DAILY DIARY OF SYMPTOMS AND MEDICATIONS

| Date: | ow, place an X under the hour that you took your medicine; draw a line though the hou |
|-------|---|
| Name: | 1. In the medication row, I |
| | |

က

2. In the dyskinesia row, indicate the severity by entering the correct number. Use the guide below to determine

which number is appropriate.

= Mild extra movement 0 = No extra movement

Section 6: Clinical Appointments and Homework

= Moderate movement

Severe disabling movement ij

For the Off row, indicate if you felt that your medicine is not working using the following guide. ო.

= Feeling no symptoms

Mild tremor, stiffness or slowness without disability II

Moderate tremor, stiffness or slowness, possibly requiring assistance ij

Severe tremor, stiffness or slowness requiring total assistance П

| | | | E | _ | | | | | | | | E. | | | | | | | | | E | | |
|---|---|---|---|---|---|---|----|---|---|---|---|-----|---|---|----|---|---|----|---|---|---|---|---|
| TIME | 9 | ^ | œ | ٥ | 0 | = | 12 | - | 2 | ღ | 4 | 5 6 | 2 | ∞ | ٥. | 0 | = | 12 | - | 7 | က | 4 | 3 |
| 1. Medications (Place an X at the time of your dose) | | | | | | | | | | | | | | | | | | | | | | | |
| 2. Dyskinesia (see scale above) | | | | | | | | | | | | | | | | | | | | | | | |
| 3. OFF (see scale above) | | | | | | | | | | | | | | | | | | | | | | | |

Keep this diary 3 days before your appointment and bring with you.



that you are asleep.