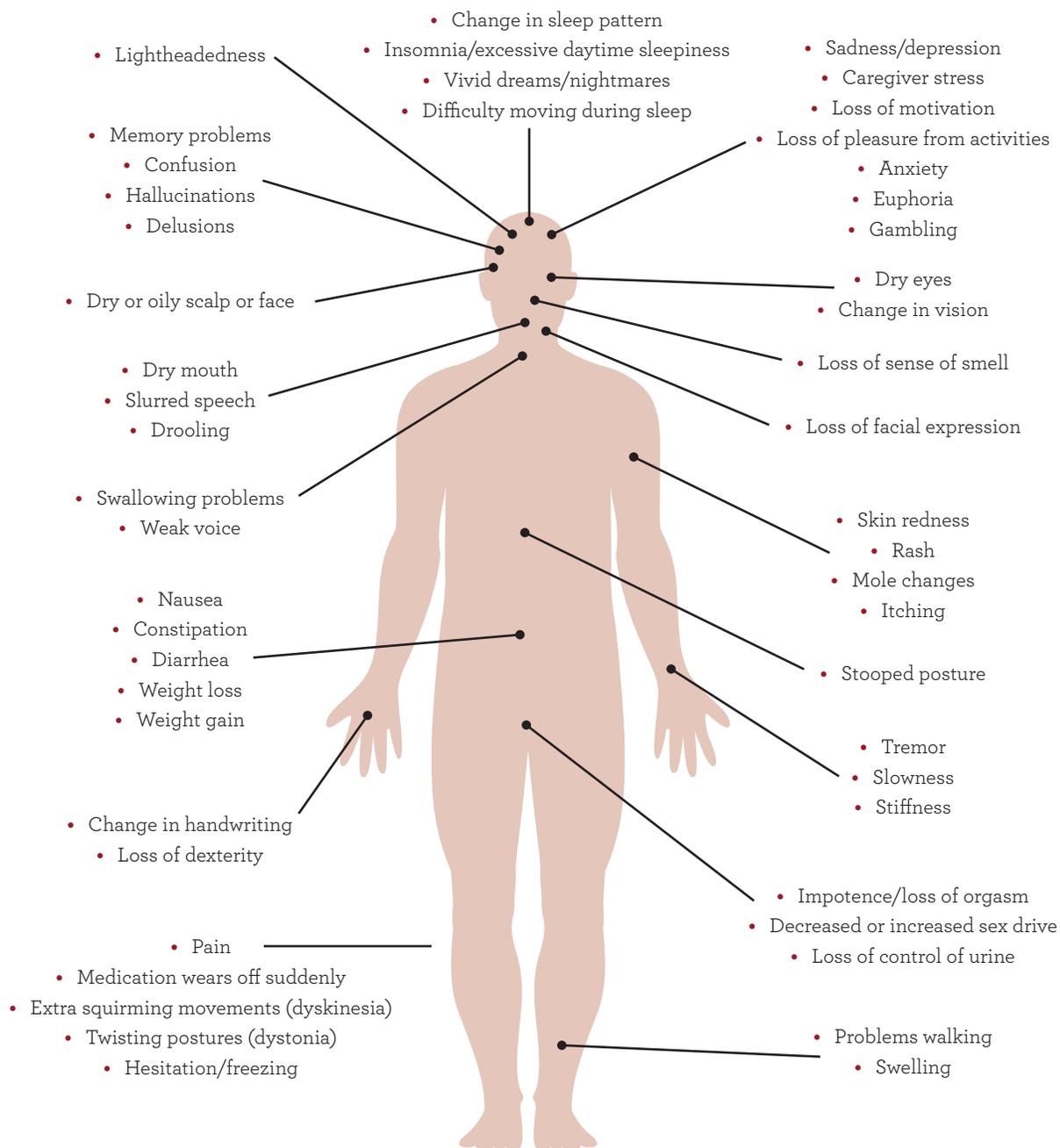


# ✓ MY SYMPTOMS WORKSHEET

Use this body map to circle symptoms or problem areas that you would like to discuss with your doctor or other member of your wellness team. While most of these are symptoms of Parkinson's itself, some are side effects of Parkinson's medications. On the next page, indicate how bothersome each symptom is for you.

Bring the worksheet to discuss with your doctor at your next appointment.



## WORKSHEETS AND RESOURCES

Rate how each symptom or area of daily life bothers you by circling a number on a scale from 0 to 5.

**0 = No Problem or No Concern**

**5 = Severe Problem or Biggest Concern**

Anxiety	0	1	2	3	4	5
Bathing, Dressing	0	1	2	3	4	5
Bladder Problems	0	1	2	3	4	5
Chest Pain or Palpitations	0	1	2	3	4	5
Chills	0	1	2	3	4	5
Constipation	0	1	2	3	4	5
Cough or Sore Throat	0	1	2	3	4	5
Delusions	0	1	2	3	4	5
Depression	0	1	2	3	4	5
Double or Blurred Vision	0	1	2	3	4	5
Dyskinesia	0	1	2	3	4	5
Falls	0	1	2	3	4	5
Fatigue	0	1	2	3	4	5
Fine Motor Movement, like folding clothes or opening mail	0	1	2	3	4	5
Freezing	0	1	2	3	4	5
Hallucinations	0	1	2	3	4	5
Headache	0	1	2	3	4	5
Hearing Loss	0	1	2	3	4	5
Heartburn or Upset Stomach	0	1	2	3	4	5
Impulsivity	0	1	2	3	4	5
Joint Pain	0	1	2	3	4	5
Leg Swelling	0	1	2	3	4	5
Lightheadedness	0	1	2	3	4	5
Motivation	0	1	2	3	4	5

**EVERY VICTORY COUNTS**

**0 = No Problem or No Concern**

**5 = Severe Problem or Biggest Concern**

Muscle Spasm	0	1	2	3	4	5
Nausea/Vomiting	0	1	2	3	4	5
“Off” Time	0	1	2	3	4	5
Pain	0	1	2	3	4	5
Rash or Bruising	0	1	2	3	4	5
Rigidity	0	1	2	3	4	5
Seizures	0	1	2	3	4	5
Sexual Function	0	1	2	3	4	5
Sleep	0	1	2	3	4	5
Slowness of Movement	0	1	2	3	4	5
Speech	0	1	2	3	4	5
Swallowing	0	1	2	3	4	5
Sweating	0	1	2	3	4	5
Thinking	0	1	2	3	4	5
Tremor	0	1	2	3	4	5
Walking	0	1	2	3	4	5
Writing	0	1	2	3	4	5