

DYSKINESIA AND “OFF” TIME LOG

Name: _____ Date: _____

- In the Medications row, place an **X** under the hour that you took your medicine; draw a line through the hours that you are asleep.
- In the Dyskinesia row, indicate the severity by entering the correct number. Use the guide below to determine which number is appropriate.
 - 0 = *No extra movement*
 - 1 = *Mild extra movement*
 - 2 = *Moderate movement*
 - 3 = *Severe disabling movement*
- In the “Off” row, indicate if you felt that your medicine is not working using the following guide.
 - 0 = *Feeling no symptoms*
 - 1 = *Mild tremor, stiffness or slowness without disability*
 - 2 = *Moderate tremor, stiffness or slowness, possibly requiring assistance*
 - 3 = *Severe tremor, stiffness or slowness requiring total assistance*

	am					pm					am														
TIME	6	7	8	9	10	11	12	1	2	3	4	5	6	7	8	9	10	11	12	1	2	3	4	5	
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 it with you.