

Parkinson's Monitoring Scale

Date of Onset: _____

Record the date on the top line. Report how severe your symptoms are on a scale from 0-4 based on the severity of your symptoms using the scale below. Zero means that you are having no symptoms and four means that the symptoms are the worst you can imagine. This will help you track symptoms over time and help the health care provider adjust the medical care.

| | | | | | | | |
|-------------------------------|--|--|--|--|--|--|--|
| Date | | | | | | | |
| Tremor | | | | | | | |
| Stiffness | | | | | | | |
| Slow movement | | | | | | | |
| Standing from a chair | | | | | | | |
| Eating | | | | | | | |
| Dressing | | | | | | | |
| Number of falls in last month | | | | | | | |

| | 0 | 1 | 2 | 3 | 4 |
|---------------------|-----------------------|-------------------|-----------------------|----------------------------|-------------------|
| Tremor | None | Rarely | Mild | Moderate | Severe |
| Stiffness | None | Slight | Mild | Moderate | Severe |
| Slow movement | None | Slight | Mild | Moderate | Severe |
| Standing from chair | With out use of hands | Slow | Needs help to push up | Frequently falls back | Unable |
| Eating | No impairment | Slight impairment | Moderate impairment | Moderate/severe impairment | Severe impairment |
| Dressing | No impairment | Slight impairment | Moderate impairment | Moderate/severe impairment | Severe impairment |

Global Functional Assessment

- 0 – completely independent
- 1 – occasional or minimal assistance
- 2 – moderate assistance
- 3 – heavy assistance
- 4 – complete dependence

| | | | | | | |
|--------------------|--|--|--|--|--|--|
| Date | | | | | | |
| Eating | | | | | | |
| Bathroom | | | | | | |
| Dressing | | | | | | |
| Toileting | | | | | | |
| Transferring | | | | | | |
| Telephone | | | | | | |
| Grocery Shopping | | | | | | |
| Housework | | | | | | |
| Handyman work | | | | | | |
| Meals | | | | | | |
| Laundry | | | | | | |
| Taking medications | | | | | | |
| Managing money | | | | | | |
| Total score | | | | | | |

Parkinson's Disease Medication Monitoring

List your medications and rate the severity of each side effect once a week. Use the 0-10 scale, 0 meaning no symptoms and 10 being the worst symptoms you can imagine. On the table below monitor your symptoms of Parkinson's disease weekly while medications are being adjusted to assess the effect the medicine is having on your disease. This will help you and your doctor determine if the side effects from the medicines are greater than the benefit.

| | |
|----------|------------------------|
| Medicine | Potential Side Effects |
| | |
| | |
| | |
| | |

| Date | Medication | Hallucination/Delusions | Nausea | Dizziness | Abnormal movements | Confusion | Other |
|------|------------|-------------------------|--------|-----------|--------------------|-----------|-------|
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| | | | | | | | |
|-------------------------------|--|--|--|--|--|--|--|
| Date | | | | | | | |
| Tremor | | | | | | | |
| Stiffness | | | | | | | |
| Slow movement | | | | | | | |
| Standing from a chair | | | | | | | |
| Eating | | | | | | | |
| Dressing | | | | | | | |
| Number of Falls in last month | | | | | | | |

| | 0 | 1 | 2 | 3 | 4 |
|---------------------|-----------------------|-------------------|-----------------------|----------------------------|-------------------|
| Tremor | None | Rarely | Mild | Moderate | Severe |
| Stiffness | None | Slight | Mild | Moderate | Severe |
| Slow Movement | None | Slight | Mild | Moderate | Severe |
| Standing from chair | With out use of hands | Slow | Needs help to push up | Frequently falls back | Unable |
| Eating | No impairment | Slight impairment | Moderate impairment | Moderate/severe impairment | Severe impairment |
| Dressing | No impairment | Slight impairment | Moderate impairment | Moderate/severe impairment | Severe impairment |

