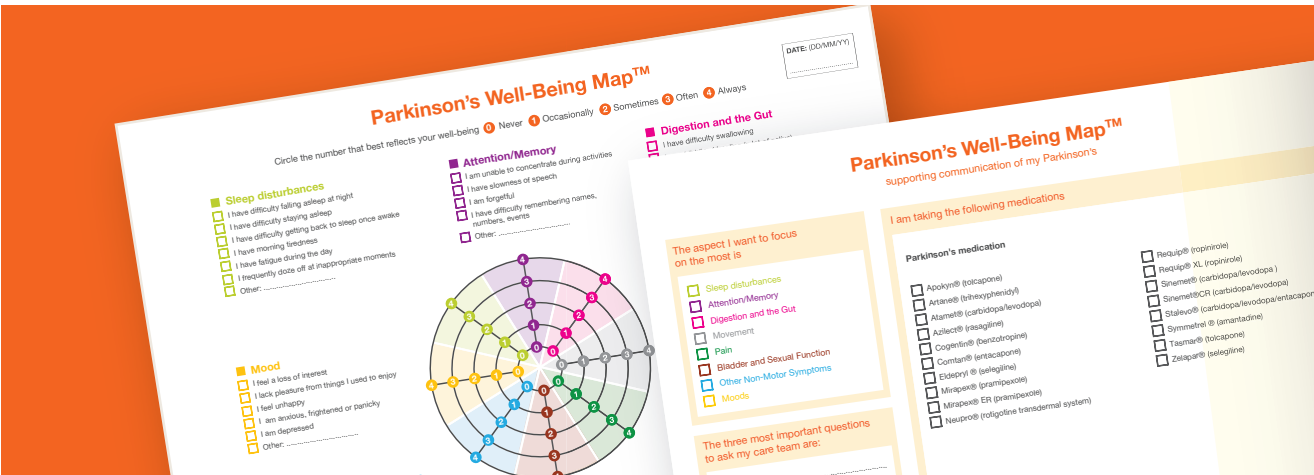
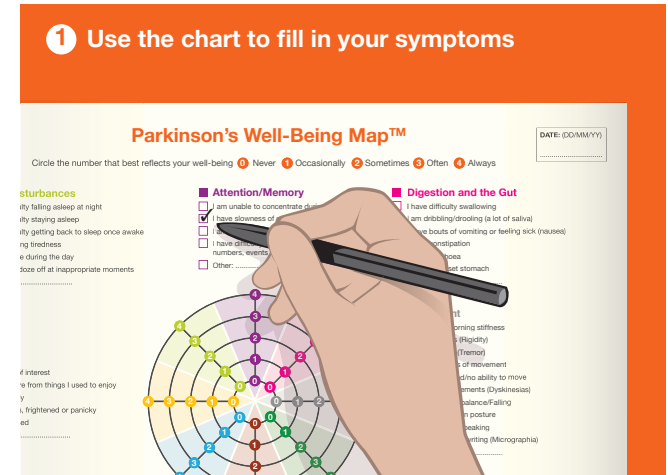


How to use the Parkinson's Well-Being Map™

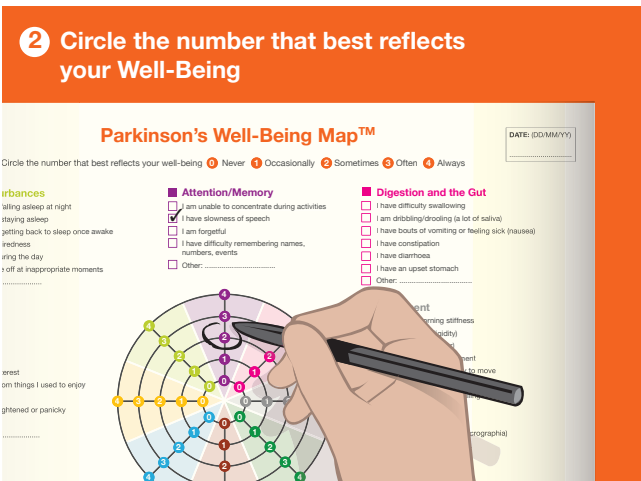


The Parkinson's Well-Being Map™ contains several copies that you and/or your partner can use to:

1. Monitor symptoms over time
2. Summarise your health and well-being over the past month in preparation for your consultation.

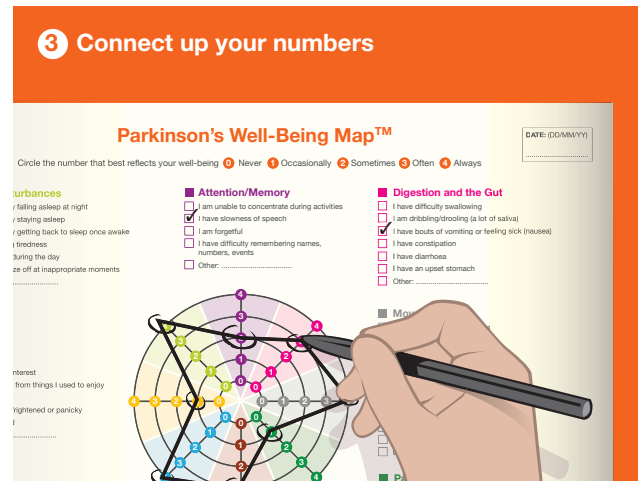


With your partner, work through each category (e.g. sleep disturbances) and tick the symptom(s) that you are experiencing. Fill in the date at the top of the page.

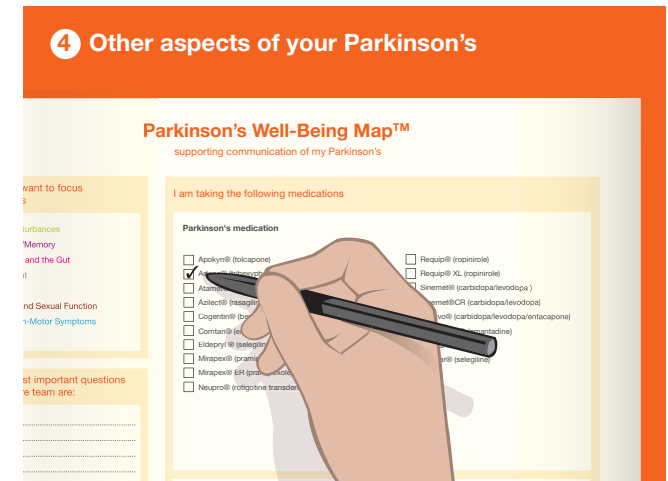


For each symptom identified assess how frequently you are affected using the 0-4 scale where:

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.



1. Highlight the symptoms that are of most concern to you.
2. List the three most important questions you wish to ask your care team at your next consultation.
3. 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 such as aspirin etc).
4. Once completed, the Map can be taken to your next consultation to share with your care team.

Parkinson's Well-Being Map™

DATE: (DD/MM/YY)

Circle the number that best reflects your well-being 0 Never 1 Occasionally 2 Sometimes 3 Often 4 Always

Sleep disturbances

- 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

- 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

- 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

- 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

- 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 diarrhoea
- I have an upset stomach
- Other:

Movement

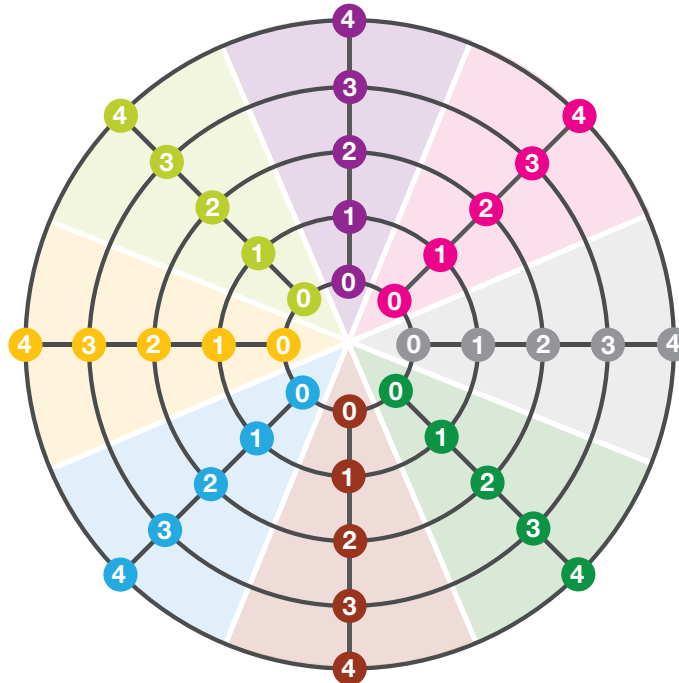
- I have early morning stiffness
- I have stiffness (Rigidity)
- I have shaking (Tremor)
- I have slowness of movement
- I have decreased/no ability to move
- I have involuntary movements (Dyskinesias)
- I have impaired balance/Falling
- I have a change in posture
- I have difficulty speaking
- I have small handwriting (Micrographia)
- Other:

Pain

- I have early morning painful cramps (dystonia) affecting toes, fingers, ankles, and/or 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 (Dyskinesias)
- I have pain due to restlessness or fidgeting at night
- I have severe headaches
- Other:

Bladder and Sexual Function

- 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
- Moods

The three most important questions to ask my care team are:

- 1
- 2
- 3

Did I have time to to ask all my questions?

- Yes No

I am taking the following medications

Parkinson's medication

- | | |
|--|---|
| <input type="checkbox"/> Apokyn® (tolcapone) | <input type="checkbox"/> Requip® (ropinirole) |
| <input type="checkbox"/> Artane® (trihexyphenidyl) | <input type="checkbox"/> Requip® XL (ropinirole) |
| <input type="checkbox"/> Atamet® (carbidopa/levodopa) | <input type="checkbox"/> Sinemet® (carbidopa/levodopa) |
| <input type="checkbox"/> Azilect® (rasagiline) | <input type="checkbox"/> Sinemet®CR (carbidopa/levodopa) |
| <input type="checkbox"/> Cogentin® (benztropine) | <input type="checkbox"/> Stalevo® (carbidopa/levodopa/entacapone) |
| <input type="checkbox"/> Comtan® (entacapone) | <input type="checkbox"/> Symmetrel ® (amantadine) |
| <input type="checkbox"/> Eldepryl ® (selegiline) | <input type="checkbox"/> Tasmar® (tolcapone) |
| <input type="checkbox"/> Mirapex® (pramipexole) | <input type="checkbox"/> Zelapar® (selegiline) |
| <input type="checkbox"/> Mirapex® ER (pramipexole) | |
| <input type="checkbox"/> Neupro® (rotigotine transdermal system) | |

Other medicines including Over the Counter and dietary supplements

.....

.....

.....

.....