bed					
16. I have been very thirsty and/or passing urine frequently					
17. The areas around my nipples have been sore and swollen					
18. I have noticed fluid coming from my nipples					
19. I have had problems enjoying sex					
20. <u>Men only</u> : I have had problems getting an erection					

Tick yes or no for the following questions about the <u>last three months</u>	<i>No</i>	<i>Yes</i>	<i>Tick this box if distressing</i>
21. <u>Women only</u> : I have noticed a change in my periods			
22. <u>Men and women</u> : I have been gaining weight			

Local additional recommended question when a client takes clozapine			
Tick yes or no for the following question about the past week	No	Yes	<i>If YES is ticked please report to consultant <u>immediately</u></i>
23. I have difficulty opening my bowels			