

**Parkinson's Disease Impulsive-Compulsive Disorders Questionnaire (QUIP)**

Completed by:         Patient                                 Informant                                 Investigator  
 Informant:             Patient only                                 Informed other\*                                 Both  
 Time frame:          Past 6 months                                 Since PD onset                                 Pre-PD onset

**\*If completed by an informed other, answer questions based on your understanding of the patient**

**IMPULSE CONTROL DISORDERS**

1. Do you or others think you have an issue with gambling, sexual behavior, buying, or eating (causing distress to you or others, or causing problems in your social, personal, financial or work life)? Answer for all four behaviors listed below. "Y"=yes, "N"=no.

**Gambling** (such as casinos, internet gambling, lotteries, scratch tickets, sports, slot or poker machines, or betting among friends)         Y     N

**Sexual behavior** (such as making sexual demands on others, promiscuity, prostitution, change in sexual orientation, masturbation, internet or telephone sexual activities, or pornography)         Y     N

**Buying** (such as buying excessively or too much of the same thing)         Y     N

**Eating** (such as eating larger amounts or different types of food than in the past, more rapidly than normal, until feeling uncomfortably full, or when not hungry)         Y     N

2. Do you think a lot about gambling, sex-related activities, buying, or eating (such as having trouble keeping thoughts out of your mind, or feeling guilty about the thoughts or related behaviors)?

**Gambling**                                 Y     N  
**Sexual behavior**                                 Y     N  
**Buying**                                 Y     N  
**Eating**                                 Y     N

3. Do you have urges or desires to gamble, engage in sexual-related activities, buy, or eat which you or others feel are excessive or cause you distress (such as becoming restless or irritable when unable to participate in the activity)?

<b>Gambling</b>	<input type="checkbox"/> Y	<input type="checkbox"/> N
<b>Sexual behavior</b>	<input type="checkbox"/> Y	<input type="checkbox"/> N
<b>Buying</b>	<input type="checkbox"/> Y	<input type="checkbox"/> N
<b>Eating</b>	<input type="checkbox"/> Y	<input type="checkbox"/> N

4. Do you experience difficulty controlling gambling, sexual, buying, or eating behaviors (such as increasing the behaviors over time, or having trouble cutting down or stopping behaviors)?

<b>Gambling</b>	<input type="checkbox"/> Y	<input type="checkbox"/> N
<b>Sexual behavior</b>	<input type="checkbox"/> Y	<input type="checkbox"/> N
<b>Buying</b>	<input type="checkbox"/> Y	<input type="checkbox"/> N
<b>Eating</b>	<input type="checkbox"/> Y	<input type="checkbox"/> N

5. Do you engage in activities specifically to continue gambling, sexual, buying, or eating behaviors (such as hiding or lying about activities, borrowing from others, accumulating debt, floating checks, getting involved in illegal acts, hiding or hoarding food)?

<b>Gambling</b>	<input type="checkbox"/> Y	<input type="checkbox"/> N
<b>Sexual behavior</b>	<input type="checkbox"/> Y	<input type="checkbox"/> N
<b>Buying</b>	<input type="checkbox"/> Y	<input type="checkbox"/> N
<b>Eating</b>	<input type="checkbox"/> Y	<input type="checkbox"/> N

**DOPAMINE DYSREGULATION SYNDROME**

1. Do you or others (including your physicians) think you take too much of your Parkinson's medications or more of your Parkinson's medications than prescribed?

Y  N

2. Over time, have you increased on your own the amount of Parkinson's medications that you take to achieve the desired physical or mental effects (such as to elevate your mood or to avoid 'off' motor states)?

Y  N



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4. Have you had trouble controlling or cutting down the amount of PD medications taken (such as experiencing withdrawal symptoms, or feeling down, irritable or anxious when trying to)?

\_\_\_Y \_\_\_N

5. Do you engage in activities to continue taking extra amounts of Parkinson's medications (such as hiding or hoarding your medications, or seeking out extra supplies of medications)?

\_\_\_Y \_\_\_N

**OTHER COMPULSIVE BEHAVIORS**

1. Do you or others think that you spend too much time thinking about and spending time on a specific task, hobby or other any other organized activity (such as writing, painting, gardening, or taking things apart)?

\_\_\_Y \_\_\_N

If yes, specify activity: \_\_\_\_\_

2. Do you or others think that you spend too much time on repetitive motor activities (such as handling, examining, cleaning, sorting, ordering, or arranging objects)?

\_\_\_Y \_\_\_N

If yes, specify activity: \_\_\_\_\_

3. Do you walk or drive great distances with no intended goal or specific purpose?

\_\_\_Y \_\_\_N

