

Parkinson's Symptom Summary

Name: _____ Date: _____

The following checklist can be provided to other medical specialists, therapists or your hospital team to integrate your care. This summary of your problems or concerns will improve your team's understanding of you and help them tailor treatment to these problems.

I have trouble in the following areas that may be affected by my treatment, hospital stay or procedure:

Motor

- Dyskinesia - uncontrollable movements usually caused by medicine
- 'On-off' fluctuations - periods of time when my medicines are working ('on') that I can move better and when my medicines are not working ('off') and I have difficulty moving. 'Off' periods are usually end of dose so I must get my medicines On time. I MUST HAVE MY PD MEDICINES ON TIME TO REDUCE THIS PROBLEM
- Dystonia - involuntary muscle spasm, contraction leading to pain, flexion, or twisting movements
- Balance problems
- Freezing or gait or motor initiation problems (feet stuck to floor)
- Swallowing problems
- Communication and Speech difficulties

Non-motor

- Anxiety
 - Apathy or trouble self initiating tasks
 - Bladder problems
 - Constipation
- (Continued)

Symptom Checklist (Continued)

- Depression
- Cognitive Problems
 - Memory Problems or Mild thinking difficulties
 - Dementia
 - Hallucinations or sensitivity to hallucinations with certain medicines
- Drooling
- Fatigue
- Impulsivity Problems
- Loss of Smell or loss of appetite
- Pain: List where on body_____
- Sleep Problems
 - Trouble staying asleep
 - Restless Legs Syndrome
 - Sleep Apnea
 - REM Sleep Behavior Disorder: Vivid, active, physical dreaming
 - Daytime sleepiness
- Sensations: Tingling, Aches, Pain, Cold Hands/Feet
- Sexual Dysfunction

Other: