

The Parkinson's Self-Assessment Tool

The Parkinson's Self-Assessment Tool is designed to help you gain a better sense of the overall pattern of your Parkinson's and how it affects you in day-to-day life. After assessing your Parkinson's by using this Tool, you will be able to share your findings with your healthcare professional for example, your Consultant, Parkinson's Disease Nurse Specialist (PDNS) or Therapist.

1. Getting started with your self-assessment

Pick one daily activity that you would like to track over a period of two weeks. Suggested activities include something you do every day such as:

- ✓ Getting dressed
- ✓ Handwriting
- ✓ Getting in and out of the car
- ✓ Walking up or down the stairs
- ✓ Planning your day
- ✓ Speaking clearly

2. Recording your findings

Record any comments regarding your quality of sleep, mood, diet or anything else, in the spaces provided. This will help you identify any factors that may impact your Parkinson's. Continue your assessment for two weeks monitoring yourself in the morning and/or the afternoon by ticking the relevant description, using one chart per week.

3. Discuss your findings with your healthcare professional

Once your findings have been recorded, discuss the Parkinson's Self-Assessment Tool at your next appointment. Share your findings with your healthcare professional to demonstrate how your Parkinson's affects you on a day-to-day basis. This will ensure that you are receiving the most appropriate treatment for your Parkinson's.

Please refer to the example on the right to help you fill in the chart overleaf >

The Parkinson's Self-Assessment Tool		Date of day 1:		
	DAY 1	DAY 2	DAY 3	
AM				
Best				
Better than average				
Average	✓			
Worse than average		✓		
Worst				
PM				
Best				
Better than average		✓	✓	
Average				
Worse than average				
Worst				
How well did you sleep last night?	Well	Woke often		
How was your mood today? e.g. positive, anxious	Good	Average		
What was your diet like today?	Very good	Mixed breakfast		
How effective has your medication been today?				
COMMENTS				
Any other comments/questions for your healthcare professional				

	DAY 1	DAY 2	DAY 3	DAY 4	DAY 5	DAY 6	DAY 7
AM							
Best							
Better than average							
Average							
Worse than average							
Worst							
PM							
Best							
Better than average							
Average							
Worse than average							
Worst							
How well did you sleep last night?							
How was your mood today? e.g. positive, anxious							
What was your diet like today?							
How effective has your medication been today?							

COMMENTS

Any other comments/questions for your healthcare professional

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	DAY 1	DAY 2	DAY 3	DAY 4	DAY 5	DAY 6	DAY 7
AM							
Best							
Better than average							
Average							
Worse than average							
Worst							
PM							
Best							
Better than average							
Average							
Worse than average							
Worst							
How well did you sleep last night?							
How was your mood today? e.g. positive, anxious							
What was your diet like today?							
How effective has your medication been today?							

COMMENTS

Any other comments/questions for your healthcare professional

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