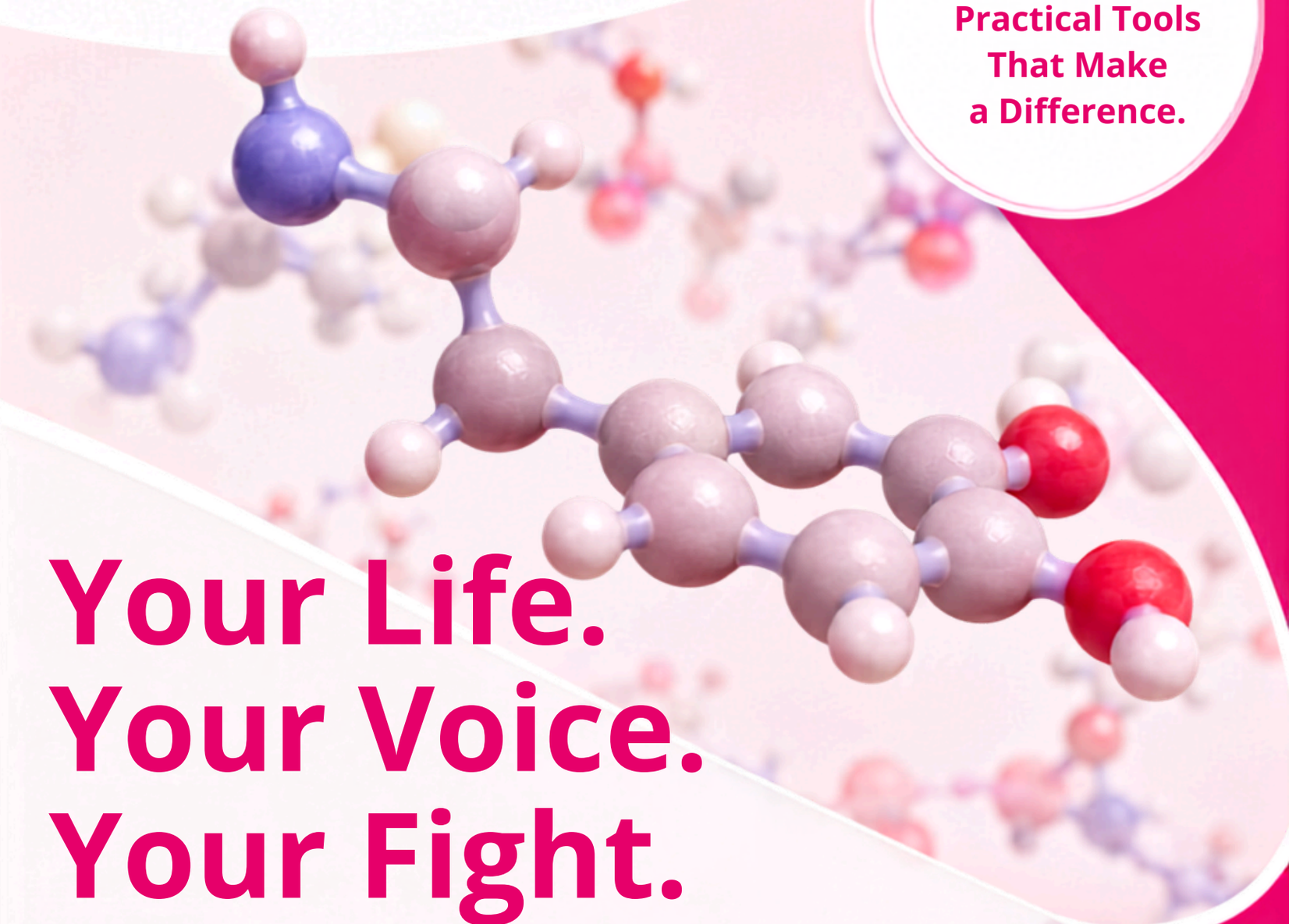
KILL PARKINSON

From Diagnosis to Daily Life — **Practical Tools That Make a Difference.**



Your Life. Your Voice. Your Fight.

The Essential Parkinson's Guide Printable Tools

English Edition

Author: Alexandra Robuste

Welcome to Your Essential PD Toolkit

Living with Parkinson's means keeping track of a lot — symptoms, medications, appointments, sleep, mood, energy, food. It's a lot to hold in your head. This toolkit is here to help.

These pages are yours. Print them, fill them in digitally, use one tracker or all of them — however they fit into your life. There is no right or wrong way. The goal is simply to make your days a little clearer, your appointments a little more productive, and your patterns a little easier to see.

Every tool in this kit was designed with real daily life in mind — not clinical perfection, but the kind of honest, practical tracking that actually helps you and your care team understand what's going on.

Use them today. Use them next month. Come back whenever you need a fresh page. You are not managing this alone. We are behind you — every step of the way.

Imprint

Kill Parkinson gemeinnützige UG (haftungsbeschränkt), Karlsruher Str. 23, 10711 Berlin, Germany, Represented by: Eva Hamburger, Marco Hamburger, Managing Directors
Responsible person under press law: Marco Hamburger
Register entry: District Court Berlin Charlottenburg Number: HRB 259232
VAT ID: DE449599319
Email: guide@kill-parkinson.org
kill-parkinson.org/en/contact-us/

⚠ *Medical Disclaimer — Please Read Before You Begin*

This guide/ trackers do not provide medical advice.
The information contained in this publication is intended for general informational and educational purposes only. It is not a substitute for professional medical advice, diagnosis, or treatment of any kind.

Never disregard professional medical advice or delay seeking it because of something you have read in this guide. Always consult your neurologist, physician, or a qualified healthcare provider before making any changes to your medication, therapy, diet, exercise routine, or any other aspect of your health management.

Parkinson's disease is a complex, individual condition. What works for one person may not work for another — and may even be harmful.

Kill Parkinson gemeinnützige UG, its volunteers, authors, and contributors make no representations or warranties regarding the accuracy, completeness, or suitability of the information in this guide. We accept no liability for any actions taken based on the content of this publication. By using this guide you acknowledge and accept this disclaimer

Liability
Kill Parkinson gemeinnützige UG publishes this guide as part of its non-profit awareness mission. The purpose of this publication is to raise awareness about Parkinson's disease and make information more accessible to patients, caregivers, families, and the wider community. By making this information publicly available, we aim to support informed discussions with qualified healthcare professionals and promote greater understanding of the condition. This publication is intended solely for informational purposes and should not be interpreted as medical advice.

Published by
Kill Parkinson gemeinnützige UG (haftungsbeschränkt), Karlsruher Str. 23, 10711 Berlin, Germany, Represented by: Eva Hamburger, Marco Hamburger (Managing Directors)
V.i.S.d.P.: Marco Hamburger
Contact: guide@kill-parkinson.org · www.kill-parkinson.org
First English Edition, 2026.

Author
Alexandra Robuste

Scientific Review
Melinda Barkhuizen, PhD

PERSONAL INFORMATION

For Medical & Emergency Use

PERSONAL DETAILS

Full Name: _____

Date of Birth: _____

Address: _____

_____

_____

Phone: _____

Email: _____

Preferred Language: _____

MEDICAL ALERT

Diagnosis: _____

Year Diagnosed: _____

Medication timing is:

☐ Flexible ☐ **CRITICAL — must be on time**

Allergies: _____

Medications: _____

_____

Other (food, etc.): _____

_____

EMERGENCY CONTACTS

Primary Contact

Name: _____

Relationship: _____

Phone: _____

Secondary Contact

Name: _____

Relationship: _____

Phone: _____

Additional Contact (optional)

Name: _____

Relationship: _____

Phone: _____

MEDICATION SUMMARY

MEDICATION	DOSE	TIME(S) TAKEN

IMPORTANT NOTE

Do not delay or skip Parkinson's medication.
Even short delays can cause serious complications.

PHARMACY

Pharmacy Name: _____

Phone: _____

Address: _____

_____

_____

DOCTORS & CARE TEAM

Neurologist / Movement Disorder Specialist

Name: _____

Clinic / Hospital: _____

Phone: _____

Email (optional): _____

Primary Care Physician

Name: _____

Phone: _____

Clinic: _____

Other Specialists (if any)

Specialist: _____ Phone: _____

Specialist: _____ Phone: _____

Specialist: _____ Phone: _____

PARKINSON'S OVERVIEW

Typical OFF Symptoms:

_____

_____

_____

Known Triggers (if any):

_____

_____

_____

Symptoms / Issues (check all that apply):

☐ Dyskinesia ☐ Freezing ☐ Tremor

☐ Rigidity ☐ Balance Issues ☐ Fall Risk

☐ Swallowing Issues ☐ Orthostatic Hypotension

Other Notes:

_____

_____

_____

MEDICAL DEVICES

☐ Deep Brain Stimulator (DBS)
Device Card Location: _____

☐ Other Device: _____

Notes: _____

_____

_____

INSURANCE INFORMATION

Insurance Provider: _____

Policy Number: _____

Group Number (if any): _____

Customer Service / Emergency Number: _____

_____

IN CASE OF EMERGENCY

Preferred Hospital: _____

Preferred ER (if known): _____

Notes for Medical Staff:

_____

_____

_____

_____

ADVANCE DIRECTIVES

Healthcare Proxy (Name): _____

Relationship: _____

Phone: _____

Living Will / Advance Directive: ☐ Yes ☐ No

Location / Notes: _____

Power of Attorney: ☐ Yes ☐ No

Location / Notes: _____

ADDITIONAL NOTES

_____

_____

_____

_____

PART 8

DATE: _____ DAY: _____ MONTH: _____ YEAR: _____

MOOD (1–5): ○ 1 ○ 2 ○ 3 ○ 4 ○ 5 | ENERGY (1–5): ○ 1 ○ 2 ○ 3 ○ 4 ○ 5

TODAY I NOTICED:

WHAT MATTERED MOST TODAY:

ONE THING I WANT TO REMEMBER:

 | SMALL MOMENTS. REAL INSIGHT. | CONSISTENCY CREATES CLARITY. | 

PART 8

NOTES

CAPTURE. CLARIFY. MOVE FORWARD.

DATE: _____ DAY: _____ WEEK: _____

NOTES & THOUGHTS

WHAT STOOD OUT TODAY?

ANY SYMPTOM CHANGES?

ANYTHING UNUSUAL?

POSSIBLE TRIGGERS
(STRESS, SLEEP, FOOD, ETC.)

WHAT HELPED?

FOR MY DOCTOR
QUESTIONS / THINGS TO MENTION

FOLLOW-UP / ACTIONS
WHAT I WANT TO TRY OR CHANGE

SMALL DETAILS MATTER. | PATTERNS START HERE.

PART 8

WEEKLY REFLECTION & PATTERN SHEET

Review. Learn. Adjust. Improve.

WEEK OF: _____

MON TUE WED THU FRI SAT SUN

1. WEEK OVERVIEW – HOW DID IT GO?

Overall week rating (1 = Very difficult 5 = Excellent)

○ ○ ○ ○ ○

1 2 3 4 5

This week in 3 words:

★ _____

★ _____

★ _____

2. BIG WINS – WHAT WENT WELL?

What are you proud of this week?

- _____
- _____
- _____
- _____
- _____

3. BIGGEST CHALLENGES

What was most difficult this week?

1. _____
2. _____
3. _____

4. PATTERNS & INSIGHTS

What patterns did you notice in your:

SYMPTOMS	ENERGY	SLEEP	MOOD	MEDICATION	ACTIVITY

5. TOP 3 FACTORS THAT HAD THE BIGGEST IMPACT THIS WEEK

Rank what influenced you the most (1 = Biggest impact)

- ☐ Sleep quality ____
- ☐ Stress level ____
- ☐ Medication timing / Effectiveness ____
- ☐ Exercise / Physical activity ____
- ☐ Nutrition / Protein timing ____
- ☐ Hydration ____
- ☐ Weather ____
- ☐ Social interactions / Connection ____
- ☐ Bowel / Digestion ____
- ☐ Pain / Discomfort ____
- ☐ Mental load / Overwhelm ____
- ☐ Other: _____ ____

6. WHAT HELPED THE MOST?

What had the most positive impact?

- _____
- _____
- _____
- _____

Keep doing more of:

1. _____
2. _____
3. _____

7. WHAT TRIGGERS OR CHALLENGES SHOULD I REDUCE?

What made things worse or more difficult?

- _____
- _____
- _____
- _____
- _____

8. LESSONS LEARNED

What did I learn about myself or my condition this week?

- _____
- _____
- _____
- _____
- _____

9. ADJUSTMENTS FOR NEXT WEEK

What will I do differently?

1. _____
2. _____
3. _____
4. _____
5. _____

10. NEXT WEEK PLAN – MY FOCUS AREAS

HEALTH	MOVEMENT	MINDSET	CONNECTION	HABIT
What is my main health focus?	What is my movement goal?	What is my mental focus?	How will I stay connected?	What habit will I build or strengthen?
_____	_____	_____	_____	_____
Action step: _____	Action step: _____	Action step: _____	Action step: _____	Action step: _____

11. COMMITMENT STATEMENT

I commit to taking small, consistent steps to improve my well-being.

My priority for next week is: _____

I will show up for myself by: _____

12. MOTIVATION REMINDER

Why am I doing this?

_____

_____

_____

Small steps. Consistent actions. Better days ahead.

Progress > Perfection