

PARKINSON'S DISEASE DIARY

NAME :

DATE

Instructions: For each half-hour time period place one check mark to indicate your predominant states during most of that period.

ON = Time when medication is providing benefit with regard to mobility, slowness, and stiffness.

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

Dyskinesia = involuntary twisting, turning movements. These movements are 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 back and forth and is not considered dyskinesia.*

Time	Asleep	OFF	ON without dyskinesia	ON with non-troublesome dyskinesia	ON with troublesome dyskinesia	Time	Asleep	OFF	ON without dyskinesia	ON with non-troublesome dyskinesia	ON with troublesome dyskinesia
6:00 am						6:00 pm					
:30						:30					
7:00 am						7:00 pm					
:30						:30					
8:00 am						8:00 pm					
:30						:30					
9:00 am						9:00 pm					
:30						:30					
10:00 am						10:00 pm					
:30						:30					
11:00 am						11:00 pm					
:30						:30					
12:00 pm						12:00 am					
:30						:30					
1:00 pm						1:00 am					
:30						:30					
2:00 pm						2:00 am					
:30						:30					
3:00 pm						3:00 am					
:30						:30					
4:00 pm						4:00 am					
:30						:30					
5:00 pm						5:00 am					
:30						:30					