### Parkinson’s Symptom Diary

Name ____________________________ Date: __________________________

1. **Medications**: place an x under the hour that you took your medicine; draw a line through the hours that you are asleep.

2. **Dyskinesia**: use the following scale to indicate the severity of involuntary movement (do not include tremor).
   - 0 = no extra movement
   - 1 = mild extra movement
   - 2 = Moderate movement
   - 3 = Severe disabling movement

3. **Freezing**: place an x during the times when you are freezing.

4. **Offs**: use the following scale to indicate the severity of off symptoms.
   - 0 = Feeling no symptoms
   - 1 = Mild tremor, stiffness or slowness without disability
   - 2 = Moderate tremor, stiffness or slowness, occasionally requiring assistance
   - 3 = Severe tremor, stiffness or slowness requiring total assistance

5. **Falls**: place an x to indicate when you fell.

| Time | AM | 6 | 7 | 8 | 9 | 10 | 11 | PM | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | AM | 1 | 2 | 3 | 4 | 5 |
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Complete a diary for 3 days and bring to your appointment.