

FREE PRINTABLE

# Parkinson's ON/OFF Diary

Three days of half-hour ON/OFF diaries, with your medicine times, to bring to your next neurology appointment.

## What is inside

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| Page 4       | My medicines and exact times                             |
| Pages 5 to 7 | Three days of half-hour ON/OFF diaries, 6 am to midnight |

### Want the whole year?

The Parkinson's Medication & Symptom Diary has 12 diary days, 12 months of medicine charts, a monthly symptom check and a hospital page:

[shop.elderlydaily.com/ll/parkinsons-medication-symptom-diary](https://shop.elderlydaily.com/ll/parkinsons-medication-symptom-diary)

# How to Use This Diary

1

## Fill it in your way

Type into any box on a computer (Chrome, Edge or Adobe Acrobat Reader), or on a phone or tablet with the free Adobe Acrobat Reader app. Save after each entry. Or print it and use a pen. A care partner can fill it in too.

2

## Set up once

Write every medicine and the exact time of every dose on My Medicines (page 4).

3

## Three days before the visit

Every half-hour from 6 am to midnight, check one box: asleep, OFF, ON, or ON with dyskinesia (pages 5 to 7). Check "Medicine" when you take a dose. If your neurologist gives you a different diary, use theirs.

4

## Bring it along

Bring the diary to your appointment, so your neurologist can see when your symptoms come and go.

Never change, skip or stop a Parkinson's medicine because of what you see in this diary without talking to your neurologist first. In an emergency, call 911.

# ON, OFF and Dyskinesia

Your neurologist may ask you to keep a symptom diary to track the timing and pattern of your symptoms (American Parkinson Disease Association). These are the words the diary uses.

**ON**

Your medicine is working and your symptoms are controlled (APDA).

**OFF**

You are no longer getting the benefit of your last dose, and symptoms come back. OFF can happen at any time of day, but is most likely when your next dose is nearly due (APDA).

**DYSKINESIA**

Involuntary, erratic, writhing movements of the face, arms, legs or trunk (Parkinson's Foundation). They tend to happen when dopamine levels are at their peak, and can also happen when levels are changing (APDA).

**DYSTONIA**

Sustained or repeated muscle cramping, twisting or tightening (Parkinson's Foundation).

**FREEZING**

A feeling of being stuck in place, especially when starting a step, turning, or moving through doorways or narrow spaces. It can raise the risk of a fall (Parkinson's Foundation).

**ASLEEP**

Mark the half-hours you were asleep, including naps.

## Tell your care team everything

Your doctor needs to hear from you and your care partner about all the ways your OFF symptoms affect you, and may ask about symptoms you never thought were part of Parkinson's, such as depression, anxiety and pain (APDA). Always bring symptoms up with your health care team, as most are treatable (Parkinson's Foundation).

# My Medicines and Exact Times

Copy each medicine exactly as printed on the pharmacy label, including anything you buy without a prescription. Write the exact clock time of every dose: the times matter.

| #  | Medicine | Strength | How much | Exact times | What it is for |
|----|----------|----------|----------|-------------|----------------|
| 1  |          |          |          |             |                |
| 2  |          |          |          |             |                |
| 3  |          |          |          |             |                |
| 4  |          |          |          |             |                |
| 5  |          |          |          |             |                |
| 6  |          |          |          |             |                |
| 7  |          |          |          |             |                |
| 8  |          |          |          |             |                |
| 9  |          |          |          |             |                |
| 10 |          |          |          |             |                |

Ask your neurologist or pharmacist before taking any new medicine or supplement.

## ON/OFF Diary

Date

Before the visit on

Every half-hour, check one box: asleep, OFF, ON, or ON with dyskinesia. Check "Medicine" when you take a dose.

| Time     | Medicine                 | Asleep                   | OFF                      | ON                       | ON with dyskinesia       | Notes (meals, symptoms) |
|----------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|-------------------------|
| 6:00 am  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="text"/>    |
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## ON/OFF Diary

Date

Before the visit on

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## ON/OFF Diary

Date

Before the visit on

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