

Parkinson's Well-Being Map™

Supporting communication of my Parkinson's

The **Parkinson's Well-Being Map™** has been developed to support communication of a person's Parkinson's status with their care team.

Using the Map you are able to:

- **Monitor your condition**
- **Review your motor and non-motor symptoms**
- **Make the most of your consultation to focus on the issues important to you**

How to complete the Parkinson's Well-Being Map™

- 1** Use the chart to identify and rate the frequency of your symptoms

Parkinson's Well-Being Map™
complete your Parkinson's Well-Being Map™ refer to steps 1-5 detailed on the previous page

Attention/Memory

- No symptoms experienced
- I lose my train of thought during conversations
- I am unable to concentrate during activities
- I have slowness of speech
- I am forgetful
- I have difficulty remembering names, numbers, etc.
- Other

Digestion and the Gut

- No symptoms experienced
- I have difficulty swallowing
- I am dribbling/drooling (a lot of saliva)
- I have bouts of vomiting or feeling sick (nausea)
- I have constipation
- I have diarrhea
- I have an upset stomach
- Other

Movement

- No symptoms experienced
- My feet feel shaky
- My movements feel slow
- I have stiffness (Rigidity) throughout the day
- I have shakiness (Tremor)
- I have slowness of movement (Bradykinesia)
- I have decreased ability to move a body part
- I have involuntary movements (Dyskinesia)
- I lose my balance
- I lean towards or to the side I have trouble talking (Dysphagia)
- I have small handwriting (Micrographia)
- Other

- 2** Circle your most troublesome symptom

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- I have small handwriting (Micrographia)
- Other

- 3** Rate the frequency of your most troublesome symptom

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Attention/Memory

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- I am unable to concentrate during activities
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- Other

- 4** Connect up your numbers

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- I am unable to concentrate during activities
- I have slowness of speech
- I am forgetful
- I have difficulty remembering names, numbers, etc.
- Other

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- I have decreased ability to move a body part
- I have involuntary movements (Dyskinesia)
- I lose my balance
- I lean towards or to the side I have trouble talking (Dysphagia)
- I have small handwriting (Micrographia)
- Other

Pain

- No symptoms experienced
- My feet feel shaky
- My movements feel slow
- I have stiffness (Rigidity) throughout the day
- I have shakiness (Tremor)
- I have slowness of movement (Bradykinesia)
- I have decreased ability to move a body part
- I have involuntary movements (Dyskinesia)
- I lose my balance
- I lean towards or to the side I have trouble talking (Dysphagia)
- I have small handwriting (Micrographia)
- Other

- 5** Other aspects of your Parkinson's

Parkinson's Well-Being Map™
Supporting communication of your well-being

The aspect I most want to focus on most is:

- Sleep disturbances
- Attention/Memory
- Pain
- Bladder and Bowel Function
- Digestion and the Gut
- Movement

I am taking the following medications:

Parkinson's medication

- Fill the name and date on the top of the page.
- For each aspect of your well-being (e.g., Mood, Pain, Movement, etc. represented with different color codes), work alone or with your partner to identify the symptoms that you have experienced over the **last month**.
- For each symptom identified, record its frequency in the box provided where:
 - 0** = Never
 - 1** = Occasionally
 - 2** = Sometimes
 - 3** = Often
 - 4** = Always

For each aspect of your well-being (e.g., Mood, Pain, Movement, etc. represented with different color codes), identify and circle the most troublesome symptom for you.

For each aspect of your well-being (e.g., Mood, Pain, Movement, etc. represented with different color codes), rate the frequency of the most troublesome symptom by circling the most appropriate number on the 0-4 scale where:

- 0** = Never
- 1** = Occasionally
- 2** = Sometimes
- 3** = Often
- 4** = Always

Connect up the numbers you have selected by drawing lines between them. This will generate a pattern which will provide an instant visual record of your current well-being.

- Highlight the symptoms that are of most concern to you.
- Medications you have taken over this period – you may want to highlight any new medications you have started since the last consultation (including over the counter remedies /medications that don't require a prescription such as; aspirin, pain relief, heartburn and vitamins, etc).
- Once completed, the Map can be taken to your next consultation to share with your care team.

Parkinson's Well-Being Map™

Name:

Date: DD/MM/YYYY

To complete your Parkinson's Well-Being Map™ refer to steps 1-5 detailed on the previous page

Sleep disturbances

- No symptoms experienced
- I have restless sleep
- I have difficulty falling asleep at night
- I have difficulty staying asleep
- I have difficulty getting back to sleep once awake
- I have morning tiredness
- I have fatigue during the day
- I frequently doze off at inappropriate moments
- Other:

Mood

- No symptoms experienced
- I feel a loss of interest
- I lack pleasure from things I used to enjoy
- I feel unhappy
- I am anxious, frightened or panicky
- I am depressed
- Other:

Other Non-Motor symptoms

- No symptoms experienced
- I feel light-headed/dizzy when standing from a lying position
- I fall due to fainting/blackouts
- I notice a change in my ability to smell/taste
- I notice a change in weight (not due to change in diet)
- I have excessive sweating
- I see/hear things that are not there
- Other:

Attention/Memory

- No symptoms experienced
- I lose my train of thought during conversations
- I am unable to concentrate during activities
- I have slowness of speech
- I am forgetful
- I have difficulty remembering names, numbers, events
- Other:

Digestion and the Gut

- No symptoms experienced
- I have difficulty swallowing
- I am dribbling/drooling (a lot of saliva)
- I have bouts of vomiting or feeling sick (nausea)
- I have constipation
- I have diarrhea
- I have an upset stomach
- Other:

Movement

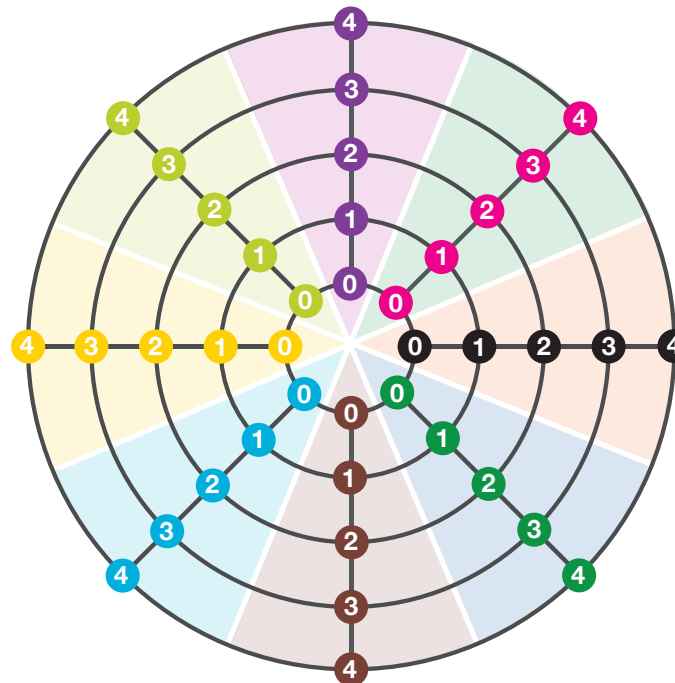
- No symptoms experienced
- My feet feel stuck to the floor/I have trouble starting to move
- My movements feel stiff (Rigidity) predominantly in the early morning after waking-up
- I have stiffness (Rigidity) throughout the day
- I have shaking (Tremor)
- I have slowness of movement (Bradykinesia)
- I have decreased ability to move at some times during the day
- I have involuntary movements (Dyskinesias)
- I lose my balance
- I fall over
- I lean towards or to the side
- I have trouble talking
- I have small handwriting (Micrographia)
- Other:

Pain

- No symptoms experienced
- I have early morning painful cramps (dystonia) affecting toes, fingers ankles, wrists causing me to wake up
- I have painful, stiff limbs during the day
- I have painful, stiff limbs at night
- I have shock-like shooting pain down my limbs
- I have pain with abnormal involuntary movements (Dyskinesia)
- I have severe headaches
- Other:

Bladder and Sexual Function

- No symptoms experienced
- I feel the urge to pass urine
- I get up at night to pass urine
- I have an altered interest in sex
- I have difficulty having sex
- Other:



Parkinson's Well-Being Map™

Supporting communication of my Parkinson's

The aspect I want to focus on the most is:

Sleep disturbances

Attention/Memory

Digestion and the Gut

Movement

Pain

Bladder and Sexual Function

Other Non-Motor symptoms

Mood

I am taking the following medications:

Parkinson's medications

Other medications that require a prescription

Medications not needing a prescription

(including aspirin, pain relief, cold and flu tablets, vitamins and supplements, heartburn and reflux tablets).

If unsure of your medications, please check with your pharmacist or GP, or bring them with you to your next appointment.



This resource is supported by UCB Australia Pty Ltd.

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