



International Parkinson and
Movement Disorder Society

GIDS-PD

The Gastrointestinal Dysfunction Scale for Parkinson's Disease

Authored by:
Marta Camacho
Julia C. Greenland
Caroline H. Williams-Gray

Tel +1 (414) 276-2145
Fax +1 (414) 276-3349

555 E. Wells Street, Suite 1100
Milwaukee, WI 53202-3823

www.movementdisorders.org
ratingscales@movementdisorders.org

GIDS-PD

THE GASTROINTESTINAL DYSFUNCTION SCALE IN PARKINSON'S DISEASE

INSTRUCTIONS

Some patients with Parkinson's disease experience changes in their digestive system. This questionnaire assesses whether you have experienced any gut problems. Tick the statement that best describes your symptoms over the **past 6 months**. Be sure to read all the statements in each item.

If you have had the problem in the past but have not experienced the problem in the **past 6 months**, please tick 'No'.

If you have used medication in the **past 6 months** related to any of the following problems, answer about your experience while taking the medication.

Please answer every question. If you are uncertain about how to answer a question tick the statement that best describes your symptoms.

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NAME/STUDY CODE:

TODAY'S DATE:

SEX:

AGE:

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1. Over the past 6 months, how often, on average, did you pass stool?

Frequency:

Occasionally: 3 times a week or less.

Often: 4 to 7 times a week.

Frequently: 8 or more times a week.

Severity:

Mild: frequency of stool passing leads to little or no discomfort or distress.

Moderate: frequency of stool passing leads to discomfort or is disruptive, but no extra efforts to manage it are needed.

Severe: frequency of stool passing leads to severe discomfort, distress or is very disruptive, causing pain or anxiety or efforts to manage it have to be employed (for example, medication).

1a. Over the past 6 months, have you taken specific measures to have more bowel movements?

Yes No

If Yes, tick all that apply:

I have eaten more fibre (for example, eating more prunes, cereals, fibrous soup) or consumed probiotics

I have used laxatives occasionally (twice a week or less).

I have used laxatives regularly (more than twice a week but not every day).

I have used laxatives daily.

1b. How long, in years, have you had less than 3 bowel movements per week or have had to take extra measures to have more bowel movement?

Less than 1 year

1-10 years

10-20 years

PLEASE CHECK THAT YOU ANSWERED ALL THE QUESTIONS

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2. Over the past 6 months, have you experienced straining (difficulty passing stool, finding it painful to pass stool)?

Yes No

If Yes,**Frequency:**

Occasionally: once every 10 times I go to the toilet, or less.

Often: on average, once every 4 times I go to the toilet.

Frequently: at least one in every 2 times I go to the toilet.

Severity:

Mild: straining is present but leads to little or no discomfort or distress.

Moderate: straining leads to discomfort or is disruptive (for example, it delays stool passing, takes increased effort to pass stool, or you have piles because of straining).

Severe: straining leads to severe discomfort, distress or is very disruptive, causing pain or anxiety or efforts to manage it have to be employed (for example, you had to press on or around your bottom, remove stool with your hands, or have enemas).

3. Over the past 6 months, have you experienced hard stools?

Yes No

If Yes,**Frequency:**

Occasionally: once every 10 times I go to the toilet, or less.

Often: on average, once every 4 times I go to the toilet.

Frequently: at least once in every 2 times I go to the toilet.

Severity:

Mild: hard stools are present but lead to little or no discomfort or distress.

Moderate: hard stools lead to discomfort or are very disruptive (for example, it takes increased effort to pass stool).

Severe: hard stools lead to severe discomfort, distress or are very disruptive, causing pain or anxiety.

PLEASE CHECK THAT YOU ANSWERED ALL THE QUESTIONS

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4. Over the past 6 months, have you experienced a sensation of incomplete evacuation?

Yes No

If Yes,**Frequency:**

Occasionally: once every 10 times I go to the toilet, or less.

Often: on average, once every 4 times I go to the toilet.

Frequently: at least once in every 2 times I go to the toilet.

Severity:

Mild: sensation of incomplete evacuation is present but leads to little or no discomfort or distress.

Moderate: sensation of incomplete evacuation leads to discomfort or is disruptive (delaying passing of stool).

Severe: sensation of incomplete evacuation leads to severe discomfort, distress or is very disruptive, causing pain or anxiety or efforts to manage it have to be employed (for example, prompting several attempts to pass stool on that day).

5. Over the past 6 months, have you experienced abdominal pain?

Yes No

If Yes,**Frequency:**

Occasionally: less than once a week.

Often: on average, once a week.

Frequently: at least twice a week.

Severity:

Mild: abdominal pain is present but leads to little or no discomfort or distress.

Moderate: abdominal pain leads to discomfort or is disruptive.

Severe: abdominal pain leads to severe discomfort, distress or is very disruptive and stops you from doing your activities.

PLEASE CHECK THAT YOU ANSWERED ALL THE QUESTIONS

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6. Over the past 6 months, have you experienced days in which you have had an abnormal increase in stool passing? If you experienced constipation on some days but you also experienced increased frequency of stool passing, please tick yes.

Yes No

If Yes,

Frequency:

Occasionally: less than once a week, I have needed to pass a stool more often than usual.

Often: on average, once a week, I have needed to pass a stool more often than usual.

Frequently: at least twice a week, I have needed to pass a stool more often than usual.

Severity:

Mild: increased frequency of stool passing is present but leads to little or no discomfort or distress.

Moderate: increased frequency of stool passing leads to discomfort or is disruptive.

Severe: increased frequency of stool passing leads to severe discomfort, distress or is very disruptive and stops you from doing your activities (for example, faecal incontinence).

7. Over the past 6 months, have you experienced abdominal fullness, pressure, or a sensation of trapped gas, feeling bloated or distension (visible increase in abdominal girth)?

Yes No

If Yes,

Frequency:

Occasionally: less than once a week.

Often: on average, once a week.

Frequently: at least twice a week.

Severity:

Mild: recurrent abdominal fullness is present but leads to little or no discomfort or distress.

Moderate: recurrent abdominal fullness leads to discomfort or is disruptive (for example, feeling excessively full after regular-sized meals).

Severe: recurrent abdominal fullness leads to severe discomfort, distress or is very disruptive and stops you from doing your activities or eating plentiful meals.

PLEASE CHECK THAT YOU ANSWERED ALL THE QUESTIONS

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8. Over the past 6 months, have you experienced involuntary weight loss?

Even if you have lost weight over the course of several months and maintained this loss over the past month, please tick yes.

Yes No

If Yes,**Quantity:**

- Less than 10% of my body weight.
- On average, 10% of my body weight.
- More than 10% of my body weight.

Severity:

- Mild:** weight loss is present but leads to little or no discomfort or distress.
- Moderate:** weight loss leads to discomfort or is disruptive.
- Severe:** weight loss leads to severe discomfort, distress or is very disruptive (for example, you have to take nutritional supplements or appetite stimulants to manage it, or it causes frailty).

9. Over the past 6 months, have you experienced difficulty swallowing or did food or drinks get stuck in your throat after swallowing or go down slowly through your chest?

Yes No

If Yes,**Frequency:**

- Occasionally:** less than once a week.
- Often:** on average, once a week.
- Frequently:** at least twice a week.

Severity:

- Mild:** difficulty swallowing is present but leads to little or no discomfort or distress.
- Moderate:** difficulty swallowing leads to discomfort or is disruptive (for example, you cut your food or pills in smaller pieces so that they are easier to swallow).
- Severe:** difficulty swallowing leads to severe discomfort, distress or is very disruptive and stops you from eating certain foods, or you have choked in the past month.

PLEASE CHECK THAT YOU ANSWERED ALL THE QUESTIONS

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10. Over the past 6 months, have you experienced excessive saliva?

Yes No

If Yes,**Frequency:**

Occasionally: less than once a week.

Often: on average, once a week.

Frequently: at least twice a week.

Severity:

Mild: excessive saliva is present but leads to little or no discomfort or distress.

Moderate: excessive saliva leads to discomfort or is disruptive (for example, it causes drooling).

Severe: excessive saliva leads to severe discomfort, distress or is very disruptive (for example, you have to take medication to manage it, you have to keep cleaning yourself or it causes embarrassment).

11. Over the past 6 months, have you experienced heartburn?

Yes No

If Yes,**Frequency:**

Occasionally: less than once a week.

Often: on average, once a week.

Frequently: at least twice a week.

Severity:

Mild: heartburn is present but leads to little or no discomfort or distress.

Moderate: heartburn leads to discomfort or is disruptive (for example, you need to take medication to manage it).

Severe: heartburn leads to severe discomfort, distress or is very disruptive (for example, you have trouble doing things or falling asleep).

PLEASE CHECK THAT YOU ANSWERED ALL THE QUESTIONS

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12. Over the past 6 months, have you experienced nausea?

Yes No

If Yes,**Frequency:**

Occasionally: less than once a week.

Often: on average, once a week.

Frequently: at least twice a week.

Severity:

Mild: nausea is present but leads to little or no discomfort or distress.

Moderate: nausea leads to discomfort or is disruptive (for example, you need to take anti-sickness medication to manage it or it affects your appetite).

Severe: nausea leads to severe discomfort, distress or is very disruptive (for example, it keeps you from doing things or it makes you vomit).

PLEASE CHECK THAT YOU ANSWERED ALL THE QUESTIONS

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We would also like to ask you some important questions about your lifestyle that may contribute to your gut health. For each question, please **tick the statement that best describes your lifestyle**. Be sure to read all the statements in each item. Please tick **only one** answer.

OVER THE LAST MONTH:**A. Which diet best represents most of your meals?**

- Western Diet** (rich in meat and roasted potatoes/vegetables)
 - Mediterranean Diet** (rich in meat, fish, fresh vegetables and fresh fruits)
 - Asian Diet** (rich in noodles, rice and cooked vegetables)
 - Indian Diet** (rich in curry, grains and lentils)
 - Vegetarian/Vegan** (excluding meat or animal derived products from meals)
 - Mixed diet** (you do not follow a particular diet pattern, or your diet is a mixture of some of the above)
-

B. On average, how many glasses of water or non-fizzy juice did you drink per day?

- Less than 1 glass a day (a few per week)
 - 1-3 glasses a day
 - More than 3 glasses a day
-

C. How many caffeinated drinks (for example, coffee, tea and energy drinks) did you have per day?

- Less than 1 glass a day (a few per week)
 - 1-3 glasses a day
 - More than 3 glasses a day
-

D. How many times did you exercise for more than 30 minutes (for example, fitness classes, brisk walking or cycling for at least 30 minutes)?

- Less than once a week
- 1 to 3 exercise sessions a week
- More than 3 exercise sessions a week

PLEASE CHECK THAT YOU ANSWERED ALL THE QUESTIONS

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- I have never smoked
- I am an ex-smoker
- I currently smoke (daily or occasionally)

F. Have you EVER been diagnosed with any of the following gastrointestinal disorders by a medical doctor?

DISORDER	YES	NO	IF YES, YEAR OF DIAGNOSIS:	CURRENTLY TAKING MEDICATION FOR IT?	
Constipation	<input type="checkbox"/>	<input type="checkbox"/>		<input type="radio"/> Yes	<input type="radio"/> No
Irritable bowel syndrome (IBS) or Inflammatory bowel disease (IBD)	<input type="checkbox"/>	<input type="checkbox"/>		<input type="radio"/> Yes	<input type="radio"/> No
Crohn's Disease	<input type="checkbox"/>	<input type="checkbox"/>		<input type="radio"/> Yes	<input type="radio"/> No
Gastroesophageal reflux (also known as Heartburn)	<input type="checkbox"/>	<input type="checkbox"/>		<input type="radio"/> Yes	<input type="radio"/> No
Ulcerative Colitis	<input type="checkbox"/>	<input type="checkbox"/>		<input type="radio"/> Yes	<input type="radio"/> No
Diverticular Disease	<input type="checkbox"/>	<input type="checkbox"/>		<input type="radio"/> Yes	<input type="radio"/> No
Colon Cancer	<input type="checkbox"/>	<input type="checkbox"/>		<input type="radio"/> Yes	<input type="radio"/> No
Other: _____	<input type="checkbox"/>	<input type="checkbox"/>		<input type="radio"/> Yes	<input type="radio"/> No

GIDS-PD | THE GASTROINTESTINAL DYSFUNCTION SCALE IN PARKINSON'S DISEASE**SCORING INSTRUCTIONS**

Items 1 through 12 are scored as follows:
(except for item 1-frequency which is inverted)

FREQUENCY	SEVERITY
Occasionally: 1	Mild: 1
Often: 2	Moderate: 2
Frequently: 3	Severe: 3

The GIDS-PD can be divided into 3 subscores,
each constituted by a set of items:

SUBSCORES	ITEMS
Constipation	1, 2, 3 and 4
Bowel Irritability	5, 6, 7 and 8
Upper GI	9, 10, 11 and 12

Items 1a, 1b, A, B, C, D, E and F provide additional information but are **not used for scoring**.
The total score for each item is computed by multiplying frequency and severity scores.

The total score of the GIDS-PD is computed by adding the total scores of items 1 through 12,
resulting in a minimum score of 0 and a maximum score of 108.

ITEM	FREQUENCY SCORE			SEVERITY SCORE			TOTAL ITEM SCORE (F X S)		
1	3	2	1	1	2	3		CONSTIPATION SUBSCORE	
2	1	2	3	1	2	3	+		
3	1	2	3	1	2	3	+		
4	1	2	3	1	2	3	+		
5	1	2	3	1	2	3	+	BOWEL IRRITABILITY SUBSCORE	
6	1	2	3	1	2	3	+		
7	1	2	3	1	2	3	+		
8	1	2	3	1	2	3	+		
9	1	2	3	1	2	3	+	UPPER GI SUBSCORE	
10	1	2	3	1	2	3	+		
11	1	2	3	1	2	3	+		
12	1	2	3	1	2	3	+		
TOTAL GIDS-PD SCORE							=		