

# **Patient On-Off Diary for**

**Parkinson's Disease**

## Parkinson's disease diary for patients.

At the beginning of each hour, please mark the row and column which best describes your or your patient's symptoms or whether patient is asleep. Please place 1 check mark in each hour time slot to indicate the predominant response during most of that period.

Also, please note which medications were taken for Parkinson's disease.

**OFF** = Time when medication has worn off and is no longer providing benefit with regard to mobility, stiffness or slowness.

**ON** = Time when medication is providing benefit with regard to mobility slowness or stiffness.

**Dyskinesia** = Involuntary turning and twisting movements. These movements may be an effect of medication and occur during ON time.

Non troublesome dyskinesia does not interfere with function or cause meaningful discomfort. Troublesome dyskinesia interferes with function or causes meaningful discomfort.

Tremor is shaking and is not considered as dyskinesia.

**This diary belongs to:**

First Name / Last Name

Address

Telephone

**In case of an emergency situation, please contact:**

First Name / Last Name

Address

Telephone

Dear Patient!

For a successful treatment of your Parkinson's disease it is necessary to make a self assessment on a daily basis.

Whenever you report occurrences which might be useful for you and your treating Neurologist, you can help to optimize and assist in the treatment of your Parkinson's disease.

Attending physician

Stamp
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Speciality Hospital

Stamp
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Date:	Morning (a.m.)							Afternoon/Evening (p.m.)												
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