PARKINSON'S DISEASE: My Symptoms Worksheet

Rate how each symptom or area of daily life bothers you by circling a number on a scale from 0 to 5.

0= No problem or Concern; 5 = Severe Problem or Biggest Concern

SYMPTOM						
Anxiety	0	1	2	3	4	5
Bathing, Dressing	0	1	2	3	4	5
Bladder Problems	0	1	2	3	4	5
Chest Pain or Palpitations	0	1	2	3	4	5
Chills	0	1	2	3	4	5
Constipation	0	1	2	3	4	5
Cough or Sore Throat	0	1	2	3	4	5
Delusions	0	1	2	3	4	5
Depression	0	1	2	3	4	5
Double or Blurred Vision	0	1	2	3	4	5
Dyskinesia	0	1	2	3	4	5
Falls	0	1	2	3	4	5
Fatigue	0	1	2	3	4	5
Fine Motor Movement, like folding clothes or opening mail	0	1	2	3	4	5
Freezing	0	1	2	3	4	5
Hallucinations	0	1	2	3	4	5
Headache	0	1	2	3	4	5
Hearing Loss	0	1	2	3	4	5
Heartburn or Upset Stomach	0	1	2	3	4	5
Impulsivity	0	1	2	3	4	5
Joint Pain	0	1	2	3	4	5
Leg Swelling	0	1	2	3	4	5
Lightheadedness	0	1	2	3	4	5
Motivation	0	1	2	3	4	5
Muscle Spasm	0	1	2	3	4	5
Nausea/Vomiting	0	1	2	3	4	5
"Off" Time	0	1	2	3	4	5
Pain	0	1	2	3	4	5
Rash or Bruising	0	1	2	3	4	5
Rigidity	0	1	2	3	4	5
Seizures	0	1	2	3	4	5
Sexual Function	0	1	2	3	4	5
Sleep	0	1	2	3	4	5
Slowness of Movement	0	1	2	3	4	5
Speech	0	1	2	3	4	5
Swallowing	0	1	2	3	4	5
Sweating	0	1	2	3	4	5
Thinking	0	1	2	3	4	5
Tremor	0	1	2	3	4	5
Walking	0	1	2	3	4	5
Writing	0	1	2	3	4	5