

Glasgow Antipsychotic Side-effect Scale for Clozapine (GASS-C)

Name:	DOB/ CHI:	Date:
Caffeine intake:cups/day		
Smoker: Y / Ncigarettes/day		
Has there been a recent change in your smoking habit? Increase/Decrease bycigarettes/day		

Please list current medication and total daily doses below:

This questionnaire is being used to determine if you are suffering from excessive side effects from your medication. Please put a tick in the column which best indicates how often or how severely you have experienced the following side effects.

Over the past week:		Never	Once	A few times	Every day	Tick if severe or distressing
1	I felt sleepy during the day					
2	I felt drugged or like a zombie					
3	I felt dizzy when I stood up or have fainted					
4	I have felt my heart beating unusually fast or irregularly					
5	I have experienced jerking limbs or muscles					
6	I have been drooling					
7	My vision has been blurry					
8	My mouth has been dry					
9	I have felt sick (nauseous) or have vomited					
10	I have felt gastric reflux or heartburn					
11	I have had problems opening my bowels (constipation)					
12	I have wet the bed					
13	I have been passing urine more often					
14	I have been thirsty					
15	I have felt more hungry than usual or have gained weight					
16	I have been having sexual problems					

I have also experienced:

(please write down any other side effects or physical problems that you may have experienced over the past week)

17	
18	
19	
20	

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Staff Information

1. Allow the service user to fill in the side-effects scale themselves. All questions relate to the previous week.

2. **Scoring**

0 Points	“Never”
1 point	“Once”
2 points	“A few times”
3 points	“Everyday”

3. **Results**

0-16	absent/mild side-effects
17-32	moderate side-effects
33-48	severe side-effects

4. **Side-effects covered include:**

1-2	Drowsiness and sedation
3	Postural hypotension
4	Tachycardia
5	Myoclonus
6	Hypersalivation
7-8	Anticholinergic side-effects
9-10	Gastrointestinal side-effects
11	Constipation
12	Nocturnal enuresis
13-14	Screening for diabetes mellitus
15	Weight gain
16	Sexual dysfunction

5. The column relating to the severity/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.
6. Question 17-20 invite the service user to report any other side-effects or problems not already mentioned. These questions should not be scored but may instigate a discussion with the service user if clinically appropriate.

Reference:

C. Hynes et al. Antipsychotic Side-effects Scale for Clozapine- Development and validation of a clozapine-specific side-effects scale. *Schiz Res* 2015; 168; 505-513