| you receive? And how much do yo | ou receive?                        |  |
|---------------------------------|------------------------------------|--|
|                                 | ou receive:                        | Disability Benefits  DIARY                                     |
| How are you feeling today?      | What are your symptoms like today? | What is your financial situation like today                    |
|                                 |                                    |  |
|                                 |                                    |  |
|                                 |                                    |  |
|                                 |                                    |  |
|                                 |                                    |  |
|                                 |                                    |  |
|                                 |                                    |  |
|                                 | How are you feeling today?         | How are you feeling today?  What are your symptoms like today? |

| nat has your financial situa | tion meant for your fo   | or your food and energy bills this week? |                        |   | Disability Benefits  DIARY |  |
|------------------------------|--------------------------|--|------------------------|---|----------------------------|--|
|                              |                          |  |                        |   |                            |  |
| w have your finances affec   | ted your symptoms th     | is week?                                 |                        |   |                            |  |
|                              |                          |  |                        |   |                            |  |
|                              |                          |  |                        |   |                            |  |
|                              |                          |  |                        |   |                            |  |
|                              |                          |  |                        |   |                            |  |
| w has this affected your a   | bility to get out and ab | out or do things you                     | u need to do this week | ? |                            |  |
|                              |                          |  |                        |   |                            |  |
|                              |                          |  |                        |   |                            |  |
|                              |                          |  |                        |   |                            |  |
|                              |                          |  |                        |   |                            |  |
|                              |                          |  |                        |   |                            |  |

If you'd like you share your experience, please email your diary to **campaigns@parkinsons.org.uk**