**PARKINSON’S DISEASE PATIENT DIARY**

PATIENT’S NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Day \_\_/7)

Put a checkmark (✓) where it applies.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **TIME** | **MEDICATION/S TAKEN**  **(include no. of tablets)** | **MEAL / SNACK** | **ASLEEP** | **OFF** | **ON** | **DYSKINESIA** |
| 5:00- 6:00 AM |  |  |  |  |  |  |
| 6:00- 7:00 AM |  |  |  |  |  |  |
| 7:00- 8:00 AM |  |  |  |  |  |  |
| 8:00- 9:00 AM |  |  |  |  |  |  |
| 9:00- 10:00 AM |  |  |  |  |  |  |
| 10:00-11:00 AM |  |  |  |  |  |  |
| 11:00- 12:00 NOON |  |  |  |  |  |  |
| 12:00- 1:00 PM |  |  |  |  |  |  |
| 1:00- 3:00 PM |  |  |  |  |  |  |
| 3:00- 4:00 PM |  |  |  |  |  |  |
| 4:00- 5:00 PM |  |  |  |  |  |  |
| 5:00- 6:00 PM |  |  |  |  |  |  |
| 6:00- 7:00 PM |  |  |  |  |  |  |
| 7:00- 8:00 PM |  |  |  |  |  |  |
| 8:00- 9:00 PM |  |  |  |  |  |  |
| 9:00- 10:00 PM |  |  |  |  |  |  |
| 11:00- 12:00 MIDNIGHT |  |  |  |  |  |  |
| 12:00- 1:00 AM |  |  |  |  |  |  |
| 1:00- 2:00 AM |  |  |  |  |  |  |
| 2:00- 3:00 AM |  |  |  |  |  |  |
| 3:00- 4:00 AM |  |  |  |  |  |  |
| 4:00- 5:00 AM |  |  |  |  |  |  |

* **ON PERIOD-** period when you are free from troublesome symptoms of PD
* **OFF PERIOD-** period when troublesome symptoms of PD are present (e.g. tremors, slowness, limb stiffness, difficulty walking, freezing when walking, loss of balance)
* **DYSKINESIA-** involuntary movements which occur with treatment, examples include head rocking; wiggling, twitching, jerking of the neck, shoulders, arms, legs, trunk or hips; could also be sustained posture of an arm or leg (i.e. dystonia)

Please complete this diary for **at least 1 week** then kindly scan or take a picture of the sheets and send it to [gerardsaranzamd@gmail.com](mailto:gerardsaranzamd@gmail.com),

Thank you and have a nice day! ☺