

YOUR DAILY TRACKER



Use this journal to record your daily experiences...to help your healthcare provider better understand your Parkinson's disease

Whenever you visit your healthcare provider, it's important to come prepared with as much information as possible. You can use this tracker to keep a record of your daily experiences so you can show them at your next visit. Your healthcare provider may better understand your challenges and treatment plan based on what your daily tracker looks like.

What can you track every day? It's important to record ordinary activities like sleeping and eating. You can also record your response to medications and your symptoms, such as those defined on the next page.



Some Parkinson's symptoms

Key terms to help track your symptoms and response to medications:

“On” time

when medication is providing benefit with regard to mobility, slowness, and stiffness

“On” time with troublesome dyskinesia

when medication is providing benefit, but you have involuntary turning, twisting movements that interfere with function or cause discomfort

“Off” time

when medication has worn off and no longer provides benefit with regard to mobility, slowness, and stiffness

Freezing

sudden immobility

Sleep disturbance

when you can't fall asleep or you wake up and can't go back to sleep

DATE

MM/DD/YYYY

Check the box that best describes how you felt or what you experienced at each time.

AM

		6	7	8	9	10	11	12	1	2	3
PD medication 1											
PD medication 2											
PD medication 3											
As-needed medication dose											
Symptoms	"On" time										
	"On" time with troublesome dyskinesia										
	"Off" time										
	Freezing										
	Falls										
	Sleep disturbances										
	Other										
	Asleep										
	Exercise										
	Meals										
Bowel movement											

Constipation

PD=Parkinson's Disease

PM

AM

4 5 6 7 8 9 10 11 12 1 2 3 4 5

4	5	6	7	8	9	10	11	12	1	2	3	4	5

Comments:

DATE

MM/DD/YYYY

Check the box that best describes how you felt or what you experienced at each time.

AM

		6	7	8	9	10	11	12	1	2	3
PD medication 1											
PD medication 2											
PD medication 3											
As-needed medication dose											
Symptoms	"On" time										
	"On" time with troublesome dyskinesia										
	"Off" time										
	Freezing										
	Falls										
	Sleep disturbances										
	Other										
	Asleep										
	Exercise										
	Meals										
Bowel movement											

Constipation

PD=Parkinson's Disease

PM

AM

4 5 6 7 8 9 10 11 12 1 2 3 4 5

Comments:

DATE

MM / DD / YYYY

Check the box that best describes how you felt or what you experienced at each time.

AM

	6	7	8	9	10	11	12	1	2	3
PD medication 1 _____										
PD medication 2 _____										
PD medication 3 _____										
As-needed medication dose										
“On” time										
“On” time with troublesome dyskinesia										
“Off” time										
Freezing										
Falls										
Sleep disturbances										
Other										
Asleep										
Exercise										
Meals										
Bowel movement										

Symptoms

Daily Activities

Constipation PD=Parkinson's Disease

PM

AM

4	5	6	7	8	9	10	11	12	1	2	3	4	5

Comments:

DATE

MM/DD/YYYY

Check the box that best describes how you felt or what you experienced at each time.

		AM									
		6	7	8	9	10	11	12	1	2	3
PD medication 1											
PD medication 2											
PD medication 3											
As-needed medication dose											
Symptoms	"On" time										
	"On" time with troublesome dyskinesia										
	"Off" time										
	Freezing										
	Falls										
	Sleep disturbances										
	Other										
	Asleep										
	Exercise										
	Meals										
Bowel movement											

 Constipation

PD=Parkinson's Disease

PM								AM					
4	5	6	7	8	9	10	11	12	1	2	3	4	5

Comments:

DATE

MM/DD/YYYY

Check the box that best describes how you felt or what you experienced at each time.

		AM									
		6	7	8	9	10	11	12	1	2	3
PD medication 1											
PD medication 2											
PD medication 3											
As-needed medication dose											
Symptoms	"On" time										
	"On" time with troublesome dyskinesia										
	"Off" time										
	Freezing										
	Falls										
	Sleep disturbances										
	Other										
	Asleep										
	Exercise										
	Meals										
Bowel movement											



Constipation

PD=Parkinson's Disease

PM

AM

4 5 6 7 8 9 10 11 12 1 2 3 4 5

Comments:

DATE

MM / DD / YYYY

Check the box that best describes how you felt or what you experienced at each time.

AM

		6	7	8	9	10	11	12	1	2	3
PD medication 1											
PD medication 2											
PD medication 3											
As-needed medication dose											
Symptoms	"On" time										
	"On" time with troublesome dyskinesia										
	"Off" time										
	Freezing										
	Falls										
	Sleep disturbances										
	Other										
	Asleep										
	Exercise										
	Meals										
Bowel movement											

Constipation

PD=Parkinson's Disease

PM

AM

4	5	6	7	8	9	10	11	12	1	2	3	4	5

Comments:

DATE

MM/DD/YYYY

Check the box that best describes how you felt or what you experienced at each time.

		AM									
		6	7	8	9	10	11	12	1	2	3
PD medication 1											
PD medication 2											
PD medication 3											
As-needed medication dose											
Symptoms	"On" time										
	"On" time with troublesome dyskinesia										
	"Off" time										
	Freezing										
	Falls										
	Sleep disturbances										
	Other										
Daily Activities	Asleep										
	Exercise										
	Meals										
	Bowel movement										

Constipation

PD=Parkinson's Disease

PM

AM

4	5	6	7	8	9	10	11	12	1	2	3	4	5

Comments:

DATE

MM/DD/YYYY

Check the box that best describes how you felt or what you experienced at each time.

AM

		6	7	8	9	10	11	12	1	2	3
PD medication 1											
PD medication 2											
PD medication 3											
As-needed medication dose											
Symptoms	"On" time										
	"On" time with troublesome dyskinesia										
	"Off" time										
	Freezing										
	Falls										
	Sleep disturbances										
	Other										
	Asleep										
	Exercise										
	Meals										
Bowel movement											

Constipation

PD=Parkinson's Disease

PM

AM

4

5

6

7

8

9

10

11

12

1

2

3

4

5

Comments:

Notes
