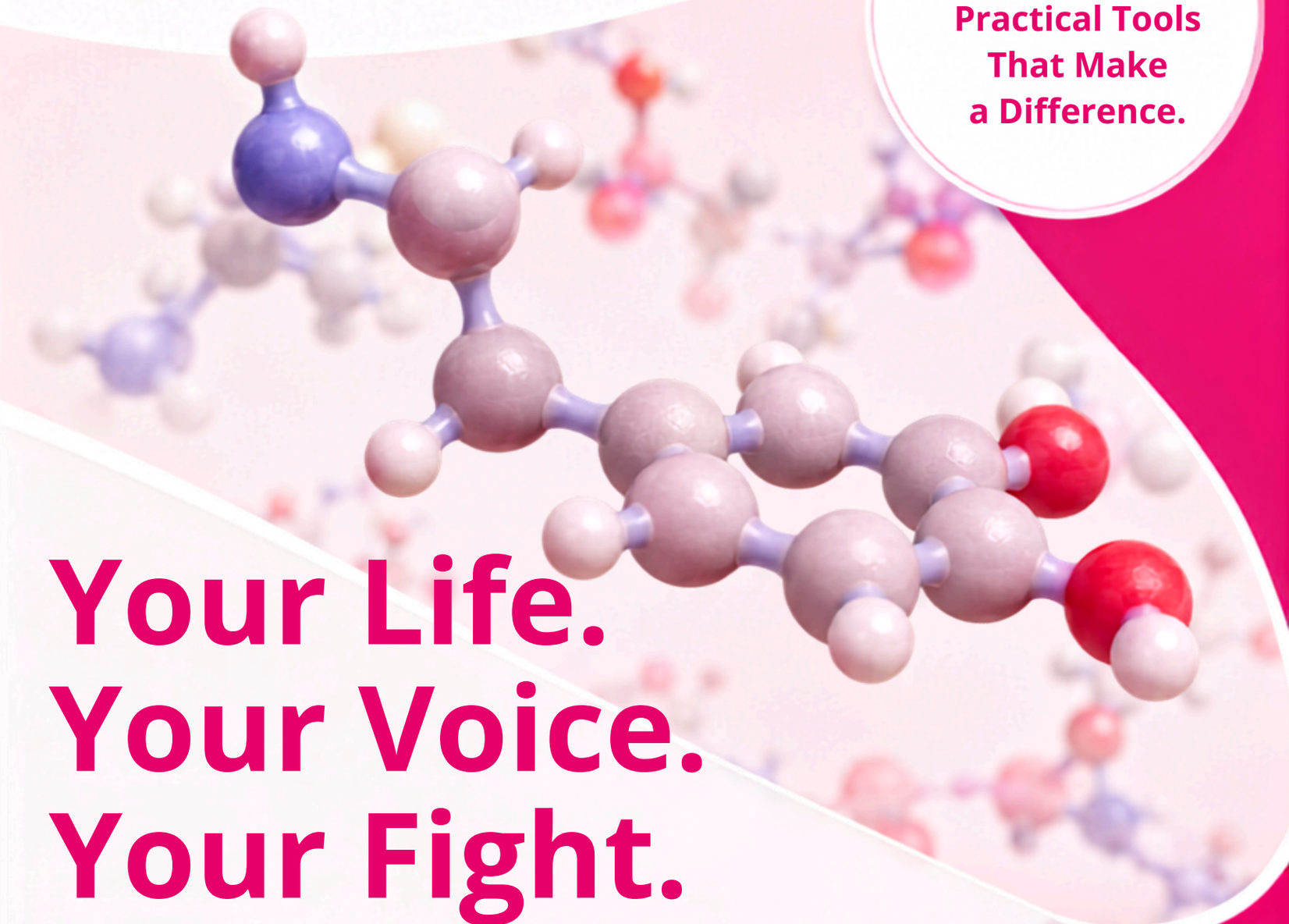
KILL PARKINSON

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



Your Life. Your Voice. Your Fight.

The Essential Parkinson's Guide
Printable Tools: Symptom Tracker

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

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⚠ *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.

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Scientific Review
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DAILY MOTOR TRACKER

Track patterns. Improve treatment.

DATE: _____ / _____ / _____ DAY: _____

HOW TO USE

- Check one box per time block.
- Choose what describes the majority of that period.
- Consistency matters more than perfection.

- ☐ **ON** – good / normal mobility
- ☐ **ON + DYSKINESIA** – involuntary movements
- ☐ **OFF** – stiffness / slow / immobile
- ☐ **ASLEEP** – sleeping

AM / MORNING

TIME	ON	ON + DYSK	OFF	ASLEEP
12:00 - 1:00 AM	☐	☐	☐	☐
1:00 - 2:00 AM	☐	☐	☐	☐
2:00 - 3:00 AM	☐	☐	☐	☐
3:00 - 4:00 AM	☐	☐	☐	☐
4:00 - 5:00 AM	☐	☐	☐	☐
5:00 - 6:00 AM	☐	☐	☐	☐
6:00 - 7:00 AM	☐	☐	☐	☐
7:00 - 8:00 AM	☐	☐	☐	☐
8:00 - 9:00 AM	☐	☐	☐	☐
9:00 - 10:00 AM	☐	☐	☐	☐
10:00 - 11:00 AM	☐	☐	☐	☐
11:00 - 12:00 PM	☐	☐	☐	☐

PM / AFTERNOON & EVENING

TIME	ON	ON + DYSK	OFF	ASLEEP
12:00 - 1:00 PM	☐	☐	☐	☐
1:00 - 2:00 PM	☐	☐	☐	☐
2:00 - 3:00 PM	☐	☐	☐	☐
3:00 - 4:00 PM	☐	☐	☐	☐
4:00 - 5:00 PM	☐	☐	☐	☐
5:00 - 6:00 PM	☐	☐	☐	☐
6:00 - 7:00 PM	☐	☐	☐	☐
7:00 - 8:00 PM	☐	☐	☐	☐
8:00 - 9:00 PM	☐	☐	☐	☐
9:00 - 10:00 PM	☐	☐	☐	☐
10:00 - 11:00 PM	☐	☐	☐	☐
11:00 PM - 12:00 AM	☐	☐	☐	☐

NOTES / PATTERNS

When did OFF periods happen?

Any triggers?

Medication timing issues?

MEDICATION TIMING (QUICK LOG)

TIME	DOSE / MEDICATION

OTHER NOTES

PATTERNS CHANGE TREATMENT. **CONSISTENCY CREATES PATTERNS.**

PART 8

WEEKLY OVERVIEW

See the bigger picture.

WEEK OF: _____

☐ **ON** — good / normal mobility

☐ **ON + DYSKINESIA** — involuntary movements

☐ **OFF** — stiffness / slow / immobile

☐ **ASLEEP** — sleeping

TIME	MON	TUE	WED	THU	FRI	SAT	SUN
12:00 - 2:00 AM	☐ ☐ ☐	☐ ☐ ☐	☐ ☐ ☐	☐ ☐ ☐	☐ ☐ ☐	☐ ☐ ☐	☐ ☐ ☐
2:00 - 4:00 AM	☐ ☐ ☐	☐ ☐ ☐	☐ ☐ ☐	☐ ☐ ☐	☐ ☐ ☐	☐ ☐ ☐	☐ ☐ ☐
4:00 - 6:00 AM	☐ ☐ ☐	☐ ☐ ☐	☐ ☐ ☐	☐ ☐ ☐	☐ ☐ ☐	☐ ☐ ☐	☐ ☐ ☐
6:00 - 8:00 AM	☐ ☐ ☐	☐ ☐ ☐	☐ ☐ ☐	☐ ☐ ☐	☐ ☐ ☐	☐ ☐ ☐	☐ ☐ ☐
8:00 - 10:00 AM	☐ ☐ ☐	☐ ☐ ☐	☐ ☐ ☐	☐ ☐ ☐	☐ ☐ ☐	☐ ☐ ☐	☐ ☐ ☐
10:00 AM - 12:00 PM	☐ ☐ ☐	☐ ☐ ☐	☐ ☐ ☐	☐ ☐ ☐	☐ ☐ ☐	☐ ☐ ☐	☐ ☐ ☐
12:00 - 2:00 PM	☐ ☐ ☐	☐ ☐ ☐	☐ ☐ ☐	☐ ☐ ☐	☐ ☐ ☐	☐ ☐ ☐	☐ ☐ ☐
2:00 - 4:00 PM	☐ ☐ ☐	☐ ☐ ☐	☐ ☐ ☐	☐ ☐ ☐	☐ ☐ ☐	☐ ☐ ☐	☐ ☐ ☐
4:00 - 6:00 PM	☐ ☐ ☐	☐ ☐ ☐	☐ ☐ ☐	☐ ☐ ☐	☐ ☐ ☐	☐ ☐ ☐	☐ ☐ ☐
6:00 - 8:00 PM	☐ ☐ ☐	☐ ☐ ☐	☐ ☐ ☐	☐ ☐ ☐	☐ ☐ ☐	☐ ☐ ☐	☐ ☐ ☐
8:00 - 10:00 PM	☐ ☐ ☐	☐ ☐ ☐	☐ ☐ ☐	☐ ☐ ☐	☐ ☐ ☐	☐ ☐ ☐	☐ ☐ ☐
10:00 PM - 12:00 AM	☐ ☐ ☐	☐ ☐ ☐	☐ ☐ ☐	☐ ☐ ☐	☐ ☐ ☐	☐ ☐ ☐	☐ ☐ ☐

WEEKLY INSIGHTS

When are my best times?

When do OFF periods happen most?

Any patterns or triggers?

MEDICATION NOTES

Any changes this week?

How did they affect me?

OTHER NOTES

PATTERNS CHANGE TREATMENT. **CONSISTENCY CREATES PATTERNS.**

PART 8

PARKINSON'S SYMPTOM TRACKER

DATE: _____

Track patterns. Not perfection.

1. OVERALL DAY RATING

Overall symptom load (1–5):

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

Best period of the day: _____

Main challenge today: _____

Worst period of the day: _____

2. MOTOR SYMPTOMS

TREMOR

Severity (1–5):

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

Side: ☐ Left ☐ Right ☐ Both

Notes: _____

RIGIDITY / STIFFNESS

☐ None ☐ Mild

☐ Moderate ☐ Severe

Where: _____

BRADYKINESIA (SLOWNESS)

☐ None ☐ Mild

☐ Moderate ☐ Severe

Affected tasks: _____

FREEZING EPISODES

☐ None ☐ 1–2

☐ 3–5 ☐ Frequent

Where / when: _____

BALANCE / STABILITY

☐ Stable

☐ Slight issues

☐ Unsteady

☐ High fall risk

FALLS / NEAR-FALLS

☐ None

☐ Near-fall

☐ Fall

Details: _____

DYSKINESIA

☐ None

☐ Mild

☐ Moderate

☐ Severe

When: _____

OTHER MOTOR SYMPTOMS

Please specify:

_____

_____

_____

3. NON-MOTOR SYMPTOMS

FATIGUE

☐ None ☐ Mild

☐ Moderate ☐ Severe

Pattern: _____

SLEEP (LAST NIGHT IMPACT)

☐ Good ☐ Fair

☐ Poor

Notes: _____

MOOD

☐ Stable ☐ Low

☐ Anxious ☐ Irritable

Trigger: _____

ANXIETY / STRESS

☐ None ☐ Mild

☐ Moderate ☐ High

Cause: _____

COGNITION / FOCUS

☐ Clear ☐ Slight difficulty

☐ Struggling

Examples: _____

MEMORY

☐ Normal

☐ Minor lapses

☐ Noticeable issues

APATHY / MOTIVATION

☐ None ☐ Mild

☐ Moderate ☐ Severe

OTHER NON-MOTOR SYMPTOMS

Please specify:

_____

_____

4. AUTONOMIC / BODY SYMPTOMS

CONSTIPATION / DIGESTION

☐ Normal

☐ Slow

☐ Difficult

Notes: _____

URINARY ISSUES

☐ None

☐ Urgency

☐ Frequency

☐ Incontinence

Notes: _____

BLOOD PRESSURE / DIZZINESS

☐ None

☐ Lightheaded

☐ Dizzy

☐ Near faint

Notes: _____

SWEATING / TEMPERATURE REG.

☐ Normal

☐ Increased

☐ Night sweats

Notes: _____

PAIN

☐ None

☐ Mild

☐ Moderate

☐ Severe

Type / location: _____

OTHER BODY SYMPTOMS (PLEASE SPECIFY)

_____

_____

_____

PART 8

5. SENSORY & PERCEPTUAL

SMELL
- ☐ Normal
- ☐ Reduced
- ☐ Absent

VISION / PERCEPTION
- ☐ Normal
- ☐ Blurry
- ☐ Depth issues
- ☐ Other: _____

HALLUCINATIONS / ILLUSIONS
- ☐ None
- ☐ Mild
- ☐ Frequent

Details: _____

SENSORY OVERLOAD
- ☐ None
- ☐ Mild
- ☐ High

Triggers: _____

OTHER SENSORY ISSUES
Please specify:

_____

_____

_____

6. SPEECH & SWALLOWING

SPEECH
☐ Normal ☐ Quiet / Soft ☐ Slurred ☐ Effortful

Notes: _____

SWALLOWING
☐ Normal ☐ Slight difficulty ☐ Choking risk

Notes: _____

7. MEDICATION EFFECT (OVERALL)

☐ Worked well ☐ Wearing off early ☐ Delayed onset ☐ Fluctuations ☐ Side effects

Notes: _____

_____

8. TRIGGERS & CONTEXT

STRESS LEVEL
- ☐ Low
- ☐ Medium
- ☐ High

WEATHER
☐ Neutral ☐ Heat ☐ Cold

☐ Humidity

☐ Other: _____

ACTIVITY LEVEL
- ☐ Low
- ☐ Moderate
- ☐ High

OTHER TRIGGERS (PLEASE SPECIFY)

_____

_____

_____

9. WHAT HELPED / WHAT MADE IT WORSE

WHAT HELPED TODAY?

_____

_____

_____

WHAT MADE IT WORSE?

_____

_____

_____

10. FREE NOTES

_____

_____

_____

_____

★ **Patterns matter more than single days.** Consistency turns experience into insight.

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.