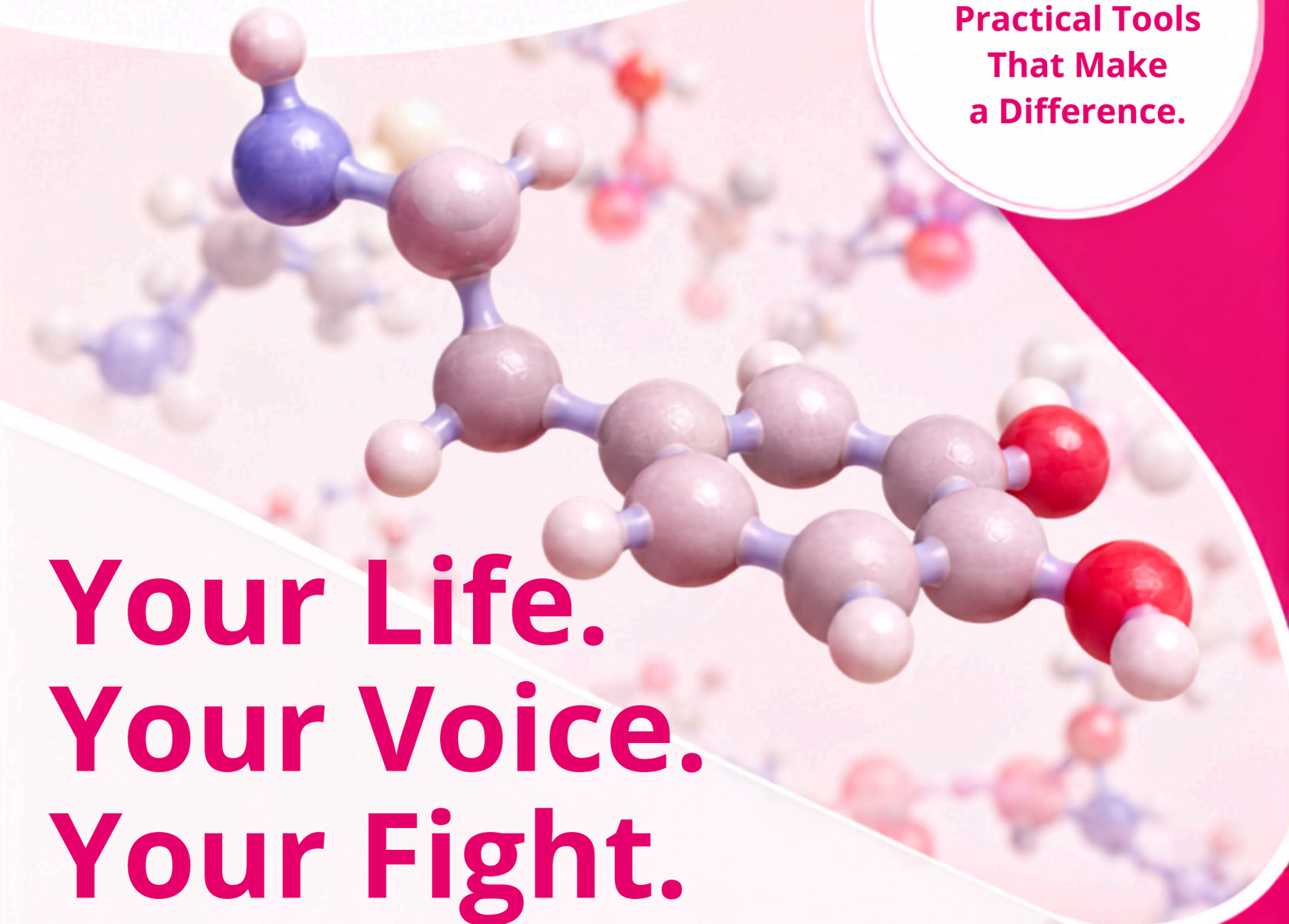
KILL PARKINSON

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.

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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: _____

_____

_____

EXERCISE TRACKER – DAILY

DATE: _____

Movement is medicine. Track your activity, how it felt, and the impact.

MON TUE WED THU FRI SAT SUN

1. OVERALL ACTIVITY SUMMARY

Did you exercise today?
☐ Yes ☐ No

If yes, how many sessions?
☐ 1 ☐ 2 ☐ 3 ☐ 4+

Total exercise time:
_____ minutes

How would you rate your overall activity level today?
(1 = very low 5 = very high)
☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

2. EXERCISE SESSIONS

SESSION (1, 2, 3...)	TYPE OF EXERCISE (see examples below)	START TIME	DURATION (min)	INTENSITY (1–5)	RPE* (1–10)	HOW IT FELT (before / during / after)	NOTES
1							
2							
3							
4							

*RPE = Rate of Perceived Exertion (1 = very easy 10 = maximal effort)

EXERCISE TYPES (Examples)

- ☐ Aerobic (walking, cycling, dance, swimming, cardio)
- ☐ Strength / Resistance (weights, bands, machines, bodyweight)
- ☐ Flexibility / Stretching (yoga, stretching, mobility)
- ☐ Balance / Stability (Tai Chi, balance drills, core work)
- ☐ Boxing / PD-specific (Boxing, PWR!, Rock Steady, etc.)
- ☐ Other: _____

INTENSITY GUIDE (1–5)

1 = Very light (easy movement)
2 = Light
3 = Moderate (noticeable effort)
4 = Hard
5 = Very hard (challenging)

RPE GUIDE (1–10)

1–2 = Very easy
3–4 = Easy
5–6 = Moderate
7–8 = Hard
9–10 = Very hard

3. BENEFITS & IMPACT

Energy level after exercise	☐ 1 (low)	☐ 2	☐ 3	☐ 4	5 (high)
Mood after exercise	☐ 1 (worse)	☐ 2	☐ 3	☐ 4	5 (better)
PD symptoms after exercise	☐ 1 (worse)	☐ 2	☐ 3	☐ 4	5 (better)
Sleep quality (last night)	☐ 1 (worse)	☐ 2	☐ 3	☐ 4	5 (better)
Overall sense of well-being	☐ 1 (low)	☐ 2	☐ 3	☐ 4	5 (high)

WHAT IMPROVED AFTER EXERCISE? (Check all that apply)

☐ Mobility ☐ Balance ☐ Strength ☐ Stiffness
☐ Mood ☐ Energy ☐ Focus ☐ Sleep
☐ Other: _____

WHAT WAS CHALLENGING?

_____

_____

4. ADDITIONAL FACTORS

Fluid intake today (glasses): _____

Protein timing OK?
☐ Yes ☐ No

Medications taken on time?
☐ Yes ☐ No

Pain during exercise?
☐ None ☐ Mild
☐ Moderate ☐ Severe

Any dizziness or lightheadedness?
☐ Yes ☐ No
Details: _____

5. FALLS OR NEAR-FALLS

☐ None ☐ Yes

Describe: _____

_____

6. NOTES & REFLECTION

Best part of today: _____

One thing to tell my doctor: _____

_____

★ Consistency creates progress. Every move counts.

PART 8

EXERCISE TRACKER – WEEKLY SUMMARY

WEEK OF: _____

1. WEEKLY OVERVIEW

Total exercise sessions this week:	Total time exercised this week:	Average time per session:	How would you rate your overall activity level this week?
_____	_____ min	_____ min	(1 = very low 5 = very high) ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

2. DAILY ACTIVITY CHECK-IN (✓ or time in minutes)

DAY	AEROBIC (min)	STRENGTH / RESISTANCE (min)	FLEXIBILITY / STRETCHING (min)	BALANCE / STABILITY (min)	BOXING / PD-SPECIFIC (min)	OTHER (min)	TOTAL TIME (min)	RPE (1–10)	HOW I FELT (1–5)
MON									
TUE									
WED									
THU									
FRI									
SAT									
SUN									
WEEK TOTAL / AVERAGE								___ / 10	___ / 5

3. WHAT IMPROVED THIS WEEK?

(Check all that apply)

☐ Mobility / Walking ☐ Energy Level
☐ Balance / Stability ☐ Sleep Quality
☐ Strength ☐ Stiffness
☐ Flexibility ☐ Posture
☐ Endurance ☐ Focus / Cognition
☐ Mood ☐ Other: _____

4. CHALLENGES & BARRIERS

Main challenges this week:

_____

_____

_____

What got in the way?

_____

_____

_____

5. TRENDS & PATTERNS

What times of day are best for exercise?

_____

_____

What times of day are most challenging?

_____

_____

What activities seem to help symptoms most?

_____

_____

Any activities that made symptoms worse?

_____

6. HEALTH & SAFETY

Falls this week: ☐ None ☐ Yes — how many? _____

Near-falls this week: ☐ None ☐ Yes — how many? _____

Any injuries or pain? ☐ None ☐ Yes — describe: _____

_____

Dizziness / lightheadedness: ☐ None ☐ Yes — how often?

7. LIFESTYLE FACTERS

(Weekly Overview)

Average fluid intake (glasses/day): _____

Protein timing consistency:

☐ Good ☐ Fair ☐ Needs improvement

Sleep quality this week (1–5): _____

Stress level this week (1–5): _____

8. REFLECTION & GOALS

What went well this week?

_____

_____

What can I do better next week?

_____

_____

Goal for next week:

_____

★ Track it. Learn from it. Build on it. You are stronger than you think.

In Part 9, we introduce the Kill Parkinson Registry — how your real-world data can contribute directly to the research that will change the future of this disease.

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.