NEWLY DIAGNOSED WITH PARKINSON'S

Medication & Symptom Tracker

A print-friendly tool for noticing patterns and preparing for productive appointments

KEEP IT SIMPLE. Track for several typical days or for the week before an appointment. Record what actually happens—not what you think should happen.

How to use this tracker

- ☐ Write the exact time each medication dose is taken.
- ☐ Use the 0–3 scale for the symptoms you are tracking: 0 none, 1 mild, 2 moderate/bothersome, 3 severe or significantly limiting.
- ☐ If your clinician has discussed ON and OFF time, mark ON when medication is controlling symptoms well and OFF when symptoms return or worsen. Choose "unsure" if you do not know.
- ☐ Note meals, sleep, activity, stress, constipation, illness or other factors that may help explain a pattern.
- ☐ Bring completed pages and your current medication list to appointments. Do not change medication based only on the tracker.

My current medications and supplements

MEDICATION / SUPPLEMENT	DOSE	SCHEDULED TIME(S)	WHY I TAKE IT	SPECIAL INSTRUCTIONS

MEDICATION SAFETY Take Parkinson's medicines exactly as prescribed. Do not stop, delay or change a dose without instructions from the prescribing clinician. Ask whom to contact for urgent medication questions.

DAILY MEDICATION & SYMPTOM LOG

Name: _____ Date: _____ Day: _____ Typical day? ☐ Yes ☐ No

Scale: 0 = none 1 = mild 2 = moderate/bothersome 3 = severe/limiting State: ON = symptoms controlled OFF = symptoms returning/worse ? = unsure

TIME	MEDICATION & DOSE	MEAL	STATE ON/OFF/?	TREMOR 0–3	STIFFNESS 0–3	SLOWNESS 0–3	WALKING / BALANCE 0–3	OTHER SYMPTOM & SCORE	NOTES / RESPONSE / SIDE EFFECT

DAY-END CHECK-IN

Sleep last night Hours: ____ Quality 0–3: ____	Bowel movement ☐ Yes ☐ No	Exercise / activity Minutes: _____	Fall or near fall ☐ No ☐ Yes—describe	Mood / anxiety 0–3: _____	Most important observation

WEEKLY PATTERN SUMMARY

Week beginning: _____ Complete from your daily logs; short observations are enough.

DAY	DOSES TAKEN ON TIME?	ON/OFF CONCERN?	WORST MOTOR SYMPTOM 0–3	WORST NON-MOTOR SYMPTOM 0–3	SLEEP HRS / 0–3	BOWEL MOVEMENT?	FALL / NEAR FALL?	PATTERN OR IMPORTANT NOTE
MON								
TUE								
WED								
THU								
FRI								
SAT								
SUN								

WEEKLY QUESTIONS

When did symptoms tend to be best?	**When did symptoms tend to be worst?**
Did symptoms return before a scheduled dose?	**Did meals, sleep, stress, activity or constipation appear related?**
Any side effects, falls, hallucinations, dizziness or behavior changes?	**What is the one issue I most want to discuss with my care team?**

APPOINTMENT REVIEW

Use this page to summarize what you learned from the tracker before meeting with your care team.

THE SYMPTOM AFFECTING ME MOST

THE PATTERN I NOTICED

WHEN MEDICATION SEEMED MOST HELPFUL

POSSIBLE WEARING-OFF OR OFF PERIODS

POSSIBLE SIDE EFFECTS

FALLS, NEAR FALLS OR SAFETY CONCERNS

SLEEP, MOOD, THINKING, CONSTIPATION OR OTHER NON-MOTOR CONCERNS

MY TOP THREE QUESTIONS FOR THE APPOINTMENT

Plan from my healthcare team

Medication instructions	
Symptoms to keep tracking	
Therapy / exercise referrals	
Safety instructions	
Who to call with questions	
Next appointment	

Trusted sources

Parkinson's Foundation: parkinson.org

Michael J. Fox Foundation: michaeljfox.org

VA Parkinson's Disease Research, Education and Clinical Centers: parkinsons.va.gov

IMPORTANT This tracker is for observation and communication. It does not diagnose symptoms or provide medication instructions. Contact a qualified healthcare professional about new, worsening or concerning symptoms; seek emergency care for urgent or life-threatening symptoms.