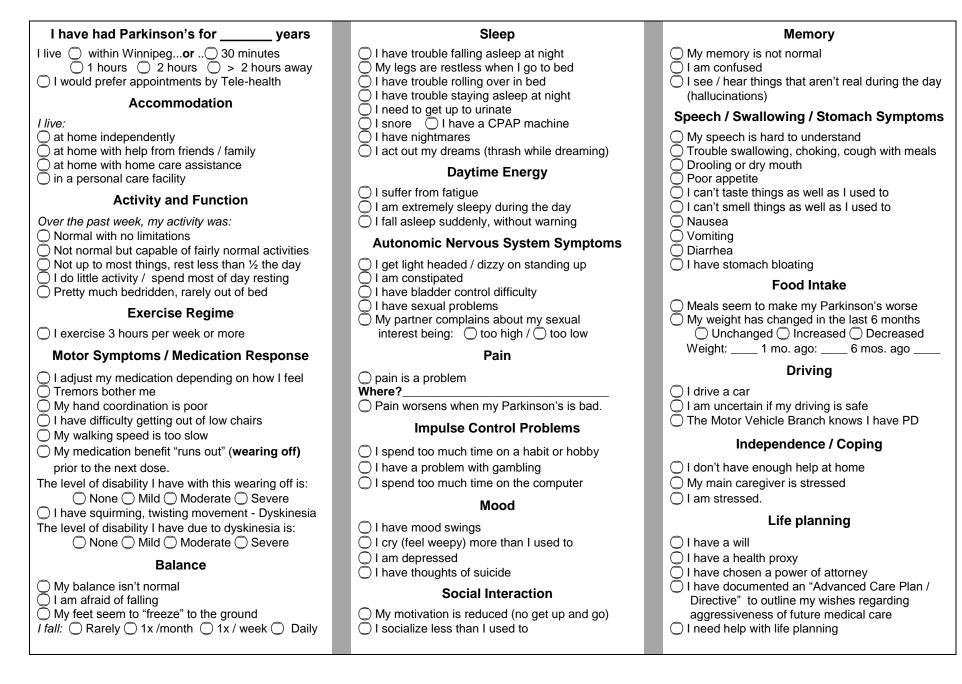
Complete this prior to your appointment, based on the previous week. Check the circle by the statements that apply to you.



## **DAILY DIARY of THE USUAL PATTERN of motor symptoms:**

Complete the following by checking one of the 4 choices for each of the hours of the day columns. This should be done the week prior to your next appointment. This will help the neurologist adjust your medication timing. Also mark the time when you typically take your Parkinson medications.

1) "On with dyskinesia" = Excessive squirming or twisting movements (note – not the same as tremor and not all patients experience these).
2) "On" = Mobility is close to normal.

Mobility is close to normal.
Too slow, moving stiffly and / or slowly. Tremor if present will be worse. Muscle cramping may occur.

3) "Off"

4) Asleep

Midnight 5:00 AM 10:00 11:00 Noon 10:00 11:00 6:00 8:00 9:00 5:00 8:00 9:00 1:00 3:00 7:00 1:00 2:00 3:00 4:00 6:00 7:00 2:00 4:00 Time 1) On with Dyskinesia 2) On 3) Off 4) Asleep Medication time

List <u>All</u> Current Medications including doses and times.

Medication Name	Dose	Time	Main Problem
			List other concerns
the: () Patient Coordinato			assess / help how well I am managing my

I'd like to see the: O Patient Coordinator / Resource Nurse O Occupational Therapist (to assess / help how well I am managing my care at home) O Physiotherapist O Social Worker O Speech or Swallowing Therapist O Dietician / Nutritionist

Date: