



Data Collection Worksheet

Please Note: The Data Collection Worksheet (DCW) is a tool to aid integration of a PhenX protocol into a study. The PhenX DCW is not designed to be a data collection instrument. Investigators will need to decide the best way to collect data for the PhenX protocol in their study. Variables captured in the DCW, along with variable names and unique PhenX variable identifiers, are included in the PhenX Data Dictionary (DD) files.

Glasgow Antipsychotic Side-effect Scale (GASS)

Name: _____

Age: _____

Sex: _____ M / F

Please list current medication and total daily doses
below: _____

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.

Over the <u>past week</u> :	Never	Once	A few times	Everyday	<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>			No	Yes	Tick this box if distressing	
21. Women only: I have noticed a change in my periods						
22. <u>Men and women:</u> I have been gaining weight						

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Scoring

For questions 1-20 award 1 point for the answer "once," 2 points for the answer "a few times," and 3 points for the answer "everyday."

Please note zero points are awarded for an answer of "never."

For questions 21 and 22, award 3 points for a "yes" answer and 0 points for a "no."
Total for all questions =

For male and female patients a *total score* of:

- 0-12 = absent/mild side effects
- 13-26 = moderate side effects
- over 26 = severe side effects

Side effects covered by questions

- 1-2 sedation and CNS side effects
- 3-4 cardiovascular side effects
- 5-10 extra-pyramidal side effects
- 11-13 anticholinergic side effects
- 14 gastro-intestinal side effects
- 15 genitourinary side effects
- 16 screening for diabetes mellitus
- 17-21 prolactinaemic side effects
- 22 weight gain

The column relating to the distress experienced with a particular side effect is not scored but is intended to inform the clinician of the service user's views and condition.

Protocol source: <https://www.phenxtoolkit.org/protocols/view/661701>