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**Questionnaire for Impulsive-Compulsive Disorders in Parkinson's Disease
(QUIP-Current-Short)**

Reported : _____ Patient _____ Informant* _____ Patient and Informant

Patient name: _____

Date: _____

*If information reported by an informant, answer questions based on your understanding of the patient.

**Answer ALL QUESTIONS based on CURRENT BEHAVIORS
LASTING AT LEAST 4 WEEKS**

A. GAMBLING

1. Do you or others think you have an issue with too much gambling behaviors (such as casinos, internet gambling, lotteries, scratch tickets, betting, or slot or poker machines)? __Yes __No
2. Do you have difficulty controlling your gambling behaviors (such as increasing them over time, or having trouble cutting down or stopping them)? __Yes __No

B. SEX

1. Do you or others think you have an issue with too much sex behaviors (such as making sexual demands on others, promiscuity, prostitution, change in sexual orientation, masturbation, internet or telephone sexual activities, or pornography)? __Yes __No
2. Do you think too much about sex behaviors (such as having trouble keeping thoughts out of your mind or feeling guilty)? __Yes __No

C. BUYING

1. Do you or others think you have an issue with too much buying behaviors (such as too much of the same thing or things that you don't need or use)? __Yes __No
2. Do you engage in activities specifically to continue the buying behaviors (such as hiding what you're doing, lying, hoarding things, borrowing from others, accumulating debt, stealing, or being involved in illegal acts)? __Yes __No

D. EATING

1. Do you or others think you have an issue with too much eating behaviors (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)? __Yes __No
2. Do you have urges or desires for eating behaviors that you feel are excessive or cause you distress (including becoming restless or irritable when unable to participate in the behavior)? __Yes __No

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E. OTHER BEHAVIORS

Do you or others think that you spend too much time....

1. On specific tasks, hobbies or other organized activities (such as writing, painting, gardening, repairing or dismantling things, collecting, computer use, working on projects, etc.)? __Yes __No
2. Repeating certain simple motor activities (such as cleaning, tidying, handling, examining, sorting, ordering, or arranging objects, etc.)? __Yes __No
3. Walking or driving with no intended goal or specific purpose? __Yes __No

F. MEDICATION USE

1. Do you or others (including your physicians) think that you consistently take too much of your Parkinson's medications? __Yes __No __Not Applicable
2. Do you have difficulty controlling your use of Parkinson's medications (such as experiencing a strong desire for more medication, or having worse mood or feeling unmotivated at a lower dosage)? __Yes __No __Not Applicable