

Complete this form and be sure to document it with your nursing team and/or bring a copy to your next doctor's appointment.



	Experience this symptom?	Symptom improves with dose of medication	Improvement lasts until next dose of medication
Non-Motor Symptoms	YES NO	YES NO	YES NO
Slowed/cloudy thinking			
Staring gaze			
Depression/excessive sadness or helplessness	0 0		
Loss of motivation			
Feeling emotional			
Anxiety/panic attacks			
Difficulty in stressful situations	0 0		
Impulsiveness			
Fatigue			
Sleep disruption			
Sweating/hot flashes and chills	0 0		
Dizziness			
Chest pain			
Nausea/abdominal distress or pain	- -		
Difficulty cutting food			
Numbness/tingling			
Urinary urgency	-		

	Experience this symptom?	Symptom improves with dose of medication	Improvement lasts until next dose of medication
Motor Symptoms	YES NO	YES NO	YES NO
Tremor			
Decreased dexterity			
Stiffness			
Difficulty writing			
Muscle cramping			
Trouble walking/ Freezing of gait	- -		
Slow movements			
Difficulty turning in bed			
Problems dressing			
Difficulty chewing			
Difficulty swallowing			
Drooling			
Difficulty cutting food			
Difficulty speaking			
Low voice volume			
Difficulty bathing			
Difficulty grooming			
Pain			