Name _____ Patient # _____ Physician _____
LAST FIRST MIDDLE

	MORNING																AFTERNOON																EVENING												NIGHT							
DATE	5	30	6	30	7	30	8	30	9	30	10	30	11	30	12	30	1	30	2	30	3	30	4	30	5	30	6	30	7	30	8	30	9	30	10	30	11	30	12	30	1	30	2	30	3	30	4	30
Dyskinesia																																																				
On																																																				
Off																																																				
Tablets Taken																																																				
Asleep																																																				
Meal Time																																																				

TABLETS TAKEN: (Strength)
A = Sinemet® CR (Carbidopa-Levodopa Sustained Release) (_____)
B = Sinemet® (Carbidopa-Levodopa) (_____)
C = _____ (_____)
D = _____ (_____)

ON: You are able to move around well.

OFF: You can move only slowly, or not at all.

DYSKINESIA: You are able to move well, but are troubled by unintentional movements. These movements are *different from the rhythmic trembling called tremor* that's a symptom of Parkinson's disease itself.

Please bring ☐ completed diaries with you to your next appointment.

NEXT APPOINTMENT _____

	MORNING																AFTERNOON																EVENING												NIGHT							
DATE	5	30	6	30	7	30	8	30	9	30	10	30	11	30	12	30	1	30	2	30	3	30	4	30	5	30	6	30	7	30	8	30	9	30	10	30	11	30	12	30	1	30	2	30	3	30	4	30
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