

Diary Date: ____/____/____

Time A.M. Midnight	ON	ON with Troublesome dyskinesias	OFF	ASLEEP
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a. 12:00am - 12:30am	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. 12:30am - 1:00am	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. 1:00am - 1:30am	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. 1:30am - 2:00am	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. 2:00am - 2:30am	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. 2:30am - 3:00am	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. 3:00am - 3:30am	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. 3:30am - 4:00am	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. 4:00am - 4:30am	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j. 4:30am - 5:00am	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k. 5:00am - 5:30am	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
l. 5:30am - 6:00am	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
m. 6:00am - 6:30am	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
n. 6:30am - 7:00am	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
o. 7:00am - 7:30am	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
p. 7:30am - 8:00am	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
q. 8:00am - 8:30am	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
r. 8:30am - 9:00am	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
s. 9:00am - 9:30am	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
t. 9:30am - 10:00am	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
u. 10:00am - 10:30am	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
v. 10:30am - 11:00am	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
w. 11:00am - 11:30am	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
x. 11:30am - 12:00pm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Diary Date: ____/____/____

Time P.M. Noon	ON	ON with Troublesome dyskinesias	OFF	ASLEEP
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v. 10:30pm - 11:00pm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
w. 11:00pm - 11:30pm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
x. 11:30pm - 12:00am	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Parkinson's Disease Research Education and
Clinical Centers (PADRECC)

www.parkinsons.va.gov

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Parkinson's Disease Research Education & Clinical Centers

Motor Symptoms



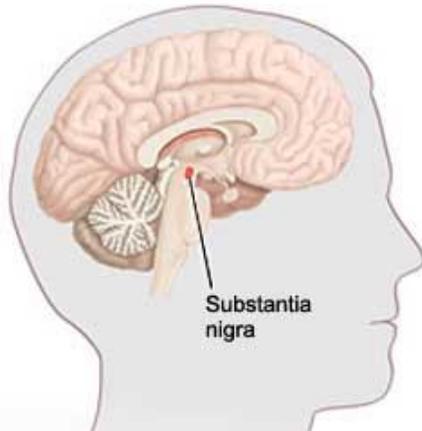
PARKINSON'S DISEASE



VA Defining
HEALTH CARE EXCELLENCE
in the 21st Century

What is Parkinson's disease?

Parkinson's disease (PD) is a progressive movement disorder that involves a reduction of specific neurons that produce a chemical called dopamine. Dopamine is made in an area of the midbrain called the substantia nigra. It is required for functions of the brain that control movement and coordination.



Patient Motor Diary

-Purpose-

A 24-hour motor diary helps your neurologist to fine tune your medications and improve your symptoms.

-Instructions-

The diary on the back of this pamphlet is divided into 30-minute sections. We would like you to check with an "X" what Parkinsonian symptoms you experience during a typical day.

4 Cardinal Features in Parkinson's disease

1. **Tremor-at-rest:** rhythmic shaking of arms, legs or chin at rest, usually affecting one side more than another.
2. **Bradykinesia:** slowness of movement and even difficulty of completing a movement
3. **Rigidity:** muscle stiffness or tone. This is the resistance assessed by the physician when feeling either the neck or limbs.
4. **Loss of postural reflexes:** difficulty of maintaining balance while standing or changing positions.

Additional motor features in PD

Flexed posture: The posture of one's neck and trunk flexes forward when standing or sitting.

Freezing of gait: The sudden or transient inability to move the legs when attempting to walk.

Hypophonia: Softness of voice

Hypomimia: Loss of facial expression resulting in a "poker face" or "masked face"

Micrographia: Reduced handwriting size

-Definition of Terms-

ON:

Good or practically normal mobility. The effect of anti-Parkinson's drugs reducing symptoms of slowness, stiffness, and/or tremor.

DYSKINESIAS:

Troubled by involuntary twisting, turning movements while in the "on" phase.

OFF:

Marked decrease in mobility, or immobility. Poor or no effect of anti-Parkinson's drugs; difficulties in moving; slowness, stiffness, and/or tremor.

WEARING OFF:

When the effect of a medication, usually Levodopa, literally 'wears off' or becomes less effective

MOTOR FLUCTUATIONS:

Alterations between periods of being "on," with good response to medication, and becoming "off" as medication wears down.